

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 12/12/23
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 12/05/23
<b>Clinical Policy Document:</b> DMEPOS, Standing Systems and Gait Trainers	<b>Replaces Effective Clinical Policy Dated:</b> 12/06/22
<b>Reference #:</b> MC/D007	<b>Page:</b> 1 of 3

**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**GUIDELINES:**

Medical Necessity Criteria – Must satisfy the following: I, and either II or III

- I. Member is non-ambulatory
- II. Standing systems (E0638, E0641, E0642) - must satisfy all the following: A - D
  - A. The standing system is ordered to prevent a medical complication – must satisfy any of the following: 1 - 6
    1. Decubitus Ulcer: Where there is a need for off-loading of a decubitus ulcer which cannot be accomplished by other means; or
    2. Osteoporosis: Where improvement or stabilization of bone density cannot be achieved with other treatment or activities; or
    3. Contracture Development: High potential for progressive contracture formation including but not limited to post-operative release of contractures; or
    4. Compromised Bowel/Bladder Function: Where there has been demonstration there is incomplete emptying of bladder or constipation refractory to other medical treatment; or
    5. Pulmonary Complications: Where there has been demonstration of recurrent infections and poor clearance of pulmonary secretions despite the use of other medical treatment; or
    6. Hip Dislocation: Where hip subluxation/dislocation is worsening and alternate treatments have not been successful.
  - B. The member is unable to accomplish the above goals with his/her current medical device/equipment or alternate medical treatment.
  - C. The member has been evaluated in physical therapy with a trial using the standing device and has shown compliance, tolerance and demonstrated potential for clinical benefit, as determined by the evaluator.
  - D. There is a written plan of care.

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III. Gait Trainers (E8000, E8001, E8002) - must satisfy all the following: A - B

- A. The member has the potential for functional or therapeutic ambulation; and
- B. Documentation supports that other walkers or assistive devices have not been effective, eg, using gait trainer as a walker or use of handheld assist device is not feasible)

**NOT ROUTINELY COVERED:**

Combination sit-to-stand frame/table system with seat lift feature (E0637)

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

**DEFINITIONS:**

Gait Trainers:

A mobility assistive device that helps an individual with motor disabilities walk unassisted. That individual may be someone who is learning to walk or unable to walk independently. A gait trainer is designed to offer support and postural alignment with more balance and weight-bearing than would a rollator or regular walker.

Standing Systems:

A standing frame, also known as a standing aid or stander, is specifically designed for wheelchair users and allows the individual to achieve a standing position and then support the person in the standing position.

**BACKGROUND:**

Supported standing devices such as standers or tilt-tables allow the user to attain and maintain a standing or partial standing position and commonly stabilize hips, knees and ankles through posterior heel, anterior knee and posterior hip supports and/or straps.

Gait trainers are supportive walking devices that take the weight of the body through a solid or fabric 'seat', stabilize the trunk, and support the pelvis.

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Prior Authorization: Yes, per network provider agreement

## CODING:

CPT® or HCPCS

E0638 Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels

E0641 Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels

E0642 Standing frame/table system, mobile (dynamic stander), any size including pediatric

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## REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/D004 Durable Medical Equipment, Prosthetics, Orthotics and Supplies
4. Paleg G, Livingstone R. Evidence-informed clinical perspectives on selecting gait trainer features for children with cerebral palsy. *Int J Ther Rehabil*. 2016 Aug;23(8).
5. Paleg G, Livingstone R. Systematic review and clinical recommendations for dosage of supported home-based standing programs for adults with stroke, spinal cord injury and other neurological conditions. *BMC Musculoskelet Disord*. 2015a Nov 17;16:358.
6. Paleg G, Livingstone R. Outcomes of gait trainer use in home and school settings for children with motor impairments: a systematic review. *Clin Rehabil*. 2015b Nov;29(11):1077-91.
7. Paleg GS, Smith BA, Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. *Pediatr Phys Ther*. 2013 Fall;25(3):232-47.
8. Swinnen E, Beckwée D, Meeusen R, et al. Does robot-assisted gait rehabilitation improve balance in stroke patients? A systematic review. *Top Stroke Rehabil*. 2014 Mar-Apr;21(2):87-100.

## DOCUMENT HISTORY:

<b>Created Date:</b> 10/28/20
<b>Reviewed Date:</b> 10/08/21, 10/06/22, 10/06/23
<b>Revised Date:</b> 11/02/23

## PreferredOne Community Health Plan Nondiscrimination Notice

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PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သုာ်ဟ်သး- နမာ်ကတိ၊ ကညီ ကိာ်အယံ၊ နမာ် ကိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘၣ်လၢာ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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200 Independence Avenue, SW  
Room 509F, HHH Building  
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