

Gait Trainer/Stander DME-008

Iowa Medicaid Program:	Claims Pre-Pay	Effective Date:	5/14/2008
Revision Number:	4	Last Rev Date:	4/19/2024
Reviewed By:	Medicaid Medical Director	Next Rev Date:	4/18/2025
Approved By:	Medicaid Clinical Advisory Committee	Approved Date:	4/19/2019

Descriptive Narrative

Gait trainers are wheeled devices that assist a person who is unable to walk independently to learn or relearn to walk safely and efficiently as part of gait training. Gait trainers are intended for children or adults with physical disabilities to provide the opportunity to improve walking ability.

Criteria

Gait Trainer

Pediatric or adult gait trainer will be considered medically necessary when **ALL** the following are met:

1. The member is able to stand upright with assistance and has some lower-extremity and trunk strength to be supported in the gait trainer; **AND**
2. The member is not able to ambulate independently due to conditions such as, but not limited to neuromuscular or congenital disorders, including acquired skeletal abnormalities; **AND**
3. The member does not have lower extremity contractures that would preclude ambulation; **AND**
4. The member does have adequate range of motion to support mobility; **AND**
5. The alignment of the member's lower extremity is such that the foot and ankle can tolerate a standing or upright position as well as independent reciprocal movement; **AND**
6. The member has shown improvement in mobility, ambulation, function, or physiologic symptoms or maintained status with the use of the selected gait trainer (e.g., used in an inpatient or outpatient setting) and is able to follow a home therapy program incorporating the use of the gait trainer; **AND**
7. There is a written home therapy plan for treatment in the home outlining the use of the requested gait trainer and that there is a caretaker who can appropriately supervise use of the gait trainer; **AND**
8. Gait trainers require a trial before being considered for purchase. The trial period showed the desired outcomes the therapist was attempting to achieve; the length of

trial period can be a month or more depending on the member. The home trial period could be waived if the trial was conducted at school or in therapy session and the member has shown improvement; **AND**

9. Duplicate DME will not be covered; **AND**
10. Gait trainers will be denied for members where no expected improvement in mobility is anticipated or the current level of function would not be maintained.

Stander

Stander will be considered medically necessary when **ALL** the following are met:

1. Documentation must support that the standing frame being requested is needed due to the member needing to promote skin integrity, postural alignment, improved circulation, decrease muscle spasms, atrophy of leg muscles, bone integrity, and prevention of contractures to assist with transfer and transition ability. The member's gross motor function classification system (GMFCS) should be known; **AND**
2. There must be a standing frame regimen prescribed by the member's licensed practitioner within their scope of practice or documented as a need in the physical therapy assessment; **AND**
3. Standing frame systems require a trial before considered for purchase. The trial period showed the desired outcomes the therapist was attempting to achieve; the length of trial could be a one month or more depending on the member. The home trial period could be waived if the trial was conducted at school or in therapy session and the member has shown improvement; **AND**
4. For sit-to-stand, mobile, and tri-standers the documentation must support the member's need for these features; **AND**
5. Duplication of medical equipment is not identified.

Coding

The following list(s) of codes are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description – Gait Trainer
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components.
E1399	Durable medical equipment, miscellaneous.

HCPCS	Description – Stander
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels.
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., three-way stander), any size including pediatric, with or without wheels.
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Provider Manual, page 27.

<http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-gaittrainer.pdf>.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

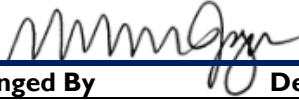
Change Date	Changed By	Description of Change	Version
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Change Date	Changed By	Description of Change	Version
4/19/2024	CAC	Annual review.	4

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Change Date	Changed By	Description of Change	Version
4/21/2023	CAC	Annual review.	3

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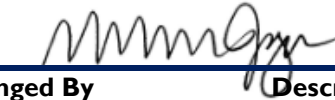
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4/15/2022	CAC	Annual review.	2

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Change Date	Changed By	Description of Change	Version
4/16/2021	CAC	Annual review. Minor formatting changes.	1

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