

Pediatric Gait Trainers and Standing Systems (for Louisiana Only)

Policy Number: CS159LA.B
Effective Date: October 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Definitions	2
Applicable Codes	2
Description of Services	3
Clinical Evidence	3
U.S. Food and Drug Administration	4
References	4
Policy History/Revision Information	4
Instructions for Use	5

Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

Standing Frames

State Specific Criteria

The criteria to be considered for a standing frame include, but are not limited to, the following. The beneficiary must:

- Be at a high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medications, serial casting, splinting, and modalities);
- Be able to tolerate a standing or upright position on the foot and ankle;
- Be non-ambulatory or is unable to stand due to conditions such as, but not limited to, neuromuscular or congenital disorders, including acquired skeletal abnormalities;
- Have tried more cost effective alternatives and still requires a stander;
- Not have a walker or gait trainer and it is not anticipated they will require one;
- Have demonstrated improved mobility, function and physiologic symptoms or has maintained status with the use of the requested stander and is able to follow a home standing program with the use of the requested stander; and
- Use the equipment for personal use only. The equipment will not be used at school.

Non-coverage of the standing frame includes, but is not limited to the following:

- The beneficiary has complete paralysis of the lower extremities;
- When there is no expected improvement in mobility or maintenance of function;
- The anticipated functional benefits of standing can be achieved through less-costly alternatives;
- Mobile (dynamic) stander – either self-propelled standers or standers with powered mobility;
- Active stander – allows movement of the arms and legs in a standing position;

- In beneficiaries with syncope, orthostatic hypotension, postural tachycardia syndrome, osteogenesis imperfecta, osteoporosis, and other brittle bone diseases, and hip subluxation;
- In beneficiaries with syncope, orthostatic hypotension, postural tachycardia syndrome, osteogenesis imperfecta, osteoporosis, and other brittle bone diseases, and hip subluxation;
- In beneficiary's that have hip and knee flexion contractures of more than 20 degrees; and
- A stander will not be purchased for a beneficiary who has a gait trainer or ambulatory device.

Pediatric Gait Trainers

Non-State Specific Criteria

Gait Trainers for Functional Ambulation are proven and medically necessary when the following criteria are met:

- The individual is 18 years of age or younger; **and**
- The individual has the potential for Functional Ambulation; **and**
- The individual uses the Gait Trainer when documentation shows assistive devices have not been effective.

Gait Trainers for therapeutic ambulation are proven and medically necessary for treating non-ambulatory individuals when the following criteria are met:

- The individual is 18 years of age or younger; **and**
- The individual is capable of utilizing and tolerating the equipment safely; **and**
- The individual requires moderate to maximum support for ambulation (i.e., handheld ambulation assist devices are not feasible); **and**
- The individual has an acquired injury (e.g., spinal cord or traumatic brain injury) or a chronic physical limitation that affects the ability to ambulate (e.g., cerebral palsy, neuromuscular disease, or spina bifida); **and**
- The individual has a physician directed written treatment plan (including frequency and duration).

Definitions

Functional Ambulation: The ability to walk, with or without the aid of appropriate assistive devices (such as prostheses, orthoses, canes or walkers), safely and sufficiently to carry out mobility-related activities of daily living. (Lam et al., 2008).

Gait Trainer: A gait trainer (sometimes referred to as a rollator) is a term used to describe certain devices that are used to support a member during ambulation.

Standing Frame: A standing frame (also known as a stander, standing aid, standing device) is an assistive technology that can be used by a person who relies on a wheelchair for mobility. A standing frame provides alternative positioning to sitting in a wheelchair by supporting the person in the standing position. (Louisiana Department of Health, Durable Medical Equipment Provider Manual)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
*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., 3-way stander), any size including pediatric, with or without wheels

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

Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

Description of Services

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 (Paleg and Livingstone, 2016).

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 (Paleg and Livingstone, 2015).

Clinical Evidence

Pediatric Gait Trainers

A 2020 Cochrane systematic review by Chiu et al. assessed the effects of mechanically assisted walking training compared to control for walking, participation, and quality of life in children with cerebral palsy. Mechanically assisted walking training consists of using a treadmill (with or without body weight support and the assistance of one or more therapists), an end-effector system (such as a gait trainer, with or without body weight support, or a robotic training device). The review included 17 studies of randomized controlled trials (RCTs) or Quasi-RCTs (n = 451) in outpatient settings. Three of the studies focused on gait trainer with and without body weight support. The intervention consisted of 2-5 sessions a week for a period of 4-12 weeks with ranges of intensity of 15-40 minutes. The authors concluded mechanically assisted walking with or without body weight support may result in small improvements in walking speed and gross motor function compared to both no walking and same amount of overground walking. Mechanically assisted walking training may be a useful means for children to undertake high-intensity, repetitive, task-specific training. (Gharib et al. (2011) cited below, was included in this systematic review).

Paleg and Livingstone (2015a) conducted a systematic review regarding use of gait trainers at home or school with children who are unable to walk independently or with hand-held walkers. Included studies involved at least one child with a mobility limitation and measured an outcome related to gait trainer use. Seventeen studies involving 182 children were included. Evidence from one small randomized controlled trial suggested a non-significant trend toward increased walking distance while another evidence level II study (concurrent multiple baseline design) reported increased number of steps. Two level III studies (non-randomized) reported statistically significant impact on mobility level with one finding significant impact on bowel function and an association between increased intervention time and bone mineral density. Remaining descriptive level evidence provided support for positive impact on a range of activity outcomes, with some studies reporting impact on affect, motivation and participation with others. The authors concluded that evidence supporting outcomes for children using gait trainers is primarily descriptive and, while mainly positive, is insufficient to draw firm conclusions.

Gharib et al. (2011) conducted an RCT to assess the effects of additional gait trainer assisted walking exercises on walking performance in children with hemiparetic cerebral palsy. Thirty children with spastic hemiparetic cerebral palsy were included in the study. Children were randomly assigned into two equal groups; experimental and control. Participants in both groups received a traditional physical therapy exercise program. Those in the experimental group received additional gait trainer based walking exercises which aimed to improve walking performance. Treatment was provided three times per week for three successive months. Children received baseline and post-treatment assessments to evaluate gait parameters including average step length, walking speed, time on each foot and ambulation index. The ambulation index was 75.53 ± 7.36 (11.93 ± 2.89 change score) for the experimental group and 66.06 ± 5.48 (2.13 ± 4.43 change score) for the control group. Time of support for the affected side was 42.4 ± 3.37 (7 ± 2.20 change score) for the experimental group and 38.06 ± 4.63 (3.33 ± 6.25 change score) for the control group. Also, there was a significant improvement in step length and walking speed in both groups. The authors

concluded that gait trainer walking exercises combined with traditional physical therapy increase the chance of improving gait performance in children with spastic hemiparetic cerebral palsy.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Gait trainers are classified as Class I devices in product category INN and are exempt from 510(k) marketing requirements.

Standing systems may be classified in product categories ION (exerciser, non-measuring), INW (table, mechanical) and IPL (stand-up wheelchair). Devices in product categories ION and INW are Class I devices and are exempt from 510(k) marketing requirements. For additional information on product category IPL, refer to the following website:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. Accessed January 9, 2023.

References

- Chiu HC, Ada L, Bania TA. Mechanically assisted walking training for walking, participation, and quality of life in children with cerebral palsy. *Cochrane Database Syst Rev*. 2020 Nov 18;11(11):CD013114.
- Gharib NM, El-Maksoud GM, Rezk-Allah SS. Efficacy of gait trainer as an adjunct to traditional physical therapy on walking performance in hemiparetic cerebral palsied children: a randomized controlled trial. *Clin Rehabil*. 2011 Oct;25(10):924-34.
- Lam T, Noonan VK, Eng JJ; SCIRE Research Team. A systematic review of functional ambulation outcome measures in spinal cord injury. *Spinal Cord*. 2008;46(4):246-254.
- Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual. Issued January 27, 2023. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed March 13, 2023.
- Marvin, K. Functional Ambulation Categories (FAC). *Stroke Engine*. <https://strokengine.ca/en/assessments/fac/>. Accessed January 9, 2023.
- 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).
- Paleg G, Livingstone R. Outcomes of gait trainer use in home and school settings for children with motor impairments: a systematic review. *Clin Rehabil*. 2015a Nov;29(11):1077-91.
- 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.

Policy History/Revision Information

Date	Summary of Changes
10/01/2023	<p>Coverage Rationale</p> <p>Standing Frames</p> <p>State Specific Criteria</p> <ul style="list-style-type: none">Revised coverage criteria for a standing frame to indicate the beneficiary must:<ul style="list-style-type: none">Be at a high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medications, serial casting, splinting, and modalities)Be able to tolerate a standing or upright position on the foot and ankleBe non-ambulatory or is unable to stand due to conditions such as, but not limited to, neuromuscular or congenital disorders, including acquired skeletal abnormalitiesHave tried more cost-effective alternatives and still requires a standerNot have a walker or gait trainer and it is not anticipated they will require oneHave demonstrated improved mobility, function and physiologic symptoms or has maintained status with the use of the requested stander and is able to follow a home standing program with the use of the requested stander

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Use the equipment for personal use only; the equipment will not be used at school ● Revised list of non-covered indications for a standing frame; added “in beneficiaries with syncope, orthostatic hypotension, postural tachycardia syndrome, osteogenesis imperfecta, osteoporosis, and other brittle bone diseases, and hip subluxation” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Clinical Evidence</i> and <i>References</i> sections to reflect the most current information ● Archived previous policy version CS159LA.A

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.