

Pediatric Gait Trainers, Standing Systems, and Walkers (for New Jersey Only)

Guideline Number: CS159NJ.H
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[➔ Instructions for Use](#)

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Related Community Plan Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for New Jersey Only\)](#)

Application

This Medical Policy only applies to the state of New Jersey.

Coverage Rationale

[➔ See Benefit Considerations](#)

Indications for Coverage

Walkers

Walkers are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Walkers.

Click [here](#) to view the InterQual® criteria.

Pediatric Gait Trainers

Gait Trainers for Functional 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 has the potential for functional ambulation; and
- The individual uses the pediatric gait trainer when documentation shows other assistive devices have not been effective

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

- The individual is 18 years of age or younger; and
- The patient 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)

Standing Systems

Stationary, mobile and active standing systems are proven and medically necessary for treating individuals who are non-ambulatory when all of the following criteria are met:

- There is a goal of prevention of one or more of the following medical complications:
 - Decubitus Ulcer: Where there is a need for off-loading of a decubitus ulcer which cannot be accomplished by other means;
 - Osteoporosis: Where improvement or stabilization of bone density cannot be achieved with other treatment or activities;
 - Contracture Development: High potential for progressive contracture formation including but not limited to post-operative release of contractures;
 - Compromised Bowel/Bladder Function: Where there has been demonstration there is incomplete emptying of bladder or constipation refractory to other medical treatment;
 - Pulmonary Complications: Where there has been demonstration of recurrent infections and poor clearance of pulmonary secretions despite the use of other medical treatment; and/or
 - Hip Dislocation: Where hip subluxation/dislocation is worsening, and alternate treatments have not been successful and
- The patient is unable to accomplish the above goals with his/her current medical device/equipment or alternate medical treatment; and
- The individual 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; and
- There is a written plan of care

Powered standing systems, standers attached to a wheelchair, or electric lift mechanisms are not medically necessary because they are a convenience feature.

Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

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.

Gait Trainers: A gait trainer is 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.

Medically Necessary: Health Care Services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

Reasonable Useful Lifetime: RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

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

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.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

HCPCS Code	Description
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair
E0156	Seat attachment, walker
E0157	Crutch attachment, walker, each
E0158	Leg extensions for walker, per set of four
E0159	Brake attachment for wheeled walker, replacement, each
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
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

Benefit Considerations

Convenience features are excluded from coverage. Refer to the Coverage Determination Guideline titled [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements \(for New Jersey Only\)](#).

References

- Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual (Pub. 100-3), Chapter 1, Part 4 (Sections 200 – 310.1), § 280.
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- National Coverage Determination (NCD) for Durable Medical Equipment. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?&NCDId=190&ncdver=1&NCDSect=280.1&bc=BEAAAAAAAAQAAAA=&>.
- Noridian Healthcare Solutions. <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>.
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- 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.
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Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none">Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version CS159NJ.G

Instructions for Use

This Coverage Determination Guideline 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 guideline, 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 Coverage Determination Guideline 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 Coverage Determination Guidelines 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.