

MEDICAL POLICY



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| SUBJECT: STANDING DEVICES AND GAIT TRAINERS | EFFECTIVE DATE: 01/20/05 REVISED DATE: 02/23/06, 02/22/07, 02/28/08, 04/23/09, 08/27/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14 |
| POLICY NUMBER: 1.01.46 CATEGORY: Equipment/Supplies | ARCHIVED DATE: 02/26/15 EDITED DATE: 02/25/16, 02/23/17, 2/22/18 PAGE: 1 OF: 4 |
| <ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> | |

POLICY STATEMENT:

- I. Based on our criteria, standing devices are **medically appropriate** and **eligible for coverage** under the Health Plan when the following criteria are met:
- A. There is documentation that the stander is necessary for the user to be independent in one or more of the following activities of daily living in his/her home:
 1. Eating,
 2. Personal hygiene,
 3. Toileting,
 4. Dressing, or
 5. Transfer.
- AND**
- B. The patient is unable to accomplish the above activities with their current DME device or equipment.
- OR**
- C. There is documentation that off-loading of a decubitus ulcer cannot be accomplished by other means.
- AND**
- D. The individual has completed a one-month trial using the standing device/gait trainer and has shown meaningful improvement after the trial period. If there has been no documented trial period and the patient meets criteria (refer to Policy Statement I or II), initial coverage is limited to the one month only. Documentation from the referring provider that the patient has shown meaningful improvement during the trial period must be submitted for continuation of coverage.
- II. Based on our criteria, a gait trainer is considered **medically appropriate** and **eligible for coverage** under the Health Plan when the following criteria are met:
- A. There is documentation of the patient's mobility limitation as described in Policy Guideline II.
- AND**
- B. The patient has the potential for ambulation; and
 - C. The patient is unable to accomplish the above activities with their current DME device or equipment.

POLICY GUIDELINES:

- I. Coverage for Durable Medical Equipment is contract dependent unless mandated by federal or state mandates. Please refer to your Customer (Member/Provider) Service Department to determine contract coverage.
- II. Stander/ Gait trainers require individualized, patient specific medical justification from the patient's orthopedic surgeon, neurologist, developmental pediatrician, or physiatrist to determine medical necessity. Justification must be submitted for review that includes the patient's diagnosis, a narrative description with functional criteria for the

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stander, and any requested non-standard features, including wheels. At a minimum, such documentation must include all of the following:

- A. Diagnosis, prognosis and severity of condition;
- B. A description of functional goals and current standing/gait training program;
- C. Reevaluation of the member at the end of the trial period for the standing/gait training program (e.g., how long and how many times per day or week the stander/gait trainer was used) and documented effectiveness of standing/gait training trial program;
- D. History of standing and compliance when a stander is requested; assessment of ability to ambulate or potential to ambulate when a gait trainer is requested.
- E. List of the alternatives that were considered and rejected;
- F. If nonstandard features are requested (e.g., mobile [wheeled] or multi-positional standing device) an explanation as to why a standard device is inadequate for the particular activity or indication AND that other standard devices have been trialed and found inadequate to meet the patient's needs;
- G. Other DME equipment the patient currently uses; and
- H. Relevant medical records.

III. A person meeting medical necessity criteria for coverage of a stander will be eligible for such equipment should they be a “custodial” resident of a nursing facility or resident of an assisted living facility.

IV. For persons who are inpatient in a Skilled Nursing Facility (SNF), and maintain a skilled status, all Durable Medical Equipment, including standers, are considered global to the SNF reimbursement.

DESCRIPTION:

A *stander* is a device that enables the user of a wheeled mobility device (wheelchair or wheelchair and seated positioning system) to achieve a passive standing position. The devices are available by physician prescription only. There are three basic types of standers: supine, prone, and upright. Supine standers (e.g., Rifton Supine Standers) support the back surface of the body and require the least amount of trunk and head control. Prone standers (e.g., Lecky Freestander, Jenx Monkey, Rifton Prone Stander) support the front of the body while the user is supported in various angles. Upright standers are used primarily in the vertical position by individuals who have fair to good trunk and head control. Multi-positional standers (e.g., Tumbleform Tristander 45/58[®], Tumbleform 2[®]Tristander, Easy Stand[®] Magician-ei, Easy Stand Bantum) combine all three types of standers into a single stander to allow for a variety of positioning needs. They are equipped with cushions to secure the head, trunk, hip, knees and feet. A foot operated pneumatic tilt permits the angle of the stander to be adjusted.

Standing devices have been proposed for patients who are wheelchair dependent including, but not limited to, patients with cerebral palsy, spinal cord injuries, muscular dystrophy, paraplegia, quadriplegia, and paralytic syndromes.

Gait trainers are assistive devices which enable a patient to be placed in an upright position to learn or relearn mobility skills safely and efficiently. Gait trainers are lightweight and may be equipped with armrests, seat and chest support which may be removed when no longer necessary.

Meaningful improvement after a one month trial may include: improvement in the functional use of the arms or hands, or head and trunk control, improvements in the performance of activities of daily living (ADLs), or improvements in digestive, respiratory, circulatory or excretory function, and skin integrity, by off-loading weight through standing (e.g., relief of pressure sores not achievable by other means). Improvements in skin integrity may include lack of progression or signs of healing in the decubiti ulcer.

RATIONALE:

Though standing programs as a therapeutic modality have been part of the program of management of children with developmental disorders and children and adults with spinal cord injuries for many years, there is very limited evidence in the peer reviewed literature of improvement in health outcomes attributable to standing.

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Studies of very small groups of children suggest that weight-bearing activity may stimulate accrual of bone and reduction in muscle tone, however no reports of fracture rates or other health outcomes including bladder/bowel function, or incidence of contractures related to standing programs were found in a search of the scientific literature. While no studies of skin integrity related to standing programs were found, off-weighting of pressure areas is essential to treatment of skin breakdown.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No code(s)

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| <u>HCPCS:</u> | E0638 | Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels |
| | E0641 | Standing frame system, multi-position (e.g., three way stander), any size including pediatric, with or without wheels |
| | E0642 | Standing frame system, mobile (dynamic stander), any size including pediatric |
| | E2230 | Manual wheelchair accessory, manual standing system |
| | E2301 | Power wheelchair accessory, power standing system, any type |
| | 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 |
| | Numerous | |

ICD10:

REFERENCES:

*Eng JJ, et al. Use of prolonged standing for individuals with spinal cord injuries. Phys Ther 2001 Aug;81(8):1392-9.

Hough JP, et al. Systematic review of interventions for low bone mineral density in children with cerebral palsy. Pediatrics 2010 Mar;125(3):e670-8.

* key article

KEY WORDS:

Passive standing, Stander, Gait trainer.

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National (NCD) or Local Coverage Determination (LCD) for Standing Devices or Gait Trainers. Standing Devices with the following HCPCS codes (E0638, E0641, E0642, E8000, E8001, E8002) are considered non-covered. Please refer to the following NCD for Durable Medical Equipment Reference List website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&ver=5&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=ACAAAAAIAAA&>