

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Standing Devices and Gait Trainers
Policy Number	1.01.46
Category	Contract Clarification
Original Effective Date	01/20/05
Committee Approval 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
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

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

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Refer to Corporate Medical Policy #1.01.00 Durable Medical Equipment – Standard and Non-Standard.

POLICY GUIDELINES

- I. Please contact the Customer Care (Member or Provider) Department, to determine benefits available under a member's subscriber contract.
- II. Standing devices and gait trainers require individualized, patient-specific medical justification from the patient's orthopedic surgeon, neurologist, developmental pediatrician, or psychiatrist, to determine medical necessity. Justification must be submitted for review, including the patient's diagnosis, a narrative description with functional criteria for the standing device or gait trainer, 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. Re-evaluation 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 standing device or gait trainer was used, and documented effectiveness of the standing/gait training trial program;
 - D. History of standing and compliance when a standing device is requested; assessment of ability to ambulate or potential to ambulate when a gait trainer is requested;
 - E. List of 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 a statement that other standard devices have been trialed and found inadequate to meet the patient's needs;
 - G. Other durable medical equipment that 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 a person who is inpatient in a skilled nursing facility (SNF), and maintains a skilled status, all durable medical equipment, including standing devices, are considered global to the SNF reimbursement.

DESCRIPTION

A standing device (sometimes called 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 standing device: 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., Leckey 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 features of 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.

A gait trainer is an assistive device that enables 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, hands, or head, as well as trunk control, in the performance of ADLs; in digestive, respiratory, circulatory or excretory function; or

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in 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.

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

- *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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No code(s)	

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HCPCS Codes

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., three-way stander), any size including pediatric, with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
E2230	Manual wheelchair accessory, manual standing system
E2301	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

ICD10 Codes

Code	Description
Numerous	

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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, standing device, gait trainer

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National (NCD) or Local Coverage Determination (LCD) for standing frames/tables or gait trainers. Standing frames/tables with the following HCPCS codes (E0638, E0641, E0642) 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&>