

OHCA Guideline

Medical Procedure Class:	Walkers~Standers~Gait Trainers
Initial Implementation Date:	01/01/2011
Last Review Date:	June 2025
Effective Date:	10/1/2025
Next Review/Revision Date:	October 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Activities of daily living—(Basic and Instrumental)—Basic—a series of activities performed on a day-to-day basis that are necessary to care for oneself (e.g., personal hygiene, dressing, eating, maintaining continence and transferring). Instrumental—activities that are not necessarily required on a daily basis, but are important to live independently (e.g., basic communication skills, meal preparation, shopping, housework, etc.).</p> <p>Letter of medical necessity (LMN)—a letter issued by the member’s provider to describe why a requested treatment is necessary. These letters are used to justify requests for specific medications, medical equipment, or therapy.</p> <p>Complex rehabilitation technology (CRT)—medically necessary durable medical equipment and items that are individually configured to meet specific and unique medical, physical, and functional needs and capacities for basic and instrumental activities of daily living of members with complex needs. Equipment and items include, but are not limited to, individually configured wheelchairs, adaptive seating and positioning systems and accessories, and other specialized equipment such as standing frames and gait trainers.</p> <p>Face-to-face encounter—a member’s visit with their practitioner where the provider can perform a face-to-face assessment related to the primary reason the member requires the durable medical equipment. The provider must document the encounter into the medical record. The encounter may occur through telehealth.</p> <p>Gait trainer—An assistive device consisting of a wide based steel frame with four casters or wheels. It provides considerable postural support for recipients who have severe motor and balance dysfunction and require moderate to maximum support for ambulation.</p> <p>Gross Motor Function Classification System (GMFCS)-- is a five-level classification system with focus on determining which level best represents the member’s present abilities and limitations in gross motor functions. Emphasis is on usual performance rather than what they are known to be able to do at their best. See “additional information” (below) for level distinctions.</p> <p>IEP—Individual Education Plan.</p> <p>IFSP—Individual Family Service Plan.</p> <p>Provider—refers to the treating provider and must be a physician [Medical Doctor (MD), or Doctor of Osteopathy (DO)], a non-physician practitioner [Physician Assistant (PA), Advanced Practice</p>	

Registered Nurse (APRN)], or a dentist (Doctor of Dental Surgery (DDS), or Doctor of Medicine in Dentistry (DMD)].

Stander—A standing frame is an assistive device that provides alternative positioning and is used to support physically challenged members with mild to severe disabilities who rely on wheelchairs for mobility.

Walker—A hand held device that consists of a frame with four legs with 2 or 4 casters or wheels attached to them. It provides postural support for members who have motor and balance dysfunction and require handheld support for ambulation.

Description

Certain medical conditions, neurological disorders, trauma, or surgery, can lead to limited mobility as a result of joint stiffness, generalized muscle weakness or even pain. These conditions may make it difficult for a member to ambulate or move from a sitting to a standing position without the use of another person or an assistive device. Assistive devices such as walkers, standers, gait trainers, and related accessories may be considered medically necessary to ease member transfers and prevent member or caregiver injuries.

Covered CPT Codes that may Require Prior Authorization (PA)

No Authorization Required

Walkers: E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0153, E0154, E0155, E0156, E0157, E0158, E0159

Authorization Required

Gait trainers: E8000, E8001, E8002

Standers: E0637, E0638, E0641, E0642,

Miscellaneous code: E1399

Please see HCPCS manual for complete definition of codes. List may not be all inclusive.

Approval Criteria

I. GENERAL

- A. Medical necessity must be met. Assistive devices and accessories must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a malformed body member. The member's diagnosis must warrant the type of equipment being purchased or rented. Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the clients need for the service, in accordance with Oklahoma Administrative Code (**OAC**) **317:30-3-1(f)** and **317:30-5-211.2**.
- B. Documentation submitted for review should include the following:
 1. An order from the provider for the medical equipment requested which includes documented evidence of the face-to-face encounter within 90 days of submission.
 2. Letter of medical necessity (LMN) which includes the member's diagnosis along with the reason the equipment and accessories are required. Include whether this is to be functional or therapeutic? (i.e., medical necessity for the specific make and model and any accessories requested. INCLUDE manufacturer's quote). Evaluation by physical or occupational therapist needs to have no financial relationship or employment with medical equipment provider.
 3. Current history and physical, to include members', height and weight, strength, ROM, tone/spasticity, sitting & standing balance and functional mobility. Include members' ambulatory status which shows the severity of the members' condition to demonstrate that effective use of the equipment is likely, and the member's prognosis. Include any

- upcoming surgeries that may affect the members' functional mobility. If requesting a Stander:
- a. Member must require at least maximum assistance to attain and maintain a standing position w/out the use of a standing device.
 - b. Member must not be able to stand or walk due to long-term medical condition and functional ambulation is not likely.
 - c. Effective weight bearing cannot be achieved any other way
 - d. Member has the ability and structural alignment to tolerate the standing position.
 - e. Include documentation of the need for trunk, head, and body support for positioning.
4. Documentation of gait training/walker **TRIAL**. Please be specific about what has been trialed and failed ruling out least costly alternatives. Include results of trial showing:
 - a. **Distance** member can advance the gait trainer or walker without assistance of another person.
 - b. **Length of time** it takes member to advance the gait trainer or walker for the specified distance; and
 - c. If assistance is required, include what type and level of assistance is needed, and
 - d. For standers, including with wheels—documentation of the ability to self-propel the propulsion wheels with upper extremities. Note how long member was able to stand (consecutive minutes). Was member able to get to the full upright position? If not, why?
 5. Please provide IEP/IFSP or intervention plan showing gait training or walker goals.
 6. Is there a family member who is willing and able to assist with getting member in/out of device as well as the ability to follow the walking plan?
 7. Documentation of Gross Motor Function Classification System (GMFCS) for members with a diagnosis of Cerebral Palsy (CP).
 8. Documentation showing the intended use of the equipment requested to include:
 - a. In what setting will the gait trainer, walker, or stander be used? (i.e., living room, bedroom, school, church). Does the member's home accommodate the equipment?
 - b. How will the equipment be transported (if applicable)?
 - c. What other less costly gait trainers, walkers, or standers have been trialed? For how long, and why were they ruled out for this member?
 - d. If requesting non-standard features; provide documentation why a standard device is inadequate for the member including documentation of a trial with standard devices and results that they did not meet the member's needs.
 - e. What other assistive device or equipment does the member use?
 - f. The equipment is expected to last at least five (5) years; can the gait trainer, walker, or stander "grow" with the member (if member is a child)? Include the weight and growth capacity of requested equipment and how long it is expected to last. Also, consider femur length and back height changes.
 - g. If replacing the equipment prior to five (5) years, documentation should be given as to why the replacement is needed or why the equipment cannot be repaired. Has there been a change in conditions? Please be specific on changes in condition and function. PT and OT must be involved in any modification or changes to equipment.
 9. Documentation of the evaluation, training, and participation in selecting appropriate complex rehabilitation technology (CRT) items for the member from a qualified CRT professional as indicated in **OAC 317:30-5-210(3)**.
 10. Any additional clinical documentation, testing, or medical records that support the need for the item requested.

II. INDICATIONS

- A. **Walkers** may be considered medically necessary for children or adults who require hand held support for walking and standing due to a mobility limitation that has significantly impaired their ability to participate in mobility-related activities of daily living. Walkers require individualized, patient specific medical justification from a practitioner such as a physical therapist (PT) or physician skilled in the analysis of gait and balance. The member must be able to safely use the walker and demonstrate that the walker will potentially improve their mobility. Justification for use of walker should be included in the documentation listed above. In addition, members with a CP diagnosis must have:
1. GMFCS—Level 3
 2. If anything other than a Level 3, additional documentation may be required for PT consultant review.
- B. **Gait trainers** are supportive walking devices that take the weight of the member's body through a "seat", stabilize the member's trunk, and support the member's pelvis. These may be considered medically necessary for children or adults who are non-ambulatory but have the potential for functional or therapeutic ambulation and who may be able to use a gait trainer as a walker where documentation shows that other assistive equipment has not been effective. Justification for use of gait trainer should be included in the documentation listed above. Note, all components are included in the reimbursement of gait trainer codes. In addition, members with a CP diagnosis must have:
1. GMFCS—Level 4 or greater
 2. If <4, additional documentation may be required for PT consultant review.
- C. **Standers** are designed to support a child or adult in an upright (standing) position if they are unable to stand or ambulate independently secondary to neuromuscular conditions (cerebral palsy, spinal cord injuries, muscular dystrophy, paraplegia). These devices are considered medically necessary as they can improve trunk strength and aid in respiration, digestion, circulation, bowel/bladder function and bone development. Justification for use of a Stander should be included in the documentation above. In addition, the member must have **one** of the following severe musculoskeletal deformities:
1. Scoliosis
 2. Hip dislocation
 3. Contracture development
 4. High tone or no tone
 5. Decubitus ulcers
 6. Compromised bowel/bladder function
 7. Pulmonary complications
 8. The need for trunk, head, or body support for positioning

III. FREQUENCY

Equipment is expected to last at least five (5) years. If equipment needs replacing prior to five (5) years, documentation with explanation is required. See documentation requirements above.

Additional Information

GMFCS level descriptions are broad and are not intended to describe all aspects of the function of individual children. Distinctions between the GMFCS levels are provided to assist in determining the level that most closely resembles a child's current gross motor function.

Level 1	Walks without limitations
Level 2	Walks with limitations
Level 3	Walks using a hand-held mobility device

Level 4	Self-mobility with limitations; may use powered mobility
Level 5	Transported in a manual wheelchair

Distinctions between Levels I and II

Compared with children in Level I, children in Level II have limitations in the ease of performing movement transitions; walking outdoors and in the community; the need for assistive mobility devices when beginning to walk; quality of movement; and the ability to perform gross motor skills such as running and jumping.

Distinctions between Level II and III

Differences are seen in the degree of achievement of functional mobility. Children in Level III need assistive mobility devices and frequently orthoses to walk, while children in Level II do not require assistive mobility devices after age 4.

Distinctions between Level III and IV

Differences in sitting ability and mobility exist, even allowing for extensive use of assistive technology. Children in Level III sit independently, have independent floor mobility, and walk with assistive mobility devices. Children in Level IV function in sitting (usually supported) but independent mobility is very limited. Children in Level IV are more likely to be transported or use power mobility.

Distinctions between Levels IV and V

Children in Level V lack independence even in basic antigravity postural control. Self-mobility is achieved only if the child can learn how to operate an electrically powered wheelchair.

References

1. Oklahoma Health Care Authority, Policies and Rules, OAC 317-30-3-1; 317-30-5-211.2 & 317:30-5-210(3).
2. Cerebral Palsy Gross Motor Classification System. Cerebral palsy Guidance (2020). Retrieved from: <https://www.cerebralpalsyguidance.com/cerebral-palsy/gross-motor-classification-system/>