Texas Children's	Gait Trainers and Standers Guidelines	
Guideline # 6180	***Categories*** Clinical →Care Coordination, Care Coordination – Utilization management , TCHP Guidelines	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Lisa Fuller

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all gait trainers and standers, including all accessories.

DEFINITIONS:

Stander: a device used by a member with neuromuscular conditions who is unable to stand alone. Standers and standing programs can improve digestion, increase muscle strength, decrease contractures, increase bone density, decrease decubitus ulcers and minimize decalcification (this list is not all-inclusive).

Gait trainer: device with wheels used to train members with ambulatory potential. It provides the same benefits as the stander, in addition to assisting with gait training.

PRIOR AUTHORIZATION GUIDELINES

1. Standers (procedure code E0638) and gait trainers (procedure code E8001), including all accessories, require prior authorization. Requests for prior authorization for gait trainers or standers are received by the Utilization Management Department and will be processed during normal business hours. Requests can be submitted via online submission, fax, phone or mail.

2. Required documentation for standers:

   - Diagnoses relevant to the requested equipment, functioning level and ambulatory status
   - Anticipated benefits of the equipment
   - Frequency and duration of the member's standing program
   - Anticipated length of time the equipment will be required
   - Member's height, weight, and age
   - Anticipated changes in the member's needs, anticipated modifications, or accessory needs, as well as the growth potential of the stander
   - Vertical or dynamic standers (procedure code E0642) require additional clinical documentation for these standers to be mobile

3. Required documentation for gait trainers:

    - All required documentation for a stander (Section 2) **AND**
    - Documentation that the member has ambulatory potential and will benefit from a gait training program **AND**
    - An assessment of the accessibility of the member's residence to ensure that the gait trainer is safe to be used in the home (i.e., doors and hallways are wide enough with no obstructions)

4. A stander or gait trainer with trunk support is considered **medically necessary** when **all** of the following criteria are met:

    - Member is 20 years of age or younger; **AND**
    - Documented acquired injury (e.g., spinal cord or traumatic brain injury) **Or**
    - Documented chronic physical limitation that affects the ability to ambulate (e.g., cerebral palsy, neuromuscular disease, or spina bifida); **AND**
    - Moderate to maximum support required for standing or ambulation

5. Standers and gait trainers will not be prior authorized for a member within one year of each other.

6. Gait trainers and standers are anticipated to last a minimum of five years. Replacement before five years is considered when:

    - There has been a significant change in the client's condition such that the current equipment no longer meets the client's needs.
    - The equipment is no longer functional and either cannot be repaired or it is not cost-effective to repair.

7. Requests for standers and gait trainers for members under the age of 20 that exceed guideline limitations may be reviewed for medical necessity by the medical director and considered for approval on a case by case basis.

8. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review.

9. Preauthorization is based on medical necessity and is not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

HCPCS codes covered if medical necessity criteria are met:

E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E0638	Standing frame/table system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels • With modifier UA to identify an upright or prone system stander • With modifier UB to identify a supine stander
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric

REFERENCES:

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedure Manual, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook, Accessed February 4, 2025. https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-02-TMPPM.pdf

U.S. National Library of Medicine. National Institutes of Health. MedlinePlus. Cerebral palsy. Updated 8/28/2023. Available at: http://www.nlm.nih.gov/medlineplus/cerebralpalsy.html. Accessed February 4, 2025.

Peer Reviewed Publications:

Henderson S, Skelton H, Rosenbaum P. Assistive devices for children with functional impairments: impact on child and caregiver function. Dev Med Child Neurol. 2008; 50(2):89-98, https://pubmed.ncbi.nlm.nih.gov/18177410/

Johnson KL, Dudgeon B, Kuehn C, Walker W. Assistive technology use among adolescents and young adults with spina bifida. Am J Public Health. 2007; 97(2):330-336. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2004.050955

Ostensjo S, Carlberg EB, Vollestad NK. The use and impact of assistive devices and other environmental modifications on everyday activities and care in young children with cerebral palsy. Disabil Rehabil. 2005; 27(14):849-861. https://pubmed.ncbi.nlm.nih.gov/16096237/

Paleg G, Livingstone R. Outcomes of gait trainer use in home and school settings for children with motor impairments: a systematic review. Clin Rehabil. 2015; 29(11):1077-1091. https://pubmed.ncbi.nlm.nih.gov/25636993/

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)
https://www.researchgate.net/publication/308000485

Paulson A, Vargus-Adams J. Overview of Four Functional Classification Systems Commonly Used in Cerebral Palsy. *Children (Basel)*. 2017;4(4):30. Published 2017 Apr 24. doi:10.3390/children4040030
https://pubmed.ncbi.nlm.nih.gov/28441773/

Peredo DE, Davis BE, Norvell DC, Kelly PC. Medical equipment use in children with disabilities: a descriptive survey. J Pediatr Rehabil Med. 2010; 3(4):259-267.
https://pubmed.ncbi.nlm.nih.gov/21791860/

Status	Date	Action
Approved	2/13/2025	Clinical & Administrative Advisory Committee Reviewed and Approved for implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 02/27/2024	Effective/Publication Date: 03/07/2024