

Pediatric Gait Trainers and Standing Systems (for North Carolina Only)

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[Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for North Carolina Only)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

Pediatric Gait Trainers

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

Standing Systems

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

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.

HCPCS 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., 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

HCPCS Code	Description
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Gait trainers are classified as Class I devices in product category INN and are exempt from 510(k) marketing requirements.

Standing systems may be classified in product categories ION (exerciser, non-measuring), INW (table, mechanical) and IPL (stand-up wheelchair). Devices in product categories ION and INW are Class I devices and are exempt from 510(k) marketing requirements. For additional information on product category IPL, refer to the following website:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed April 9, 2024)

References

North Carolina Medicaid Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, 5A-1. Available at: <https://medicaid.ncdhhs.gov/5a-1-physical-rehabilitation-equipment-and-supplies/download?attachment>. Accessed April 9, 2024.

Policy History/Revision Information

Date	Summary of Changes
11/01/2024	<p>Template Update</p> <ul style="list-style-type: none"> Modified font style; no change to policy content
05/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Updated instruction to clarify the <i>North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies</i> should be referenced for <i>medical necessity</i> clinical coverage criteria <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version CSNC.MP.101.05

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 Medical Policies 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.