



Guidelines for Medical Necessity Determination for Gait Trainers

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information that MassHealth needs to determine medical necessity for gait trainers. A gait trainer is a mechanical device that assists a person in attaining and maintaining an upright position during ambulation. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR [409.000](#) and [450.000](#) and [Subchapter 6 of the Durable Medical Equipment Manual](#) and the *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool* for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements. Providers serving members enrolled in a MassHealth-contracted managed-care organization (MCO) should refer to the MCO's medical policies for covered services. These Guidelines describe documentation requirements for purchase of a gait trainer that has been successfully used by a member in an inpatient, outpatient, or school setting.

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Gait trainers are durable medical equipment (DME) designed to support a child or adult with lower-extremity and trunk weakness in an upright (or standing) position to allow reciprocal movement of lower extremities (i.e., to allow walking). Gait trainers may provide medical and functional benefits to otherwise-chair-bound members. All gait trainers require Prior Authorization (PA) from MassHealth. MassHealth determines medical necessity on an individual, case-by-case basis, in accordance with 130 CMR 450.204 and 409.000.

Gait trainers may be used by members independently or under the supervision of a caretaker. The member or the caretaker must be trained by a physical therapist (PT) or occupational therapist (OT) and must have written clearance that the member is capable of independently using the gait trainer, or, in the case of a caretaker, that he or she has been trained to monitor for safe use of the gait trainer.

Section II. Clinical Guidelines

A. Clinical Coverage

MassHealth bases its determination of medical necessity for gait trainers on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of the equipment. These criteria include, but are not limited to, the following:

1. The member is able to stand upright with assistance and has some lower-extremity and trunk strength to be supported in the gait trainer.
2. The member is not able to ambulate independently due to conditions such as, but not limited to, neuromuscular or congenital disorders, including acquired skeletal abnormalities.
3. The member
 - (a) does not have lower-extremity contractures that would preclude ambulation, and
 - (b) has adequate range of motion (ROM) to support mobility.
4. The alignment of the member's lower extremity is such that the foot and ankle can tolerate a standing or upright position as well as independent reciprocal movement.
5. The member does *not* have complete paralysis of the hips and legs.
6. The member has shown improvement in mobility, ambulation, function, or physiologic symptoms, or maintained status with the use of the selected gait trainer (e.g., used in an inpatient or outpatient setting) and is able to follow a home therapy program incorporating the use of the gait trainer.
7. There is a written home therapy plan (a plan for treatment in the home rather than an institutional setting) outlining the use of the requested gait trainer and that there is a caretaker who can appropriately supervise use of the gait trainer.

B. Noncoverage

MassHealth does not consider gait trainers to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. There is no expected improvement in mobility or maintenance of function.
2. The anticipated functional benefits of the gait trainer can be achieved through less-costly alternatives.
3. The equipment is nonmedical, such as a glider.

Section III. Submitting Clinical Documentation

Requests for PA for gait trainers must be submitted by a MassHealth provider of DME and must be accompanied by clinical documentation by a licensed physician, nurse practitioner, physician's assistant, or physical or occupational therapist who actively cares for disabled members. Documentation must support the medical necessity for this equipment. All requests for PA must be submitted to MassHealth by the provider of DME in accordance with 130 CMR 409.418.

A. Documentation of medical necessity must include all of the following:

1. a prescription and letter of medical necessity that meet the criteria described in 130 CMR 409.416(A). The prescription and letter of medical necessity must be signed by a licensed physician, nurse practitioner, or physician's assistant that actively cares for disabled members. The date of the prescription must be in accordance with 130 CMR 409.418(B). MassHealth accepts written prescriptions and letters of medical necessity in the formats described under 130 CMR 409.416(B);
2. an assessment of the member's functional mobility, including, but not limited to, diagnosis, age, ROM, strength, muscle tone, functional status, cognitive status, sensation, gait, and balance. Such assessment must be conducted by a PT or OT, and must include evidence that the recommended equipment can be accommodated and safely used in the member's home;
3. documentation of similar equipment that the member has tried but was deemed unsuccessful by the PT or OT who conducted the assessment;
4. documentation that the member has shown improvement in mobility, ambulation, function, or physiologic symptoms, or maintained status with the use of the selected gait trainer (e.g., as used in an inpatient or outpatient setting);

5. documentation that demonstrates that the member can safely use the device and does not have postural and extremity deformities/contractures or significant strength deficits that would inhibit functional, independent gait ability;
 6. documentation from the PT or OT that the member is capable of independently using the gait trainer and/or the member's caretaker has been trained to monitor safe use of the gait trainer;
 7. a video of the member demonstrating use of the requested gait trainer, which may be required for approval;
 8. the most recent comprehensive history and physical exam by a licensed physician, nurse practitioner, or physician's assistant, including summary of medical condition, age at diagnosis, prognosis, and co-morbid conditions;
 9. a written home therapy plan outlining the planned use of the requested gait trainer and documentation supporting that the member is able to follow the home therapy program incorporating the use of the gait trainer; and
 10. documentation that the member does not otherwise have sufficient access to equipment in an alternative setting (e.g., other available gait training at outpatient facilities).
- B.** MassHealth pays for the purchase of a gait trainer only after the provider of DME has obtained a written prescription signed by a licensed physician, nurse practitioner, or physician's assistant that actively cares for disabled members. Documentation must support the medical necessity of the purchase as determined by MassHealth.
- C.** The provider of DME must submit the PA request to MassHealth no later than 90 calendar days from the date of the prescription. Providers are strongly encouraged to submit prior authorization requests electronically via the Provider Online Service Center (POSC). Information on electronic PA submissions may be obtained by calling 1-800-862-8341. If the MassHealth Prior Authorization Request Form is used, all pertinent documentation must be attached.

Select References

Dobkin B, Apple D, Barbeau H, et al. Weight-supported treadmill vs. over-ground training for walking after acute incomplete SCI. *Neurology*. 2006;66:484-493.

Kosak M and Reding M J. Comparison of Partial Body Weight-Supported Treadmill Gait Training Versus Aggressive Bracing Assisted Walking Post Stroke. *Neurorehabilitation Neural Repair*. 2000;14:13. Available from: <http://nrm.sagepub.com/cgi/content/abstract/14/1/13>. Accessed on July 9, 2010.

Mehrholtz J, Kugler J and Pohl M. Locomotor Training for Walking After Spinal Cord Injury. *Spine*. 2008;33:768-777. Available from: <http://www2.cochrane.org/reviews/en/ab006676.html>. Accessed July 9, 2010.

Peurala SH, Airaksinen O, Et al. Effects of Intensive Therapy Using Gait Trainer or Floor Walking Exercises Early After Stroke. *Journal of Rehabilitation Medicine*. 2009;41:166-173. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19229450>. Accessed July 9, 2010.

These Guidelines are based on review of the medical literature and current practice in gait trainers. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.



This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health care provider for guidance or explanation.

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Approved by:  , Medical Director