

	<p align="center"><b>Gait Trainers and Standers Guidelines</b></p>	
<p align="center"><b>Guideline #</b> 6180</p>	<p align="center"><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

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

**DEFINITIONS:**

- **A stander** is 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 trainers** are devices with wheels used to train members with ambulatory potential. They provide the same benefits as the stander, in addition to assisting with gait training.

**PRIOR AUTHORIZATION GUIDELINES**

1. All requests for prior authorization for Gait Trainers or Standers are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the Gait Trainers or Stander as an eligible service.
3. To request prior authorization for Standers, the following documentation must be provided:
  - 3.1. Diagnoses relevant to the requested equipment, including functioning level and ambulatory status
  - 3.2. Anticipated benefits of the equipment
  - 3.3. Frequency and duration of the client's standing program
  - 3.4. Anticipated length of time the client will require this equipment
  - 3.5. Member's height, weight, and age
  - 3.6. Anticipated changes in the member's needs, anticipated modifications, or accessory needs, as well as the growth potential of the stander

4. To request prior authorization for Gait Trainers, the following documentation must be provided:
  - 4.1. All required documentation for a stander **AND**
  - 4.2. Documentation that the member has ambulatory potential and will benefit from a gait training program **AND**
  - 4.3. An assessment of the accessibility of the member's residence to ensure that the gait trainer is safe to be used in the home, and doors and hallways are wide enough with no obstructions
5. A stander or gait trainer with trunk support is considered **medically necessary** for an individual who meets **all** of the following criteria:
  - 5.1. Is 20 years of age or younger; **AND**
  - 5.2. Has a documented acquired injury (for example, spinal cord or traumatic brain injury [TBI]) **Or** a documented chronic physical limitation that affects the ability to ambulate (for example, cerebral palsy [CP], neuromuscular disease, or spina bifida); **AND**
  - 5.3. Requires moderate to maximum support for standing or ambulation;
6. Stander and gait trainers will not be prior authorized for a member within one year of each other.
7. Mobility aids that have been purchased are anticipated to last a minimum of five years.
8. Members under the age of 20 who have a medical need for services beyond the limits of this guideline may be considered with Medical Director Review.
9. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
10. Preauthorization is based on medical necessity and 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.

**REFERENCES:****Government Agency, Medical Society, and Other Publications:**

- Texas Medicaid Provider Procedure Manual – Accessed April 14 2021  
[https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmpm/html/index.html#t=TMPPM%2F2\\_DME\\_and\\_Supplies%2F2\\_DME\\_and\\_Supplies.htm&rhsearch=gait&rhhlterm=gait&rhsyns=%20](https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmpm/html/index.html#t=TMPPM%2F2_DME_and_Supplies%2F2_DME_and_Supplies.htm&rhsearch=gait&rhhlterm=gait&rhsyns=%20)

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**Peer Reviewed Publications:**

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- 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.
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- 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
- 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.

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