

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for gait trainers

Gait Trainer Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for gait trainers for children aged 20 and under. (HCPCS E8000).

2. Coverage Criteria

Members Aged 21 and Over

- This is a non-covered item.

Members Aged 20 and Under

To be eligible for coverage, members aged 20 and under must meet the following:

- The member is unable to ambulate independently with a standard front or reverse walker because of the need for postural support, due to a chronic neurological condition including abnormal movement patterns, poor balance, poor endurance, or other clearly documented reasons.
- The anticipated functional benefits of walking are not attainable with the use of a walker.
- Must demonstrate tolerance for standing and weight bearing through the lower extremities.
- Potential benefits to the members of assisted walking must be clearly documented as follows:
 - The member must be involved in a therapy program established by a physical therapist. The program must include measurable, documented objectives and functional goals related to the member and equipment, including a written carryover plan to be utilized by the member and/or caregiver. The equipment must match the user's needs and ability level.
 - The member has had a trial of the requested gait trainer, and the member shows compliance, willingness, and ability to use the gait trainer in the home.

3. Authorization Requirements

Prior Authorization is required for HCPCS E8000. All authorization requests must include documentation demonstrating the medical necessity of the request. The request must include a complete EPSDT Prior Authorization and Certification of Medical Necessity form.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

4. Reimbursement

Reimbursement for gait trainers will be made in accordance with [ARM 37.86.1807](#). Providers must refer to the Durable Medical Equipment fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.