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Area	Medical Policy
Lines Of Business	All Lines of Business

Lower-Limb Robotic Exoskeleton for Ambulation

PURPOSE:

This policy addresses emerging technology surrounding Lower Limb Robotic Exoskeletons such as the Rewalk™ and Indego® systems for individuals with lower limb disabilities and/or spinal cord injuries.

For any item to be covered by The Health Plan, it must:

A. Be eligible for a defined Medicare or The Health Plan benefit category; and

B. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member; and

C. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements; and

D. The supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan; and

E. The treating practitioner must provide thorough documentation to substantiate the medical necessity and appropriate use of the device.

Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements.

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

DESCRIPTION:

For the purposes of this policy, a lower limb exoskeleton is an external structure with joints and links that might be regarded as wearable robots designed around the shape and function of the human body. A lower limb powered exoskeleton, provides user initiated mobility consisting of a wearable, battery-powered robotic exoskeleton designed for individuals with spinal cord injuries (SCI) or lower-limb disabilities, enabling them to stand, walk, and navigate stairs in rehabilitation and home settings. The Rewalk™ for example, is controlled via a wristwatch-type device and body movement sensors extending from the hips to the feet.

COVERAGE GUIDELINES:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflicts with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD. LCD, or WV BMS guideline listed in the reference section.

There are currently no Medicare National Coverage Determinations or Local Coverage Determinations pertaining to Lower Limb Robotic Exoskeletons.

Lower Limb Robotic Exoskeletons, specifically the Rewalk™ and the Indego® are covered for Medicare beneficiaries who meet the following criteria:

- Have a diagnosis of a spinal cord injury (SCI) between the thoracic level T7 to L5 (lumbar) with paralysis; and
- Have healthy bone density; and
- Meet specific physical requirements for operating the device such as adequate range of motion at the hips, knees, and ankles, intact upper body sensation for crutch use, sufficient balance, and the capacity to perceive weight shifts; and
- Have the situational awareness, and have the cognitive ability to understand, learn, and manage the device's controls and safety protocols; and
- Absence of severe neurological disorders such as ALS or severe Traumatic Brain Injury (TBI), as these are contraindications because they might impact the ability to safely interact with the device; and
- Have completed 3–6 months of training.

The medical record must include documentation that reflects the medical necessity criteria and must be available upon precertification.

Lower Limb Robotic Exoskeletons including, but not limited to, the Rewalk™ and the Indego® are not covered for Commercial, Self- Funded, PEIA, or Medicaid lines of business at this time as they are considered experimental and investigational. There is limited evidence in the published peer-reviewed

scientific medical literature to demonstrate the safety and efficacy of powered exoskeletons in the home or community setting.

CODING GUIDELINES:

Currently the only two products with Medicare contractor PDAC (Pricing, Data Analysis and Coding) approval to be coded K1007 are the ReWalk™ (Formerly Argo Medical Technologies, Inc, rebranded Lifeward Ltd. in early 2024), and EKSO Indego® model # 501-100-000 (EKSO Bionics).

K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors.

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RELATED POLICIES:

Comfort and Convenience Items ID: 20432945

Experimental/Investigational Services and Emerging Technologies ID:20433148

POLICY HISTORY:

New policy 01/08/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-

participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

DEVICE PROVIDED TO A MEMBER IN A PART A FACILITY:

Neuromuscular electrical stimulation (NMES) provided to a member while in a hospital, rehabilitation or skilled inpatient level of care will not be separately payable as durable medical equipment.

NOTIFICATION REQUIREMENTS:

Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider should submit this information upon request.

PRICING, DATA ANALYSIS, AND CODING (PDAC):

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations when applicable. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items.

AMA CPT/ADA CDT COPYRIGHT STATEMENT: