Medica Coverage Policy

**Policy Name:** Lower Limb Activity-Based Locomotor Exercise (ABLE) Training

**Effective Date:** 7/16/2018

**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

**Coverage Policy**

Functional electrical stimulation (FES) rehabilitation therapy / functional neuromuscular electrical simulation (NMES) rehabilitation therapy using stationary equipment are **COVERED** when used as one component of a comprehensive facility-based rehabilitation program.

The following are investigative and therefore **NOT COVERED:**

- FES rehabilitation therapy / functional NMES rehabilitation therapy using stationary equipment as **stand-alone therapy** in a facility-based rehabilitation program
- FES ergometric cycles used in the **home setting**
- Dynamic spinal unloading devises (e.g., GIGER MD® coordinated dynamic therapy device)
- Robotic-assisted locomotor treadmill therapy (e.g., Lokomat®) for all indications, including but not limited to cerebral palsy, chronic spinal cord injury, and stroke.

**Note:** Exercise programs, and the equipment used, are usually excluded services in the member’s plan document. Examples of devices not listed above include, but are not limited to: Therastride; VitaGlide; WAVE ProElite; Paramount devices; and Upper Tone.

**Note:** See also related Medica coverage policies, *Powered Robotic Lower-Limb Exoskeleton Devices (e.g., ReWalk™, Indego®)* and *Transcutaneous Electrical Joint Stimulation Devices.*

**Description**

Activity-based locomotor exercise programs are an approach to rehabilitative therapy that involves exercise for individuals with paralysis or other neurological conditions. It uses activity-based exercises incorporating locomotor training, functional electrical simulation (FES)/neuromuscular electrical simulation (NMES), and exercises using other devices to guide locomotor activities. These programs often employ principles espoused by the Christopher and Dana Reeve Foundation’s NeuroRecovery Network program. One regional program is the Courage Kenny Rehabilitation Institute’s activity-based locomotor exercise (ABLE) program.
FDA Approval
Devices used in ABLE programs require some level of FDA approval. Certain devices are classified as Class III devices requiring complete PMA approval, while others are classified as Class II devices requiring 510(k) approval.

Examples of FDA approved FES /NMES devices include, but are not limited to:
1. RT300-S (adult version) and RT300-SP (Pediatric version) FES bicycle (Restorative Therapies, Inc.)
2. RT600 Upright FES Device System (Restorative Therapies, Inc.)
3. ERGYS (Therapeutic Alliances, Inc.)
4. Sage 10 FES Controller (Restorative Therapies)

An example of a lower-limb robotic-assisted treadmill is the Lokomat (Nocoma AG). This device is classified by the FDA as an isokinetic testing and evaluation system and is considered a Class II device.

The Giger MD device (COMBO Ltd.) is an example of a supine dynamic spinal unloading device. Although the company’s website indicates that this device has received FDA approval, no information is posted on the FDA website.

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC Codes
- **E0770** - Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
- **E0764** - Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
- **S9451** – Exercise classes, non-physician provider, per session

Original Effective Date: 12/1/2016

Re-Review Date(s): 5/16/2018