ND

Medical Policies

Print

Policy Number:	O-5		
Policy Name:	Powered Exoskeletal Robotic Systems		
Policy Type:	Medical	**Policy Subtype:**	Orthotic & Prosthetic Devices
Effective Date:	09-15-2025	**End Date:**	11-02-2025

Description

A powered exoskeleton is a wearable, external mechanical supporting structure that consists of various mechanics including but not limited to electric motors, pneumatics, levers and hydraulics that allow for active assisted limb movement and support. The goal of the powered exoskeleton is to enable an individual who does not have volitional movement of their lower extremities to be able to fully bear weight while standing, to walk, and to navigate stairs.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

A powered exoskeleton for ambulation in individuals with lower-limb disabilities is considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this device cannot be established by the available published peer-reviewed literature.

Procedure Codes

K1007	L2999	L5999	L8720	L8721

A Rehab System with Interactive Facing

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

A rehab system with interactive interface providing active assistance in rehabilitation therapy is considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this device cannot be established by the available published peer-reviewed literature.

Procedure Code

E0739

Diagnosis Codes

Not Applicable

CURRENT CODING

HCPCS:

E0739	Rehab sys active assist rt	Commercial
K1007	Bil hkaf pc s/d micro sensor	Commercial
L2999	Lower extremity orthosis nos	Commercial
L5999	Lowr extremity prosthes nos	Commercial
L8720	Ext low ext sens prosthe mec	Commercial
L8721	Receptor sole l8720 replace	Commercial
E0739	Rehab sys active assist rt	Medicaid Expansion
K1007	Bil hkaf pc s/d micro sensor	Medicaid Expansion
L2999	Lower extremity orthosis nos	Medicaid Expansion
L5999	Lowr extremity prosthes nos	Medicaid Expansion
L8720	Ext low ext sens prosthe mec	Medicaid Expansion
L8721	Receptor sole l8720 replace	Medicaid Expansion

References

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2. Ramanujam A, Cirnigliaro CM, Garbarini E, et. al. Neuromechanical adaptations during a robotic powered exoskeleton assisted walking session. *Journ Spin Cord Med*. 2018;41(5):518-528.
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4. van Dijsseldonk RB, van Nes IJW, Geurts ACH, et al. Exoskeleton home and community use in people with complete spinal cord injury. *Sci Rep.* 2020; 10(1): 15600. PMID 32973244
5. Tefertiller C, Hays K, Jones J, et al. Initial Outcomes from a Multicenter Study Utilizing the Indego Powered Exoskeleton in Spinal Cord Injury. *Top Spinal Cord Inj Rehabil*. 2018; 24(1): 78-85. PMID 29434463
6. Bach Baunsgaard C, Vig Nissen U, Katrin Brust A, et al. Gait training after spinal cord injury: safety, feasibility and gait function following 8 weeks of training with the exoskeletons from Ekso Bionics. *Spinal Cord*. 2018; 56(2): 106-116. PMID 29105657
7. Hornby TG, Reisman DS, Ward IG, et al. Clinical Practice Guideline to Improve Locomotor Function Following Chronic Stroke, Incomplete Spinal Cord Injury, and Brain Injury. *J Neurol Phys Ther.* 2020; 44(1): 49-100. PMID 31834165
8. Rodríguez-Fernández A, Lobo-Prat J, Font-Llagunes JM. Systematic review on wearable lower-limb exoskeletons for gait training in neuromuscular impairments. *J Neuroeng Rehabil*. 2021;18(1):22.
9. Bunge LR, Davidson AJ, Helmore BR, et. al. Effectiveness of powered exoskeleton use on gait in individuals with cerebral palsy: A systematic review. *PLoS One*. 2021;16(5):e0252193.

ND Committee Review

Internal Medical Policy Committee 7-22-2020 Annual Review

Internal Medical Policy Committee 9-21-2020 Coding update

- *Added* Procedure code K1007

Internal Medical Policy Committee 9-21-2021 Coding update;

- *Removed* procedure code E1399; and
- *Updated* wording.

Internal Medical Policy Committee 9-28-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 11-29-2022 Review of policy

Internal Medical Policy Committee 11-15-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 1-16-2024 Annual Review-no changes in criteria

Internal Medical Policy Committee 3-19-2024 Coding update - Effective April 01, 2024

- *Added* section for rehab system with interactive interface; and
- *Added* procedure code E0739

Internal Medical Policy Committee 9-17-2024 Coding update - Effective October 01, 2024

- *Added* procedure codes L8720; and L8721; *and*
- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.