



## Medica Central Coverage Policy

**Policy Name:** Powered Robotic Lower-Limb Exoskeleton Devices for Home Use  
MP9645

**Effective Date:** 10/01/2025

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

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

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

### Coverage Policy

Powered exoskeleton orthotics devices, included but not limited to, ReWalk™ Personal and Indego® are investigational and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

NOTE: This policy does not address powered robotic exoskeleton systems used in rehabilitation centers or facilities (e.g., ReStore Soft Exo-Suit, (ReWalk Robotics); HAL (Hybrid Assistive Limb) Exoskeleton). This policy only addresses those FDA approved devices for home use.

### Description

Trauma to the vertebrae surrounding the spinal cord or occlusion or compression of the spinal arteries may result in spinal cord injury. Traumatic injury to the spinal cord causes physiological consequences to parts of the body controlled by nerves at and below the level of the injury, including loss of mobility. In 2021, the National Spinal Cord Injury Statistical Center reported 17,900 spinal cord injuries occurring every year in the United States, and more than 296,000 Americans are living with spinal cord injuries.

Powered robotic exoskeleton devices, also known as reciprocating gait orthoses or computerized walking systems, are orthotic devices being developed with the intent of assisting individuals with spinal cord injuries and other lower-limb impairments to ambulate. Research is also being conducted for use in other applications of gait impairment including, but not limited to, individuals who have experienced stroke. These wearable, computer controlled devices are equipped with joints that correspond to those of the human body. The devices are worn outside of the body and crutches are used to help maintain stability. They are primarily being used in rehabilitation centers in gait training or as an exercise modality, but are emerging for community use to permit wheelchair-bound individuals to stand and walk in the home and/or community setting.



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### FDA Approval

The FDA has cleared two powered exoskeleton devices for personal/home use. The ReWalk™ (ReWalk Robotics, Inc, Yokneam, Israel) was given a de novo approval in June 2013. The Indego® exoskeleton (Parker Hannifin, Cleveland, OH), received 510(k) clearance in February, 2016. Next generation devices are currently under study.

### Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

### 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.

#### CPT Codes

- **97999** – Unlisted physical medicine/rehabilitation service or procedure

#### HCPC Codes

- **E1399** – Durable medical equipment, miscellaneous
- **K1007** – Bilateral hip, knee-ankle-foot (KAF) 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
- **L2006** – Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
- **L2999** – Lower extremity orthoses, not otherwise specified

	Committee/Source	Date(s)
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	May 17, 2023
<b>Revised:</b>		
<b>Reviewed:</b>		

Original Effective Date: 09/01/2023

Re-Review Date(s): 05/15/2025

Administrative Update:

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