

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

Powered Robotic Lower-Limb Exoskeleton Devices

MP9645

Covered Service: No

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Powered exoskeleton orthotics devices, including but not limited to, ReWalk™ Personal and Indego® are considered experimental and investigational, and therefore not medically necessary.

| | Committee/Source | Date(s) |
|--------------------------|---|----------------|
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