

**Policy: MP181**

**Section: Medical Benefit Policy**

**Subject: Suit Therapy**

### Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

**I. Policy:** Suit Therapy

**II. Purpose/Objective:**

To provide a policy of coverage regarding Suit Therapy

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management Department

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DEFINITIONS:** Suit therapy (dynamic movement orthosis) has been proposed as an alternative treatment for impairments associated with sensory integration disorders, cerebral palsy and other neuromuscular conditions. The Adeli suit (Also known as Therasuit, Penguin suit, and Polish suit) works as an elastic frame surrounding the body, with elastic cords creating tension, which is thought to develop muscles in arms and legs. Similar to the Adeli Suit, TheraTogs® are a form of undergarment strapping systems designed to apply prolonged, low load corrective forces to the trunk and lower extremities in order to address deficiencies in orthopedic development. Both of these types of treatment are focused on decreasing the degree of impairment while improving coordination.

**EXCLUSIONS:** There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of suit therapy (including but not limited to the Adeli Suit, PediaSuit, UpSuit, Stabilizing Pressure Input Orthosis, SPIO, TheraTogs, Penguin Suit, and TheraTogs®) for the treatment of any condition, including but not limited to cerebral palsy and other neuromuscular conditions. Therefore, the Plan does **NOT** provide coverage for Suit Therapy (unless otherwise mandated under Act 62)\* because it is considered to be **experimental, investigational or unproven**.

**\*For additional information please see MP 232 - Autism Spectrum Disorder – Evaluation and Medical Management**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**.

**CODING ASSOCIATED WITH: Suit Therapy**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

No specific coding for this service

97799 Unlisted physical medicine/rehabilitation service or procedure

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

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Goray E, Karadag-Saygi E, et al. The effects of vest type dynamic elastomeric fabric orthosis on sitting balance and gross manual dexterity in children with cerebral palsy: a single-blinded randomised controlled study. *Disabil Rehabil* 2020;42(3):410-418.

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 06/16/06

**Revised:** 8/22 (added examples of marketed products)

**Reviewed:** 08/07; 8/08; 8/09; 9/10; 9/11; 9/12, 9/13, 9/14, 9/15, 9/16, 8/17, 8/18, 8/19, 8/20, 8/21

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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