GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Gait analysis, also referred to as motion analysis, is the systematic evaluation of the dynamics of gait. It is a process of measuring and evaluating the walking patterns of patients with specific gait-related problems. Observational gait analysis, the standard method of evaluating gait, refers to the visual assessment of a patient’s gait, with specific attention to hips, knees and ankles. Gait analysis by observer assessment does not use any specialized equipment, can adequately assess most conditions, and is used to note gross abnormalities in gait.

Gait analysis may also be performed in a gait analysis laboratory using specialized technology. This is also referred to as computerized gait analysis, quantitative gait analysis or clinical gait analysis. This procedure has been used to understand the etiology of gait abnormalities and as part of the treatment decision-making in patients with complex walking problems. It has been most often used for patients with neuromuscular conditions, primarily as part of the surgical decision-making process when all conservative measures have been exhausted and surgical intervention is being considered. Computerized gait analysis is a process by which gait characteristics are measured, abnormalities are identified, causes are suggested and treatments are proposed. It is not intended to replace the clinical examination, but rather serves as an adjunct to understand the impairment better. The treatment decision should be made in the total context of the patient’s condition, physical examination and medical history.

POLICY
Gait analysis (96000-96004) is non-covered for HMO, PPO, & Individual Marketplace.

Gait analysis (96000-96004) does not require a prior authorization for Elite & Advantage. The services are only performed and warranting reimbursement in the facility setting.

HMO, PPO, Individual Marketplace
Paramount has determined that gait analysis is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

Elite, Advantage
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of gait analysis, The Ohio Department of Medicaid requires this procedure be covered for medical necessity. Therefore it is covered for Advantage members. For Elite members it is covered per CMS guidelines.

Gait analysis is covered for the following indications:

The evaluation of musculoskeletal function upon gait in patients with:

- Cerebral palsy
- Meningomyelocele
- Traumatic brain injury
- Incomplete quadriplegia
- Spastic hemiplegia
- Spastic diplegia

These services are payable only in a facility setting.

Computerized gait analysis studies are usually performed only once (1) prior to planned intervention (surgery; e.g., achilles tendon release; nerve blocks to reduce spasticity orthotic application), and may be performed once after intervention to evaluate the results of the intervention to evaluate the results of the intervention.
CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96000</td>
<td>Comprehensive computer-based motion analysis by video-taping and 3-D kinematics</td>
</tr>
<tr>
<td>96001</td>
<td>Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking</td>
</tr>
<tr>
<td>96002</td>
<td>Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles</td>
</tr>
<tr>
<td>96003</td>
<td>Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle</td>
</tr>
<tr>
<td>96004</td>
<td>Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report</td>
</tr>
</tbody>
</table>

TAWG REVIEW DATES: 09/17/2015, 08/26/2016, 09/22/2017

REVISION HISTORY EXPLANATION
09/17/15: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
08/26/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
09/22/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/]
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.