

Gait Analysis

Published: 06/01/2019

Next Review: 03/20120

Last Review: 03/2019

Medicare Link(s) Revised: N/A

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Gait analysis, which may also be referred to as “motion analysis,” is the quantification and evaluation of coordinated muscle function, which includes measurement of muscle activity, joint motion and forces, and pressure under the feet during walking. It has been proposed as an aid in surgical planning, primarily for cerebral palsy (CP), but also for other conditions such as clubfoot. In addition, gait analysis is being investigated as a means to plan rehabilitative strategies (i.e., orthotic-prosthetic devices) for ambulatory problems related to cerebral palsy, aging, stroke, spinal cord injury, and other conditions.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None

**Noridian Healthcare
Solutions (Noridian) Local
Coverage Determinations
(LCDs) and Articles (LCAs)***

None

Medical Policy Manual

Medicare coverage guidance is not available for gait or motion analysis for the health plan's service area. Therefore, the health plan's medical policy is applicable.

Gait Analysis, Medicine, [Policy No. 107](#) (see "NOTE" below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Documentation supporting medical necessity for the treatment, including the condition being treated using gait analysis.

REGULATORY STATUS

Systems cleared for marketing by the U.S. Food and Drug Administration (FDA) include, but may not be limited to, the following:

- In May 2003, the Peak Motus Motion Measurement System (Peak Performance Technologies) was cleared for marketing through the 510(k) process. This system uses off-the-shelf video cameras and sensors and proprietary software to document human movement in two- or three-dimensional space. The FDA determined this device was substantially equivalent to existing devices and is indicated for assessment and training of limb or body motion in gait analysis, pre- or post-rehabilitation evaluation, physical therapy, and similar applications.
- In January 2004, the Coda cx1 Motion Analysis System (Charnwood Dynamics Ltd) was cleared for marketing through the 510(k) process. The system uses infrared light sight

sensors and software data analysis to measure the 3-dimensional movement of patients. FDA determined the device was substantially equivalent to existing devices and is indicated for analysis of the 3-dimensional motion of the limbs and body of patients who have some impairment of movement functions due to a neurologic or orthopedic cause.

CROSS REFERENCES

[Surface Electromyography \(SEMG\) Including Paraspinal SEMG](#), Medicine, Policy No. M-73

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

REFERENCES

None

CODING

Codes	Number	Description
CPT	96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics
	96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
	96002	Dynamic surface electromyography, during walking or other functional activities, 1 to 12 muscles
	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
	96004	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

HCPCS None

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.