



EFFECTIVE DATE: 02|03|2015
POLICY LAST UPDATED: 08|20|2019

OVERVIEW

Gait analysis is the quantitative laboratory assessment of coordinated muscle function, typically requiring a dedicated facility and staff and analysis of a video-recorded observation of a patient walking. Gait analysis has been proposed as an aid in surgical planning, primarily for children with cerebral palsy. It is also a potential tool to help plan rehabilitative strategies for ambulatory problems related to cerebral palsy, aging, stroke, spinal cord injury, and other conditions.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare

Gait analysis is covered with a diagnosis of cerebral palsy. For all other indications, it is considered not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Gait analysis is covered with a diagnosis of cerebral palsy. For all other indications, it is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

BlueCHiP for Medicare and Commercial Products

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND:

Gait analysis is the quantitative assessment of coordinated muscle function. Evaluation is conducted in a laboratory and typically involves a dedicated facility and staff. A visual assessment of walking is supplemented by video recording. Videos can be observed from several visual planes at slow speed, allowing detection of movements not observable at normal speed. Joint angles and various time-distance variables, including step length, stride length, cadence, and cycle time, can be measured. Electromyography (EMG), assessed during walking, measures timing and intensity of muscle contractions. This calculation allows determination of whether a certain muscle's activity is normal, out of phase, continuous, or clonic.

Kinematics is the term used to describe movements of joints and limbs, such as angular displacement of joints and angular velocities and accelerations of limb segments. The central element of kinematic assessment is some type of marker system that is used to represent anatomic landmarks, which are then visualized and quantitatively assessed during analysis of videotaped observations. Movement data are compiled by computer from cameras oriented in several planes, and the movement data are processed so that the motion of joints and limbs can be assessed in 3 dimensions. The range and direction of motion of a particular joint can be

isolated from all the other simultaneous motions that are occurring during walking. Graphic plots of individual joint and limb motion as a function of gait phase can be generated.

Kinetics is the term used to describe those factors that cause or control movement. Evaluating kinetics involves the use of principles of physics and biomechanics to explain the kinematic patterns observed and to generate analyses that describe the forces generated during normal and abnormal gait analysis.

Gait analysis has been proposed as an aid in surgical planning, primarily for cerebral palsy 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, etc.

Gait analysis is the quantitative assessment of coordinated muscle function. For patients with cerebral palsy undergoing surgery for gait disorders, one randomized controlled trial did not find improvement in health outcomes for patients who received gait analysis as part of surgical planning, and one non-randomized controlled trial did not find improvement in utilization parameters. Several studies conducted among patients with cerebral palsy and other conditions suggest that gait analysis recommendations impact treatment decisions, but the impact of these decisions on health outcomes is as yet unknown. Based on input from clinical reviewers, gait analysis, when comprehensive, may be medically necessary for planning prior to surgery in children with gait disorders associated with cerebral palsy. For all other indications, gait analysis is considered not medically necessary due to no proven efficacy.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are considered medically necessary when filed with the below diagnosis codes:

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

Gait Analysis ICD-10-CM codes:

G80.0-G80.9

RELATED POLICIES

None

PUBLISHED

- Provider Update, October 2019
- Provider Update, February 2019
- Provider Update, July 2017
- Provider Update, November 2016
- Provider Update, March 2015

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3. Dobson F, Morris ME, Baker R et al. Gait classification in children with cerebral palsy: a systematic review. *Gait Posture* 2007; 25(1):140-52.
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