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## 1.0 Description of the Procedure, Product, or Service

Gait analysis, or motion analysis, is the quantitative laboratory assessment of coordinated muscle function. At its core is the videotaped observation of recipient walking. Electromyography (EMG) is assessed during walking to measure timing and intensity of muscle contractions in order to determine whether a certain muscle's activity is normal out of phase, continuous or clonic. Gait analysis has been proposed as a tool to determine physical therapy regimens and proposed outcomes from the therapy and as an aid in surgical planning, primarily for cerebral palsy. It has also been proposed to assist in the design, selection, or alteration of prosthetic or orthotic devices.

The Electrodynamogram™ (EDG) is one of many technologies used in gait analysis. It is a computerized diagnostic device that quantitatively measures and times the weight bearing forces exerted on the feet and legs. EDG's use is proposed in diagnosing orthopedic conditions. In rehabilitative medicine and physical therapy, it is proposed as a tool to evaluate peripheral vascular disease, diabetes, neurological disorders, or to assess need for prosthetics and/or orthotics.

The Electrodynamogram™ is often used in conjunction with various other components of gait analysis; for example, with electromyography and videotaping.

### 1.1 Medical Term Definitions

- a. Electromyogram: a test to determine muscle response to nerve stimulation. Used to evaluate muscle weakness and to determine if the weakness is related to the muscles themselves, the nerves that supply the muscles or the neuromuscular junction.
- b. Orthotic: a rigid or semi-rigid orthopedic appliance or device that is used to support, align, prevent or correct deformities, protect a body function, improve the function of movable body parts, or to assist a dysfunctional joint. Orthotics may also redirect or restrict motion of an impaired body part.
- c. Prosthesis or prosthetic: an artificial substitute for a missing body part, may be functional or cosmetic or both.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

NC Health Choice Program will not provide coverage for Gait Analysis or the Electrodynogram™. They are considered investigational. The NC Health Choice Program does not cover investigational procedures.

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### 4.2 Specific Criteria

Gait analysis is considered investigational for all applications, including but not limited to evaluation of recipients with cerebral palsy. The NC Health Choice Program does not cover investigational services.

### 4.3 Other Medical Policy Guidelines

There are no generally recognized standards of performance and interpretation of gait analysis. Different labs use different computer systems and there are no standards for training in gait analysis techniques and interpretation. Comparison between laboratories is difficult and there could be many interpretations of the same data. The scientific evidence directly addressing the question of improved recipient outcomes due to gait analysis consists of a single retrospective study of 23 pediatric recipients. In the absence of any well-designed observational or randomized controlled trials, no conclusions can be drawn about whether gait analysis in routine clinical management has an effect on health outcomes.

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required for physical therapy, including gait analysis, when it is provided in the recipient's home. Prior approval is not required for physical therapy provided in the hospital or office.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

| Date               | Section Revised | Change  |
|--------------------|-----------------|---|
| July 1, 2010       |                 | Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY." |
| September 30, 2011 | Throughout      | Policy Date of Termination  |

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

| CPT Codes |
|-----------|
| 96000     |
| 96001     |
| 96002     |
| 96003     |
| 96004     |

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s)

### F. Place of Service

Outpatient Hospital, Office, and Home

### G. Co-payments

Refer to NCHC General Policy Number NCHC 2009.01, Co-pays.

### H. Reimbursement

Providers must bill their usual and customary charges.