

Document ID#: 2112619
Subject: Computerized Gait Analysis for Cerebral Palsy, Spina Bifida, and Orthopedic Disorders
Effective Date: July 1, 2007

Clinical Documentation and Prior Authorization Required		Type of Review - Case Management	
Not Covered	√	Type of Review – Precertification Department	
		Administrative Process (Internal Use Only)	

Note: Background, product and disclaimer information is located at the end of this document.

Overview

Computerized gait analysis assesses the dynamic and static function of the musculoskeletal system. Gait analysis data are used to diagnose, to plan treatments, and to evaluate outcomes for gait disorders. Gait analysis is generally intended to supplement clinical evaluation (Hayes, 2006).

Coverage Guidelines

Tufts Health Plan does not cover computerized gait analysis.

According to the Tufts Health Plan Evidence of Coverage (EOC), a treatment or procedure is considered experimental or investigative “if reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.”

Note: Reliable evidence, as used in this section, shall mean only published reports and articles in the authoritative peer-reviewed medical and scientific literature.

In accordance with the definition above, Tufts Health Plan considers the use of the computerized gait analysis to be experimental and investigative. Additional reviews of this treatment or procedure will be performed as new information becomes available.

Codes

The following CPT code(s) are considered investigational/not medically necessary:

Procedure Code	Description
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;
96001	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

References

Hayes, Inc. Computerized gait analysis for cerebral palsy, spina bifida, and orthopedic disorders. Hayes Directory. November 3, 2006.

Approval History

Reviewed by the Tufts Health Plan Medical Specialty Policy Advisory Committee on April 25, 2007.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for Tufts Health Plan benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. Tufts Health Plan makes coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan revises and updates Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to all fully insured Tufts Health Plan products unless otherwise noted in this guideline or the Member's benefit document. This guideline does not apply to Tufts Health Plan Medicare Preferred or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates will take precedence. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLinkSM.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.