1. Purpose
The purpose of this policy is to establish criteria for the medical necessity of gait training.

2. Definition
Gait training is defined as direct one-on-one contact in the performance of progressive exercises or activities designed to improve a patient with a neurological or musculoskeletal disorder to ambulate safely and efficiently. This procedure may include training in ambulation on even or uneven surfaces or stair climbing and may involve the use of an assistive device such as a cane, walker, prosthesis, orthosis or parallel bars to promote safe and proficient gait. These procedures are timed services and should be reported for each 15 minute time period performed.

3. Statement of Policy
3.1. The determination of medical necessity for the use of gait training is always made on a case-by-case basis.

3.2. Gait training may be considered medically necessary for patients whose ability to ambulate has been impaired by neurological, muscular or skeletal abnormalities, trauma or surgery. The patient is expected to benefit measurably from gait training and has not yet maximized ambulatory function or achieved independent ambulation.

3.3. Gait training is considered not medically necessary for individuals with minor or transient abnormalities of gait who do not require an assistive device and where these minor or transient gait abnormalities may be remedied by simple instructions to the patient.

4. References
4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of gait training and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- *TMMP 18 - Medical Necessity Policy*
- *TMMP 10 - The Use of Physical Medical Modalities and Therapeutic Procedures*
- *TMMP 112 - Therapeutic Exercise (97110)*
- *TMMP 116 - Therapeutic Activities (97530)*

5. Attachments

5.1. Provider Manual

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/25/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>