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

2. **Definitions**
   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 the exact time spent performing these services must be recorded.

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.

- da Cunha I Jr, Lim P, Qureshy H, et al. Gait outcomes after acute stroke rehabilitation with supported treadmill ambulation training: a randomized controlled


TMMP 120 - GAIT TRAINING


4.2. Related Triad Medical Policies:

• *TMMP 18 - Medical Necessity*

• *TMMP 10 - Use of Passive and Active Care*

• *TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures*
TMMP 120 - GAIT TRAINING

- TMMP 112 - Therapeutic Exercise
- TMMP 116 - Therapeutic Activities

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97116</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes gait training (includes stair climbing)</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description (AMA CPT Guide) for CPT code 97116 updated.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §4.2, added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §5., Attachments and §5.1. Provider Manual as the provider manual has been re-written administratively. Added CPT Code table</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No Changes.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. § 2. Definitions text changed from “these procedures are timed services and should be reported for each 15 minute time period performed” to “these procedures are timed services and the exact time spent performing these services must be recorded.”</td>
</tr>
<tr>
<td>09/25/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.