

DATE: August 12, 2024

CCS Information Notice: 24-02

TO: All County California Children’s Services Programs and all Whole Child Model Managed Care Plans

SUBJECT: 2024 CCS Gait Analysis Transition Program Using Healthcare Common Procedure Coding System Code Z5999

PURPOSE

The purpose of this California Children’s Services (CCS) Information Notice (IN) is to provide guidance and policy regarding authorization of gait analysis studies using Healthcare Common Procedure Coding System (HCPCS) code Z5999 for CCS beneficiaries.

BACKGROUND

Gait analysis studies are standard diagnostic laboratory procedures that use both technologic and manual evaluation tools to evaluate gait disorders. Physicians use the gait analysis studies in conjunction with other medical testing to optimize clinical decision-making for the treatment of gait disorders in ambulatory beneficiaries. Three-dimensional (3D) gait studies provide the highest level of detail for diagnostic evaluation in beneficiaries with specific orthopedic gait-related limitations. A 3D gait analysis evaluates motion in three body planes enabling clinicians to see motion, forces, and muscle activity occurring simultaneously throughout the gait cycle. A two-dimensional gait analysis only measures movements in two planes – side-to-side and up-and-down and is unable to detect leg rotation, an important aspect of clinical gait assessment.

The technology involved in a 3D gait analysis system includes slow motion videography and use of specialized 3D computer-interfaced video cameras that use motion capture sensors to measure gait pattern, known as kinematics. It may also include force platforms imbedded in a walkway that provide measurement of reaction between foot and ground as the beneficiary walks, called kinetics. Dynamic electromyography (EMG) may also be used to monitor muscle activity as the beneficiary walks. This can be performed by using surface electrodes placed on the beneficiary’s skin or inserted as fine wires into specific muscles. Upon completion of a 3D gait analysis, all computer data during testing is collected and included in a beneficiary report for interpretation by gait analysis clinicians. It is this data which is used to make surgical or medical treatment recommendations to improve a beneficiary’s gait and mobility.

POLICY

Gait analysis studies are a benefit of the CCS program for CCS beneficiaries and gait analysis laboratories that meet criteria described below. The service is available as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.^{1, 2}

A. Participating gait analysis laboratories must:

1. Have the ability to utilize comprehensive computer-based motion analysis with technology as described in the Background section.
2. Provide 3D gait analysis studies.
3. Be affiliated with a CCS-approved tertiary children's hospital or rehabilitation center.
4. Meet all the following staffing requirements:
 - a. The gait analysis laboratory (lab) has a list of team members that includes, at minimum, an orthopedic surgeon, physical therapist (PT), and a rehabilitation engineer; and
 - b. All providers listed on the CCS paneling application must be CCS-paneled.³
5. Require the ordering/referring physician to be a CCS-paneled orthopedic surgeon, orthopedist, physical medicine & rehabilitation physician, or a medical therapy conference physician who provides services at a CCS Medical Therapy Unit.
6. Have policies and procedures that include all of the following:
 - a. Intake process limiting CCS gait studies to beneficiaries with a condition as listed below in this Section, A.2, and requiring documentation that the gait analysis is a medically necessary service to correct or ameliorate the CCS-eligible conditions, and for determination of the best treatment option;^{4, 5}
 - b. Process to communicate findings with referring/ordering providers;
 - c. Job responsibilities of gait analysis lab staff;
 - d. Quality assurance and quality improvement;

¹ [Welfare & Institutions Code section 14132.195](#)

² [Provider Paneling Standards](#)

³ [Provider Paneling Standards](#)

⁴ [Health & Safety Code section 123825](#)

⁵ [Health & Safety Code section 123929](#)

- e. Have written safety guidelines to regulate gait lab operations; and
 - f. Have procedures that ensure accuracy of equipment used during gait analysis.
7. Maintain documentation with indication and anticipated intervention for each beneficiary receiving gait analysis lab services.
 8. Maintain documentation that all fine wire EMG procedures are completed by a clinician who can do so under their scope of practice.
 9. Be prepared to submit requests for CCS gait analysis authorizations, supporting documentation and manual claims using HCPCS code Z5999 as delineated in “Implementation” and “Claims and Reimbursement” sections below.
- B. Beneficiaries authorized to the gait analysis lab must have one of the following CCS-eligible conditions requiring gait analysis for medical and/or surgical decision making, which is expected to optimize care or ameliorate the condition:
1. Cerebral palsy
 2. Spina bifida
 3. Charcot-Marie-Tooth disease
 4. Other CCS-eligible conditions for which gait analysis is medically necessary to make surgical, rehabilitative, or medical decisions.

IMPLEMENTATION

- A. The gait analysis studies prior authorization process for CCS counties is as follows:
1. The provider will submit a Service Authorization Request (SAR) to the county CCS program.
 2. The provider will enter medical procedure code “Z5999” for submission.
 3. The provider will list Current Procedural Terminology (CPT) codes in to the “Special Instructions” section and/or attach additional documentation for program manual entry, as appropriate for specific beneficiary’s procedure:

96000 (comprehensive test without plantar pressure measurements);
OR
96001 (comprehensive test with plantar pressure measurements)

96002 (surface EMG up to 12 muscles)

96003 (fine wire EMG – each muscle)

96004 (physician review and interpretation of gait analysis data)

97161 (PT evaluation – low complexity);

OR

97162 (PT evaluation – moderate complexity, also brief kinematic PT evaluation)

97750 (physical performance test)

S0220 (team conference, including at a minimum, orthopedic surgeon, PT)

4. Dependent County CCS Programs

- a. Must direct requests for gait analysis to CCSDirectedReview@dhcs.ca.gov for DHCS review and adjudication if not automatically directed in the Children's Medical Systems Network (CMS Net).
- b. Must direct requests for gait analysis in anticipation of selective dorsal rhizotomy to CCSExpeditedReview@dhcs.ca.gov for DHCS review and adjudication.⁶

5. Independent County CCS Programs

- a. Must review the condition for which gait analysis is requested.
- b. If the listed condition for which gait analysis is requested is for cerebral palsy, spina bifida, or Charcot-Marie-Tooth disease, the request may be adjudicated by the county CCS program designee.
- c. All other conditions for which gait analysis is requested must be reviewed and adjudicated by the county CCS program medical director. Either the medical director or designated county staff may then process the request.

6. County CCS Programs/DHCS will review the SAR request and either authorize or deny the SAR. For authorization:

- a. County CCS program designee/DHCS will select the service category in service request information section: "New Treatment Modalities and Interventions."
- b. County CCS Programs/DHCS will verify beneficiary's Medi-Cal status.

⁶ [CCS NL 03 0120 Selective Dorsal Rhizotomy](#)

- i. If they have "full-scope no share of cost Medi-Cal", County CCS Programs/DHCS will also ensure the EPSDT box in the SAR submission window is checked under service request information section.
- ii. If the beneficiary is CCS state-only or non-full-scope Medi-Cal, county CCS program/DHCS shall not check the EPSDT box.

The SAR will have a "91" prefix for beneficiaries who have full-scope no share of cost Medi-Cal. The SAR will have a "97" prefix for beneficiaries with CCS state-only coverage, non-full-scope Medi-Cal.

7. County CCS Programs/DHCS will add into the Special Instructions area, as appropriate for only "91" prefix SARs:

"EPSDT HCPCS code Z5999 authorization for non-benefit gait analysis studies at (gait analysis lab); requested by (CCS- Paneled Physician)."

8. County CCS Programs/DHCS will authorize HCPCS code Z5999 one unit with appropriate Special Instructions coding upon review.

- B. The gait analysis studies prior authorization process for Whole Child Model (WCM) counties is as follows:

1. For beneficiaries enrolled in a Medi-Cal managed care plan (MCP), gait analysis requests should be directed to the MCP. The MCP may consult with the county CCS MTP, as appropriate, for determination of gait analysis requests. MCPs are to adjudicate gait analysis procedure submissions.
2. For beneficiaries with fee-for-service Medi-Cal or CCS Only, follow guidance for CCS county requests.
3. Requests for gait analyses for CCS state-only beneficiaries must be directed to other health care insurance plan(s), if applicable, as the CCS program is the payer of last resort.

- C. WCM MCPs and County CCS Programs:

Once adjudicated, County CCS Program, DHCS, and/or MCPs will ensure provider receives a copy of the authorization or denial of the gait analysis procedure.

CLAIMS AND REIMBURSEMENT

- A. Once the facility has completed the service, for CCS the gait analysis provider must submit a UB-04 “by-report code” paper claim form to the California Medicaid Management Information System (CA-MMIS) Fiscal Intermediary (FI) as follows:⁷
1. “EPSDT” must be written at the top of the UB-04 form.
 2. Charges pertaining to the gait analysis are only listed. Other Medi-Cal claims for the same beneficiary must be billed on a different form.
 3. For the charges section (Field 24 F) of the claim form, the total amount claimed for the gait analysis study must be provided.
 4. The “total” of all gait analysis study items should be billed as one total amount on one claim line. Typed claims are preferred, otherwise print clearly (vertically straight and not slanted) and stay within each individual box.
- B. In addition to the UB-04 form, the gait analysis provider shall submit a comprehensive Gait Analysis Studies Final Report to CA-MMIS FI with the following information to be used in determining pricing for each service CPT code (when applicable). Final report/analysis and clinical notes to include description of service, justification, and amount of time spent on each CPT coded task.
1. Units of time spent performing 96000 or 96001. Break down into 15-minute blocks, 15 minutes = 1 unit (Total time spent on this coded service).
 2. Number of muscles tested using surface EMG (96002). Each group of 12 muscles is equivalent to 1 unit (List of number of muscles and left, right).
 3. Number of muscles tested using fine wire EMG (96003). Each muscle is equivalent to 1 unit (List of number of muscles and left, right).
 4. Physical therapy tests/measurements (97162) (Total time spent on this coded service).
 5. Physical performance test (97750) (Total time spent on this coded service).
 6. Physician review and interpretation (96004).
 7. Gait analysis team conference, including findings and recommendations (S0220).

Any questions regarding this information notice, email ISCD-MedicalPolicy@dhcs.ca.gov.

⁷ Claim submission directions can be found on the [Medi-Cal website](#). Providers can also contact the Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555.

Sincerely,

ORIGINAL SIGNED BY

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