



CMLA Policy

Title: Scope of Practice Policy for Clinicians Participating in Clinical Interpretation and Treatment Recommendations

Purpose: This policy is meant to define the scope of practice and provide guidelines for physicians, clinicians, and qualified health care professionals who interpret instrumented gait analysis (IGA) reports and make clinical treatment recommendations, as they pertain to the requirements for clinical motion laboratory accreditation.

Policy: Review and interpretation of comprehensive computer-based data gathered in a gait/motion analysis laboratory can be performed by physicians, clinical staff and qualified healthcare professionals (QHP) with the *appropriate* knowledge, skills and abilities. *Appropriate* knowledge, skills and abilities can be obtained by specialized education and training in clinical motion analysis, knowledge of the scientific literature, and demonstrated initial and ongoing competence to create a problem list that is consistent with the physical examination, kinematic, kinetic, and electromyographic data gathered. However, clinical staff and QHPs should not make direct clinical recommendations about medical and surgical treatments outside the scope of their respective practices, to achieve CMLA accreditation for their laboratory. Physicians with verified training and experience in computerized clinical gait/motion analysis must be present when treatment recommendations are made and are solely responsible for forwarding signed written reports or letters regarding treatment recommendations to appropriate referring parties. If the gait report includes treatment recommendations, a physician co-signer is required along with the signature of the PT, other clinical staff, or QHP.

Background and Rationale: CPT® 96004 is a procedure code used for clinical motion (gait) analysis. CPT® 96004 is related to procedures unique to clinical motion analysis, under the authority of physicians and other qualified health care professionals (QHP). The American Medical Association (AMA) defines a QHP as an individual qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. Medicare and Medicaid require QHPs to hold an independent billing number as they are distinct from clinical staff (e.g., medical assistants, licensed practical nurses, registered nurses, kinesiologists, biomechanists, and engineers). Per AMA CPT, a clinical staff member is a person who works under the supervision of a physician or other QHP and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. QHPs could include: physician assistants, nurse practitioners, certified nurse specialists, and physical therapists. Of the clinical staff and QHP defined above, only kinesiologists, biomechanists, engineers and physical therapists have been routinely involved with clinical gait/motion analysis laboratories.

In 2002 CPT® 96004 read:

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.

In 2013 CPT® 96004 was changed, as follows:

Review and interpretation by physician or other qualified health care professional 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.

Per CPT Changes 2016 – An Insider’s View, CPT is required to adhere to the policy of neutrality with respect to identifying who may perform a procedure or service that is described in the CPT® code set. Therefore, the CPT code set avoids statements about who is or is not qualified to perform the services and procedures described in the CPT code set, other than to state that he or she must be qualified.

Properly trained clinical motion analysis personnel include physicians, kinesiologists, biomechanists, engineers, and physical therapists. All are typically involved in the review and interpretation of computer-based gait/motion analysis, dynamic plantar pressure measures, and dynamic surface and fine wire electromyography during walking and other functional activities. However, regarding treatment recommendations, only trained physicians would sign off on treatment recommendations that include surgical interventions. Other recommendations could be provided by a physical therapist, who often is involved in the co-management of patient care with physicians and other qualified health care professionals. Recommendations by a physician for surgical intervention should be discussed among the health care professionals involved in the patient’s care. While physical therapists may refer patients for a surgical consult, recommendations for specific surgical interventions are not within the scope of current physical therapist practice.

The APTA does not have an official House of Delegate or Board position on the specific role of physical therapist practitioners in making surgical recommendations for children or adults receiving evaluations in clinical motion/gait analysis. The APTA supports the AMA process for re-examining the role of QHP, including physical therapists, who are involved with interpretation and treatment recommendations related to clinical motion analysis centers.