
	<b>Scope of Practice Policy for Clinicians Participating in Clinical Interpretation and Treatment Recommendations</b>	Date Created:	03/12/2018
		Date Last Approved:	11/08/2024
		Date Next Review:	09/2027
Policy#: 006	Document applies to: CMLA Board of Directors		

**Purpose:** This policy provides CMLA guidelines for physicians, clinicians, and qualified health care professionals (QHP) who interpret and make clinical recommendations based on instrumented gait analysis (IGA) data in accordance with requirements for accreditation.

**Policy:** Review and interpretation of comprehensive data gathered in a clinical 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 competency to create a problem list that is consistent with the physical examination, kinematic, kinetic, and electromyographic data gathered. Each profession and specialty will comply with the scope of practice as defined by their licensure regarding clinical recommendations for treatment. CMLA accreditation requirements will be evaluated based on the professions of the individuals who provide these services and the scope of licensure. Physicians with verified training and experience in computerized clinical motion analysis data interpretation and recommendations must be present when treatment recommendations are made and are solely responsible for signed written reports or letters regarding surgical treatment recommendations to appropriate referring parties. Any document that includes or alludes to surgical or prescriptive medicine treatment recommendations, must include a physician signature.

**Background and Rationale:** CPT® 96004 is a procedure 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 ([ama-assn.org](http://ama-assn.org)), 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 may include physician assistants, nurse practitioners, certified nurse specialists, and physical therapists. QHPs do not include kinesiologists, biomechanists, and engineers.

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As of 2024 CPT® 96004 reads 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 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 QHPs. 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 analysis laboratories. 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 laboratories.