# Lower Limb Prosthesis

**MEDICAL POLICY NUMBER:** 22

**Effective Date:** 10/1/2023

**Last Review Date:** 9/2023

**Next Annual Review:** 12/2023



**INSTRUCTIONS FOR USE:** Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

## *PLAN PRODUCT AND BENEFIT APPLICATION*

☒ **Commercial** ☒ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

*Oregon*: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

## COVERAGE CRITERIA

Notes:

- Equipment must be used primarily and customarily to serve a medical purpose. Additional features whose main function is for convenience or improvement of quality of life are not considered medical indications and are therefore not covered.
- If a prosthesis is denied as not medically necessary and not covered, related additions will also be denied.

I. A lower limb prosthesis may be considered **medically necessary** when **all** the following (A.-C.) criteria are met:

A. Member will reach or maintain a defined functional state within a reasonable period of time; **and**
B. Member is motivated to ambulate; **and**
C. Medical records document the member's current functional capabilities and expected rehabilitation potential based on functional levels (see Policy Guidelines for definition of functional levels).

II. Prostheses will be denied as **not medically necessary** if the member does not meet criterion I. or their potential functional level is level 0.

**Anatomy-Specific Criteria**

In the following sections, the determination of coverage for selected prostheses and components with respect to potential functional levels represents the usual case. Exceptions will be considered in an individual case if additional documentation is included which justifies the medical necessity.

**Feet**

III. An external keel SACH foot (L5970) or single axis ankle/foot (L5974) may be **considered medically necessary** for members whose functional level is level 1 or above.

IV. A flexible-keel foot (L5972) or multiaxial ankle/foot (L5978) may be considered **medically necessary** for members whose functional level is level 2 or above.

V. A microprocessor-controlled ankle foot system (L5973), energy storing foot (L5976), dynamic response foot with multi-axial ankle (L5979), flex foot system (L5980), flex-walk system or equal (L5981), or shank foot system with vertical loading pylon (L5987) may **considered medically necessary** for members whose functional level is level 3 or above.

VI. The microprocessor foot or ankle system addition with power assist which includes any type motor (L5969) is considered **not medically necessary** for any indication.

VII. A user-adjustable heel height feature (L5990) is considered **not medically necessary** for any indication

**Knee**

Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are considered for medical necessity based upon functional classification.

VIII. A high activity knee control frame (L5930) may be considered **medically necessary** for members whose functional level is level 4.

IX. A fluid, pneumatic, or electronic/microprocessor knee (L5610, L5613, L5614, L5722-L5780, L5814, L5822-L5840, L5848, L5856, L5857, L5858) may be considered **medically necessary** for members whose functional level is level 3 or above.

X. Microprocessor-controlled lower leg prostheses (L5859) may be considered **medically necessary** when **all** of the following (A.-E.) criteria are met:

A. Member has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee; **and**
B. Member has a functional level of level 3; **and**
C. Member has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs level 3 function with the use of a microprocessor-controlled knee alone; **and**
D. Is able to make use of a product that requires daily charging; **and**
E. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

XI. Microprocessor-controlled lower leg prostheses (L5859) is considered **not medically necessary** when criterion X. is not met.

XII. Other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816, and L5818) may be considered **medically necessary** for members whose functional level is level 1 or above.

**Ankle**

XIII. An axial rotation unit (L5982-L5986) may be considered **medically necessary** for members whose functional level is level 2 or above.

**Hip**

XIV. A pneumatic or hydraulic polycentric hip joint (L5961) may be considered **medically necessary** for members whose functional level is level 3 or above.

**Socket:**

XV. More than 2 test (diagnostic) sockets (L5618-L5628) for an individual prosthesis is considered **not medically necessary** unless there is documentation in the medical record which justifies the need. Exception: A test socket is not reasonable and necessary for an immediate prosthesis (L5400-L5460).

XVI. Two or more of the same socket inserts (L5654-L5665, L5673, L5679, L5681, and L5683) at the same time per individual prosthesis is considered **not medically necessary.**

XVII. Socket replacements may be considered **medically necessary** if there is adequate documentation of functional and/or physiological need, including, but are not limited to:

A. Changes in the residual limb; **or**
B. Functional need changes; **or**
C. Irreparable damage or wear/tear due to excessive beneficiary weight or prosthetic demands of very active amputees.

**Adjustments, Repairs, and Component Replacement**

XVIII. Adjustments to a prosthesis required by wear or by a change in the member's condition may be **medically necessary** under the initial physician's order for the prosthesis for the life of the prosthesis.

XIX. Repairs to a prosthesis may be considered **medically necessary** when necessary to make the prosthesis functional.

XX. Maintenance which may be necessitated by manufacturer's recommendations or the construction of the prosthesis and must be performed by the prosthetist is considered **medically necessary** as a repair.

XXI. Replacement of a prosthesis or prosthetic component may be considered **medically necessary** if the treating physician orders a replacement device or part because of any of the following:

A. A change in the physiological condition of the member; **or**
B. Irreparable wear of the device or a part of the device; **or**
C. The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement device, or of the part being replaced.

XXII. Replacement of a prosthesis or prosthetic components without a physician's order may be considered **medically necessary** due to loss or irreparable damage when it is determined that the prosthesis as originally ordered still fills the member's medical needs.

XXIII. Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is considered **not medically necessary**.

**Miscellaneous**

XXIV. A prosthetic donning sleeve (L7600) is considered **not medically necessary**.

XXV. Osseointegrated (OI) external prostheses (including but not limited to OPRA™ Implant System) and all associated equipment/procedures are considered **not medically necessary**.

Link to Evidence Summary

## POLICY CROSS REFERENCES

None

**The full Company portfolio of current Medical Policies is available online and can be accessed here.**

## POLICY GUIDELINES

This policy may be based primarily on the following Centers for Medicare & Medicaid Services (CMS) guidance:

- Local Coverage Determination (LCD): Lower Limb Prostheses (L33787)[1]
- Local Coverage Article (LCA) Lower Limb Prostheses (A52496)[2]

**DEFINITIONS**

**Functional Levels**

A determination of the medical necessity for certain components/additions to the prosthesis is based on the member's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist, and treating physician, considering factors including, but not limited to:

1. The member's past history (including prior prosthetic use if applicable); and
2. The member's current condition including the status of the residual limb and the nature of other medical problems; and
3. The member's desire to ambulate.

Clinical assessments of member rehabilitation potential must be based on the following classification levels:

**Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

**Level 1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

**Level 2:** Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

**Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

**Level 4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

It is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications.

**BACKGROUND**

A prosthesis is an artificial substitute for a missing body part. Lower limb prostheses may include a number of components such as prosthetic feet, ankles, knee endo-skeletal knee-shin systems, socket insertions and suspensions, lower limb prosthesis, limb-ankle prosthesis, etc.

The C-Leg is a computer controlled hydraulic knee and foot system that activates the swing and stance phases of gait. Examples of microprocessor-controlled prosthetic knees are:

- Intelligent Prosthesis
- Intelligent Prosthesis Plus
- The Adaptive (Endolite North America)
- Ossur's Rheo Knee (Ossur-flexfoot)
- C-Leg and Compact

**Osseointegrated (OI) Prostheses**

In OI prostheses, a metal implant is inserted through the skin and inter the center of the bone of the stump.[3] A prosthetic limb is then attached to the metal implant with the goal being to produce a more comfortable and securely attached prosthetic limb.

## *REGULATORY STATUS*

**U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

**Osseoanchored prostheses for the rehabilitation of transfemoral amputees (OPRA™) Implant System**[4]

The OPRA™ Implant System is indicated for patients who have transfemoral amputation due to trauma or cancer and who have or are anticipated to have rehabilitation problems with, or cannot use, a conventional socket prosthesis.

The patient failed to receive benefit from socket prosthesis or is expected to not tolerate socket use due to problems such as:

- Recurrent skin infections and ulcerations in the socket contact area
- Pain
- A short stump preventing the use of socket prosthesis
- Volume fluctuation in the stump
- Soft tissue scarring
- Extensive area of skin grafting
- Socket retention problems due to excessive perspiration
- Restricted mobility

Contraindications:

- The patient's skeletal growth is not complete
- The patient has atypical skeletal anatomy which may affect treatment with OPRA™ Implant System. Examples of atypical skeletal anatomy:
    - Skeletal dimensions outside defined interval.
    - Development anomalies.
    - Conditions which are not amenable to device insertion such as deformities, fracture, infection.
- The patient would have less than 2 mm of remaining cortex bone available around the implant, if implanted.
- The patient has osteoporosis (weak bones).
- The patient is older than 65 years or younger than 22 years.

- The patient's body weight is higher than 220 lbs including the prosthesis.
- Do not treat patients with the following concurrent diseases:
    - Severe peripheral vascular disease.
    - Diabetic mellitus with complications.
    - Skin disorders involving the residual extremity.
    - Neuropathy or neuropathic disease and severe phantom pain.
    - Active infection or dormant bacteria.
    - Metabolic bone disease and/or metastatic lesions in the residual femur.
- The patient is pregnant.
- The patient is not expected to comply with treatment and follow up requirements.

## *CLINICAL EVIDENCE AND LITERATURE REVIEW*

**EVIDENCE REVIEW**

The use of traditional socket prostheses is based on Centers for Medicare & Medicaid Services guidance; therefore, an evidence review is not included for these indications.

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of OI external prostheses. Below is a summary of the available evidence identified through August of 2023.

**Osseointegrated (OI) Prostheses**

- In 2023 Hayes completed an evolving evidence review of Osseoanchored Prostheses for the Rehabilitation of Amputees (OPRA).[5] This bone-anchored device uses osseointegration for direct attachment of prosthesis to bone without the use of a socket. Three poor- to very poor-quality studies suggest that the implant may result in potential harm and/or may be detrimental to the patient. There were also high rates of revision after the first OPRA procedure occurred. The review concluded that there was no/unclear support for the use of OPRA for patients who have undergone transfemoral amputation.

- In 2022, ECRI completed a clinical evidence assessment of OPRA osseointegrated implant system (Integrum AB) for lower-limb amputees.[6] Evidence from two systematic reviews, two before-and-after studies, and two case series were included in the assessment. Mobility and quality of life (QOL) were reviewed for patients who cannot receive a socket prosthesis. There were a lack of comparison groups in the before and after studies and case series prevented the authors from drawing conclusions on infection rates, implant survival, and complication rates for OPRA compared with those of other osseointegrated systems. The systematic reviews included only small, low-quality studies and did not perform meta-analysis. The authors concluded that the evidence was too limited in quantity and quality to permit conclusions on the OPRA implant system's safety and effectiveness. The ECRI evidence bar was listed as "Evidence is inconclusive-very low quality".

**CLINICAL PRACTICE GUIDELINES**

**National Institute for Health and Care Excellence (NICE)**

In 2008, NICE stated the following:

> "Direct skeletal fixation of limb or digit prostheses using intraosseous transcutaneous implants may have potential advantages for some patients compared with conventional prosthetic sockets. However, the current evidence on the safety and efficacy of this procedure is inadequate in quantity and there is a lack of long-term follow-up".[3]

**EVIDENCE SUMMARY**

There is insufficient evidence to support the use of osseointegrated, also referred to as intraosseous, prostheses. More high-quality comparative studies are needed to determine the benefit and safety of the treatments. Furthermore, there are no clinical guidelines with recommendations to support osseointegrated prostheses. Therefore, osseointegrated prostheses are considered not medically necessary.

## *BILLING GUIDELINES AND CODING*

- When an initial below knee prosthesis (L5500) or a preparatory below knee prosthesis (L5510-L5530, L5540) is provided, prosthetic substitutions and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5629, L5638, L5639, L5646, L5647, L5704, L5785, L5962, and L5980 which will be denied as not medically necessary and not necessary.

- When a below knee preparatory prefabricated prosthesis (L5535) is provided, prosthetic substitutions and/or additions of procedures are covered in accordance with the functional level assessment except for codes L5620, L5629, L5645, L5646, L5670, L5676, L5704, and L5962 which will be denied as not medically necessary and not necessary.

- When an above knee initial prosthesis (L5505) or an above knee preparatory (L5560-L5580, L5590-L5600) prosthesis is provided, prosthetic substitution and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5610, L5631, L5640, L5642, L5644, L5648, L5705, L5706, L5964, L5980, and L5710-L5780, L5790-L5795 which will be denied as not medically necessary and not necessary.

- When an above knee preparatory prefabricated prosthesis (L5585) is provided, prosthetic substitution and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5624, L5631, L5648, L5651, L5652, L5705, L5706, L5964, and L5966 which will be denied as not medically necessary and not necessary.

- Foot covers are included in the codes for a prosthetic foot component and are not separately payable.

- For additional billing guidelines, see Local Coverage Article: Lower Limb Prostheses - Policy Article (A52496)[2]

| CODES* | | |
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| **HCPCS** | L5000 | Partial foot, shoe insert with longitudinal arch, toe filler |
| | L5010 | Partial foot, molded socket, ankle height, with toe filler |
| | L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler |
| | L5050 | Ankle, Symes, molded socket, SACH foot |
| | L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot |
| | L5100 | Below knee, molded socket, shin, SACH foot |
| | L5105 | Below knee, plastic socket, joints and thigh lacer, SACH foot |
| | L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot |
| | L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot |
| | L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot |
| | L5210 | Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each |
| | L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each |
| | L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot |
| | L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot |
| | L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot |
| | L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot |
| | L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system |
| | L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system |
| | L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee |
| | L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot |
| | L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot |
| | L5400 | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee |
| | L5410 | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment |
| | L5420 | Immediate post-surgical or early fitting, application of initial rigid dressing, Including fitting, alignment and suspension and one cast change AK or knee disarticulation |
| | L5430 | Immediate post-surgical or early fitting, application of initial rigid dressing, Including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment |

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| | L5450 | Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee |
| | L5460 | Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee |
| | L5500 | Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed |
| | L5505 | Initial, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed |
| | L5510 | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model |
| | L5520 | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed |
| | L5530 | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model |
| | L5535 | Preparatory, below knee PTB type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket |
| | L5540 | Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model |
| | L5560 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model |
| | L5570 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed |
| | L5580 | Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model |
| | L5585 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket |
| | L5590 | Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model |
| | L5595 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model |
| | L5600 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model |
| | L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system |
| | L5611 | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with friction swing phase control |
| | L5613 | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control |
| | L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control |
| | L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control |

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| | L5617 | Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each |
| | L5618 | Addition to lower extremity, test socket, Symes |
| | L5620 | Addition to lower extremity, test socket, below knee |
| | L5622 | Addition to lower extremity, test socket, knee disarticulation |
| | L5624 | Addition to lower extremity, test socket, above knee |
| | L5626 | Addition to lower extremity, test socket, hip disarticulation |
| | L5628 | Addition to lower extremity, test socket, hemipelvectomy |
| | L5629 | Addition to lower extremity, below knee, acrylic socket |
| | L5630 | Addition to lower extremity, Symes type, expandable wall socket |
| | L5631 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket |
| | L5632 | Addition to lower extremity, Symes type, PTB brim design socket |
| | L5634 | Addition to lower extremity, Symes type, posterior opening (Canadian) socket |
| | L5636 | Addition to lower extremity, Symes type, medial opening socket |
| | L5637 | Addition to lower extremity, below knee, total contact |
| | L5638 | Addition to lower extremity, below knee, leather socket |
| | L5639 | Addition to lower extremity, below knee, wood socket |
| | L5640 | Addition to lower extremity, knee disarticulation, leather socket |
| | L5642 | Addition to lower extremity, above knee, leather socket |
| | L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame |
| | L5644 | Addition to lower extremity, above knee, wood socket |
| | L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame |
| | L5646 | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket |
| | L5647 | Addition to lower extremity, below knee suction socket |
| | L5648 | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket |
| | L5649 | Addition to lower extremity, ischial containment/narrow M-L socket |
| | L5650 | Additions to lower extremity, total contact, above knee or knee disarticulation socket |
| | L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame |
| | L5652 | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket |
| | L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket |
| | L5654 | Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| | L5655 | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| | L5656 | Addition to lower extremity, socket insert, knee disarticulation Kemblo, Pelite, Aliplast, Plastazote or equal) |
| | L5658 | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) |
| | L5661 | Addition to lower extremity, socket insert, multi-durometer Symes |
| | L5665 | Addition to lower extremity, socket insert, multi-durometer, below knee |
| | L5666 | Addition to lower extremity, below knee, cuff suspension |
| | L5668 | Addition to lower extremity, below knee, molded distal cushion |

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| | L5670 | Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar) |
| | L5671 | Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert |
| | L5672 | Addition to lower extremity, below knee, removable medial brim suspension |
| | L5673 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricate, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism |
| | L5676 | Additions to lower extremity, below knee, knee joints, single axis, pair |
| | L5677 | Additions to lower extremity, below knee, knee joints, polycentric, pair |
| | L5678 | Additions to lower extremity, below knee, joint covers, pair |
| | L5679 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism |
| | L5680 | Addition to lower extremity, below knee, thigh lacer, nonmolded |
| | L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) |
| | L5682 | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded |
| | L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) |
| | L5684 | Addition to lower extremity, below knee, fork strap |
| | L5685 | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each |
| | L5686 | Addition to lower extremity, below knee, back check (extension control) |
| | L5688 | Addition to lower extremity, below knee, waist belt, webbing |
| | L5690 | Addition to lower extremity, below knee, waist belt, padded and lined |
| | L5692 | Addition to lower extremity, above knee, pelvic control belt, light |
| | L5694 | Addition to lower extremity, above knee, pelvic control belt, padded and lined |
| | L5695 | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each |
| | L5696 | Addition to lower extremity, above knee or knee disarticulation, pelvic joint |
| | L5697 | Addition to lower extremity, above knee or knee disarticulation, pelvic band |
| | L5698 | Addition to lower extremity, above knee or knee disarticulation, Silesian bandage |
| | L5699 | All lower extremity prosthesis, shoulder harness |
| | L5700 | Replacement, socket, below knee, molded to patient model |
| | L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model |
| | L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model |
| | L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only |

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| | L5704 | Custom shaped protective cover, below knee |
| | L5705 | Custom shaped protective cover, above knee |
| | L5706 | Custom shaped protective cover, knee disarticulation |
| | L5707 | Custom shaped protective cover, hip disarticulation |
| | L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock |
| | L5711 | Addition exoskeletal knee-shin system, single axis, manual lock, ultra-light material |
| | L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) |
| | L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control |
| | L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock |
| | L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control |
| | L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control |
| | L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control |
| | L5726 | Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control |
| | L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control |
| | L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control |
| | L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system |
| | L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty |
| | L5785 | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) |
| | L5790 | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) |
| | L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) |
| | L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock |
| | L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material |
| | L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) |
| | L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock |
| | L5816 | Addition, endoskeletal knee-shin system, polycentric hydraulic swing phase, polycentric, mechanical stance phase lock |
| | L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control |

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| | L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control |
| | L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control |
| | L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame |
| | L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control |
| | L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control |
| | L5840 | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control |
| | L5845 | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable |
| | L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability |
| | L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist |
| | L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist |
| | L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type |
| | L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type |
| | L5858 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type |
| | L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) |
| | L5910 | Addition, endoskeletal system, below knee, alignable system |
| | L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system |
| | L5925 | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock |
| | L5930 | Addition, endoskeletal system, high activity knee control frame |
| | L5940 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) |
| | L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber, or equal) |
| | L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) |
| | L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control |
| | L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system |

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| | L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system |
| | L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system |
| | L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature |
| | L5969 | Addition, endoskeletal ankle-foot or ankle system, power assist, includes type of motor(s) |
| | L5970 | All lower extremity prosthesis, foot, external keel, SACH foot |
| | L5971 | All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only |
| | L5972 | All lower extremity prosthesis, foot, flexible keel |
| | L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and or plantar flexion control, includes power source |
| | L5974 | All lower extremity prosthesis, foot, single axis ankle/foot |
| | L5975 | All lower extremity prosthesis, combination single axis ankle and flexible keel foot |
| | L5976 | All lower extremity prosthesis, energy storing foot (Seattle carbon copy II or equal) |
| | L5978 | All lower extremity prosthesis, foot, multiaxial ankle/foot |
| | L5979 | All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system |
| | L5980 | All lower extremity prostheses, flex foot system |
| | L5981 | All lower extremity prosthesis, flex-walk system or equal |
| | L5982 | All exoskeletal lower extremity prosthesis, axial rotation unit |
| | L5984 | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability |
| | L5985 | All endoskeletal lower extremity prosthesis, dynamic prosthetic pylon |
| | L5986 | All lower extremity prosthesis, multi-axial rotation unit (MCP or equal) |
| | L5987 | All lower extremity prosthesis, shank foot system with vertical loading pylon |
| | L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature |
| | L5990 | Addition to lower extremity prosthesis, user adjustable heel height |
| | L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector |
| | L5999 | Lower extremity prosthesis, not otherwise specified |
| | L7367 | Lithium ion battery, replacement |
| | L7368 | Lithium ion battery, charger |
| | L7510 | Repair of prosthetic device, repair or replace minor parts |
| | L7520 | Repair prosthetic device, labor component, per 15 minutes |
| | L7600 | Prosthetic donning sleeve, any material, each |
| | L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each |
| | L8400 | Prosthetic sheath, below knee, each |
| | L8410 | Prosthetic sheath, above knee, each |
| | L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each |
| | L8420 | Prosthetic sock, multiple ply, below knee, each |

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| | L8430 | Prosthetic sock, multiple ply, above knee, each |
| | L8440 | Prosthetic shrinker, below knee, each |
| | L8460 | Prosthetic shrinker, above knee, each |
| | L8470 | Prosthetic sock, single ply, fitting, below knee, each |
| | L8480 | Prosthetic sock, single ply, fitting, above knee, each |

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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6. ECRI. OPRA Osseointegrated Implant System (Integrum AB) for Lower-limb Amputees. https://www.ecri.org/components/ProductBriefs/Pages/23352.aspx. Published 2022. Accessed 8/31/2023.


## *POLICY REVISION HISTORY*

| DATE | REVISION SUMMARY |
|---|---|
| 2/2023 | Converted to new policy template. |

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| 7/2023 | Interim review. Removal of L2006 |
| 10/2023 | Interim review. Q4 2023 code set. Additional criteria for osseointegrated prostheses. |