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| MEDICAL POLICY | Lower Limb Prosthesis (All Lines of Business Except Medicare) |
| Effective Date: 1/1/2022 | Medical Policy Number: 22 |
|  1/1/2022 | Medical Policy Committee Approved Date: 7/04; 9/05;11/07; 11/09;8/11; 12/11; 2/13; 11/13; 10/14; 10/15; 12/16; 2/18; 2/19; 10/19; 12/19; 7/2020; 1/2021; 12/2021 |
| Medical Officer | Date |

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid 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.

POLICY 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.

This policy is based on the Centers for Medicare & Medicaid Services Local Coverage Determination (LCD): Lower Limb Prostheses (L33787); and Local Coverage Article (LCA) Lower Limb Prostheses (A52496).^{1,2}

- I. A lower limb prosthesis may be considered **medically necessary and covered** 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 and not covered** 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 and covered** 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 and covered** 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 and covered** 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 and not covered** for any indication.
- VII. A user-adjustable heel height feature (L5990) is considered **not medically necessary and not covered** 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 and covered** 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 and covered** for members whose functional level is [level 3](#) or above.
- X. Microprocessor-controlled lower leg prostheses (L5859) may be considered **medically necessary and covered** 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 and not covered** when criterion X. is not met.
- XII. Other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816, and L5818) may be considered **medically necessary and covered** for members whose functional level is [level 1](#) or above.

Ankle

- XIII. An axial rotation unit (L5982-L5986) may be considered **medically necessary and covered** 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 and covered** 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 and not covered** 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 and not covered**.
- XVII. Socket replacements may be considered **medically necessary and covered** 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 and covered** 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 and covered** 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 and covered** as a repair.
- XXI. Replacement of a prosthesis or prosthetic component may be considered **medically necessary and covered** 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.

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| <p>XXII. Replacement of a prosthesis or prosthetic components without a physician's order may be considered medically necessary and covered due to loss or irreparable damage when it is determined that the prosthesis as originally ordered still fills the member's medical needs.</p> <p>XXIII. Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is considered not medically necessary and not covered.</p> <p>Miscellaneous</p> <p>XXIV. A prosthetic donning sleeve (L7600) is considered not medically necessary and not covered.</p> |
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POLICY GUIDELINES

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

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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.

BILLING GUIDELINES

- 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

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CPT/HCPCS CODES

| All Lines of Business Except Medicare | |
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| Prior Authorization Required | |
| L2006 | Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system |
| 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 |
| 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 |
| 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 |
| 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 |
| L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability |
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type |

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| 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) |
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and or plantar flexion control, includes power source |
| L5980 | All lower extremity prostheses, flex foot system |
| L5987 | All lower extremity prosthesis, shank foot system with vertical loading pylon |

No Prior Authorization Required

Note: Codes below may be denied if medical necessity criteria are not met

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| 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 |

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| 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 |
| 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 |

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| 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 |
| L5611 | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with friction swing phase control |
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control |
| 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) |

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| 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 |
| 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 |

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| 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 |
| 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 |
| 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) |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control |
| L5845 | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable |
| L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist |

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| L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist |
| 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) |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system |
| 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 |
| 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 |
| 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 |
| 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) |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature |
| 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 |
| L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each |

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| MEDICAL POLICY | Lower Limb Prosthesis (All Lines of Business Except Medicare) |
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| No Prior Authorization Required | |
| Note: Codes below may be denied as they do not warrant separate reimbursement | |
| 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 |
| 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 |
| Not Covered | |
| L5969 | Addition, endoskeletal ankle-foot or ankle system, power assist, includes type of motor(s) |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height |
| L7600 | Prosthetic donning sleeve, any material, each |

DESCRIPTION

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

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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

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| MEDICAL POLICY | Lower Limb Prosthesis (All Lines of Business Except Medicare) |
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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 PHP and PHA Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Lower Limb Prosthesis (L33787). Effective date 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33787>. Accessed 11/29/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Lower Limb Prosthesis - Policy Article (A52496). Effective date 8/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52496>. Accessed 11/29/2021.