

Medicare Medical Policy

Lower Limb Prosthesis

MEDICARE MEDICAL POLICY NUMBER: 277

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

| Service | Medicare Guidelines |
|---------------------------------------|--|
| <i>Lower Limb Protheses – General</i> | Local Coverage Determination (LCD): Lower Limb Protheses (L33787) |
| <i>Replacement and Repairs</i> | Local Coverage Article (LCA): Lower Limb Protheses - Policy Article (A52496) |

Medicare Coverage Criteria: “MA organizations may create publicly accessible internal coverage criteria... when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs.” (§ 422.101(b)(6) – see [Policy Guidelines](#) below)

- Medicare Coverage Manuals:** Medicare does not have criteria specific to osseointegrated external prosthesis systems (e.g., OPRA™ Implant System) or for lower extremity sensory prosthesis systems (e.g., Walkasins® lower extremity sensory prosthesis) in a coverage manual. **However, broad coverage requirements are provided by Medicare for prosthetics.** In order to be considered for coverage, Medicare requires requested items and services to be **both** medically necessary **and** medically reasonable. This includes determining if there is a “less costly alternative” which can provide the needed and appropriate therapeutic benefit for the individual.¹ An item with features that go beyond what is medically necessary is considered an “upgrade” under Medicare.² Coverage criteria for these specific prosthetic items are considered “not fully established” under CFR § 422.101(6)(i)(A) as additional criteria are needed to interpret or supplement these general coverage provisions in order to determine medical necessity consistently.
- National Coverage Determination (NCD):** Medicare does not have an NCD for either osseointegrated external prosthesis systems or for lower extremity sensory prosthesis systems.
- Noridian J-D DMEPOS Local Coverage Determination (LCD)/Local Coverage Article (LCA):** The DME LCD and LCA for lower limb prostheses includes HCPCS code L5991 for osseointegrated external prosthesis systems; however, the LCD does **not** provide *coverage criteria* specific to this equipment. In addition, as of the last review of this policy, no DME MAC addresses the Walkasins® Lower Extremity Sensory Prosthesis (HCPCS L8720, L8721).

- Therefore, in the absence of established Medicare coverage criteria in a manual, NCD, LCD, or other regulatory guidance for the service area in which the testing is being performed, Company criteria below are applied for medical necessity decision-making. Medicare statutes and regulation provide general coverage criteria for prosthetic devices, but additional criteria to interpret or supplement the Medicare criteria are being used in order to determine medical necessity consistently. These additional criteria provide clinical benefits that are highly likely to outweigh any clinical harms, including from delayed or decreased access to items or services **because the use of this additional criteria based on peer-reviewed evidence evaluates how the use of intraosseous prostheses is expected to improve patient management and health outcomes**. Specifically, the literature review is used to evaluate whether or not these devices have adequate evidence regarding safety and efficacy. For the OPRA™ Implant System specifically, the evidence regarding is too limited in quantity and quality to permit conclusions on the system’s safety and effectiveness, which can pose a serious health risk to Medicare patients.
- **NOTE:** *The summary of evidence, as well as the list of citations/references used in the development of the Company’s internal coverage criteria, are publicly available and can be found using the Company medical policy link below [CFR § 422.101(6)(ii)(A) and (B)].*

OPRA™ Implant System,
Including Related Supplies
and Accessories (HCPCS
L5991)

Walkasins® Lower Extremity
Sensory Prosthesis (HCPCS
L8720, L8721)

Company policy for [Lower Limb Prosthesis](#)

- I. These services are considered **not medically necessary** for Medicare based on the Company medical policy. *See Policy Guidelines below.*

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

In order to be considered for coverage, Medicare requires requested items and services to be **both** medically necessary and medically reasonable. This includes determining if there is a “less costly alternative” which can provide the needed and appropriate therapeutic benefit for the individual.¹

Documentation within the clinical record must demonstrate a medically reasonable and necessary need for higher-level prosthetic items.

MEDICARE AND MEDICAL NECESSITY

Only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. MA organizations (MAOs) make medical necessity determinations based on coverage and benefit criteria, current standards of care, the member's unique personal medical history (e.g., diagnoses, conditions, functional status, co-morbidities, etc.), physician recommendations, and clinical notes, as well as involvement of a plan medical director, where appropriate. (*§ 422.101(c)(1)*)

In addition:

“MA organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs. Current, widely-used treatment guidelines are those developed by organizations representing clinical medical specialties, and refers to guidelines for the treatment of specific diseases or conditions. Acceptable clinical literature includes large, randomized controlled trials or prospective cohort studies with clear results, published in a peer-reviewed journal, and specifically designed to answer the relevant clinical question, or large systematic reviews or meta-analyses summarizing the literature of the specific clinical question.” (*§ 422.101(b)(6) and Medicare Managed Care Manual, Ch. 4, §90.5*)

The Company policy for *PHA Medicare Medical Policy Development and Application* ([MP50](#)) provides details regarding Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development.

Medicare does provide coverage guidance for most lower limb prosthetics. However, as of the most recent policy update, no **fully established** Medicare coverage criteria or guidance is available for osseointegrated external prosthesis systems (e.g., OPRA™ Implant System or AXOR II [Integrum SE]; HCPCS L5991) or for lower extremity sensory prosthesis systems (e.g., Walkasins® lower extremity sensory prosthesis; HCPCS L8720, L8721). Therefore, Company medical policy criteria will be applied to these items for Medicare Plan members. See the [Medicare Coverage Criteria](#) table above for more information regarding the use of internal coverage criteria when Medicare coverage criteria are not fully established.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the

availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

See the associated local coverage article (LCA) for coding and billing guidelines:

- LCA: Lower Limb Prostheses - Policy Article ([A52496](#))

According to the LCA A52496:

“The only products which may be billed using the following list of HCPCS codes are those for which a written coding verification review (CVR) has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor and subsequently published on the appropriate Product Classification List...

Effective for claims with dates of service on or after January 1, 2014:
L5969

Effective for claims with dates of service on or after January 1, 2021:
L5856, L5857, L5858, L5973, L5980, L5987”

The [PDAC Product Classification List website](#) can provide a list of products that have been approved for specific HCPCS code use.

OPRA IMPLANT SYSTEM AND AXOR II SYSTEM

The OPRA™ Implant System is an osseointegrated external prosthesis system. HCPCS code L5991 is a new code as of October 1, 2023 and is used to represent the OPRA™ Implant System. The predicate product is Axor™ II, . These connectors provide a standard connection between the prosthesis implantable components and other external prosthetic components, specifically the prosthetic knee and foot.³

WALKASINS LOWER EXTREMITY SENSORY PROSTHESIS

The Walkasins® lower extremity sensory prosthesis is “a non-invasive prosthetic device available by prescription for long-term daily use. Walkasins® replaces a part of the lost function of plantar mechanoreceptors, which are internal to the skin. It detects touch and pressure and is an integral part of the integumentary system. Walkasins® is intended for patients with sensory peripheral neuropathy (PN), a condition where plantar mechanoreceptors are permanently inoperative or malfunctioned.” HCPCS codes L8720 and L8721 are new codes as of October 1, 2024 and are used to represent this device, and related replacement components.⁴

ACCESSORIES OR COMPONENTS

As a service covered under the Medicare Prosthetic Benefit, some accessories or components for lower limb prosthetics may be reported using HCPCS code L9900. By its very code description, items billed with this HCPCS code are considered to be a “supply, accessory, and/or service component of another HCPCS “L” code” and thus, HCPCS L9900 is never allowed separate reimbursement because Medicare considers this code to be a bundled item or service, no matter what it is used to represent. This includes when it is billed alone. Several LCAs and LCDs specifically call out this code as noncovered when used for specific types of devices, but the Noridian webpage for [Two New Codes Established for Miscellaneous Supplies](#) provides general non-coverage information, for any use.

| CODES* | | |
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| CPT | None | |
| 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 |

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| 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 |
| 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 |

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| L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control |
| L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance 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) |
| 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 |

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| 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 |
| 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 |
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system |
| 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 |
| 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 |

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| 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 |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance 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 |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type |
| 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 |
| L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system |

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| 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 |
| 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 |
| L8720 | External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg |
| L8721 | Receptor sole for use with L8720, replacement, each |

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| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code |
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***Coding Notes:**

- The code list above 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. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- 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.

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §110.1 - Definition of Durable Medical Equipment, C. Necessary and Reasonable, 2. Reasonableness of the Equipment; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
2. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §120 - DME MACs - Billing Procedures Related To Advanced Beneficiary Notice (ABN) Upgrades. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>. Accessed 9/3/2024.
3. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §10.1.3 – Prosthetics and Orthotics (Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes) – Coverage Definition; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
4. Centers for Medicare & Medicaid Services’ (CMS’) Healthcare Common Procedure Coding System (HCPCS) Level II Final Coding, Benefit Category and Payment Determinations. First Biannual (B1), 2023 HCPCS Coding Cycle. Available at: <https://www.cms.gov/files/document/2023-hcpcs-application-summary-biannual-1-2023-non-drug-and-non-biological-items-and-services.pdf>
5. CMS HCPCS Level II Final Coding, Benefit Category and Payment Determinations. First Biannual (B1), 2024 HCPCS Coding Cycle. Available at: <https://www.cms.gov/files/document/2024-hcpcs-application-summary-biannual-1-2024-non-drug-and-non-biological-items-and-services.pdf>.

POLICY REVISION HISTORY

| DATE | REVISION SUMMARY |
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| 1/2023 | Annual review (converted to new format 2/2023) |
| 5/2023 | Interim update; removed L2006 from policy |
| 10/2023 | Q4 2023 code update |
| 1/2024 | Q4 2024 code update and annual review; no change to criteria, added L9900 to policy |
| 4/2024 | Q2 2024 code update |
| 10/2024 | Q4 2024 code update |
| 1/2025 | Q1 2025 code update |
| 2/2025 | Annual review, no change to criteria |