

# Regence

## Definitive Lower Limb Prostheses

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, and socket insertions and suspensions. A definitive prosthesis is provided after the surgical wound has healed and the residual limb has matured.

## MEDICARE ADVANTAGE POLICY CRITERIA

### Notes:

- Preauthorization is only required for definitive (permanent) prostheses. This policy addresses medical necessity criteria for definitive lower limb prosthesis only and applies to the codes noted in this policy. Unlisted codes should not be used when

there is a specific code that is applicable (see Coding Note below).

- This policy does not address preparatory prostheses, which may be considered medically necessary.
- This policy does not address microprocessor-controlled prostheses.
- If the replacement requested is not addressed in LCD L33787 and Article A52496 below, please refer to *Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment M-DME75*.

<b>CMS Coverage Manuals*</b>	See References <sup>[1]</sup>	
<b>National Coverage Determinations (NCDs)*</b>	None	
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*</b>	<i>Lower Limb Prostheses</i>	<a href="#">LCD L33787</a>
	<i>Lower Limb Prostheses - Policy Article</i>	<a href="#">Article A52496</a>

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- History and physical/chart notes (including prior prosthetic use)
  - Medical records should document the patient's current functional capabilities and expected functional potential, including an explanation for any difference.  
Bilateral amputees cannot be strictly bound by functional level classifications.
- Current condition, including the status of the residual limb and the nature of other medical problems
- Functional level
- Desire to ambulate
- Physician's order (if applicable)
- Product information (manufacturer name, model number)
- For replacement items:
  - Comparative limb measurements (if applicable) or specific physiological change that necessitates replacement.
  - The date of service the prosthesis or component was provided.
  - The make/model and serial number (if applicable) for the component(s)
  - Warranty information
  - A repair vs. replacement analysis (i.e. cost to replace vs. cost to repair)

## CROSS REFERENCES

[Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment](#), Durable Medical Equipment, M-DME75

[Myoelectric Prosthetic and Orthotic Components for the Upper Limb](#), Durable Medical Equipment, M-DME80

[Powered and Microprocessor-Controlled Knee and Ankle-Foot Prostheses and Microprocessor-Controlled Knee-Ankle-Foot Orthoses](#), Durable Medical Equipment, M-DME81

[General Medical Necessity Guidance for Durable Medical Equipment, Prosthetic, Orthotics and Supplies \(DMEPOS\)](#), Durable Medical Equipment, M-DME88

[Powered Exoskeleton for Ambulation](#), Durable Medical Equipment, M-DME89

[Associated Claims](#), Reimbursement Policy, Administrative, No. 119

## REFERENCES

1. Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services ([§ 120 - Prosthetic Devices](#))

## CODING

**NOTE:** All items must be reported with the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Most prosthetics and accessories have an applicable, specific HCPCS code available. Only when there is no appropriate descriptive code to use may an “unlisted code” (e.g., HCPCS codes E1399) be reported. Inappropriate use of unlisted codes or failure to use specific codes when available may result in inaccurate reviews. The health plan will defer to the Medicare Pricing, Data Analysis, and Coding (PDAC) contractor (Palmetto GBA) for proper code assignment of most items.

Codes	Number	Description
<b>CPT</b>	None	
<b>HCPCS</b>	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 (SACH)
	L5100	Below knee (BK), molded socket, shin, SACH foot
	L5105	Below knee (BK), 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 (AK), molded socket, single axis constant friction knee, shin, SACH foot
	L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
	L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
	L5230	Above knee (AK), 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 (BK), 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 (AK), 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
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control
L5700	Replacement, socket, below knee (BK), molded to patient model
L5701	Replacement, socket, above knee (AK)/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
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	Additions 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
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
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, 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
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, four-bar linkage or multiaxial, pneumatic swing phase control
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5930	Addition, endoskeletal system, high activity knee control frame
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5970	All lower extremity prostheses, foot, external keel, SACH foot
L5972	All lower extremity prostheses, foot, flexible keel
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system
L5980	All lower extremity prostheses, flex-foot system

L5981	All lower extremity prostheses, flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.