

Description

This document addresses the use of lower limb prostheses required to replace the function of a lower limb loss due to trauma, disease or a congenital condition.

Clinical Indications

Functional Levels: Through out this document "Functional Levels" are used to guide the appropriateness of lower limb prosthesis. Provided below are definitions of these levels. Please note that within the functional classification hierarchy, bilateral amputees often cannot be strictly bound by functional level classifications.

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

Level 1: Has the ability or potential to use 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.

I. Lower Limb: Prosthesis Fitting and Selection Medically Necessary

A lower limb prosthesis is considered **medically necessary** when **all** the following are met and are documented in the medical record:

1. The prosthesis is prescribed by physician; and
2. The member will reach or maintain a defined functional state within a reasonable period of time; and
3. The member needs prosthesis for ambulation; and
4. The member's rehabilitation potential is based on functional levels as outlined above; and

5. The following anatomy-specific criteria apply:

- **Ankles:**

An axial rotation unit is considered **medically necessary** for individuals whose functional level is 2 or above.

- **Knees:**

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

1. Fluid and pneumatic knees are considered **medically necessary** for members with a functional **Level 3** or above.

2. Other knee systems are considered **medically necessary** for members with a functional **Level 1** or above.

3. **Sockets:**

1. Up to 2 test (diagnostic) sockets for an individual prosthesis are **medically necessary** without additional documentation.

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

- Changes in the residual limb; or
- Functional need changes; or
- Irreparable damage; or
- Wear/tear due to excessive member weight or prosthetic demands of very active amputees.

- **Feet:**

The treating physician or the prosthetist will make the determination of the type of foot needed for the prosthesis based upon the functional needs of the individual. Basic lower extremity prostheses include a SACH foot. Other prosthetic feet are considered for medical necessity based upon functional classification.

1. An external keel SACH foot or single axis ankle/foot is considered **medically necessary** for individuals whose functional level is 1 or above.

2. A flexible-keel foot or multi-axial ankle/foot is considered **medically necessary** for individuals whose functional level is 2 or above.

3. A flex foot system, energy storing foot, multi-axial ankle/foot, dynamic response, or

flex-walk system or equal, or shank foot system with vertical loading pylon is considered **medically necessary** for individuals whose functional level is 3 or above.

Not Medically Necessary

A lower limb prosthesis is considered **not medically necessary** when the above have not been met.

A lower limb prosthesis is considered **not medically necessary** for individuals with a functional level of 0.

Test (diagnostic) sockets for immediate post-surgical or early fitting prostheses are considered **not medically necessary**.

More than two test (diagnostic) sockets for an individual prosthesis are considered **not medically necessary** without additional documentation of need.

More than two of the same socket inserts are considered **not medically necessary** per individual prosthesis at the same time.

II. Lower Limb: Accessories, Maintenance, Repairs and Replacement Medically Necessary

Accessories (e.g., stump stocking for the residual limb, harness, etc.) are considered **medically necessary** when these appliances aid in or are essential to the effective use of the artificial limb.

Repairs to a prosthesis are considered **medically necessary** when necessary to make the prosthesis functional.

Maintenance that 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.

Adjustments to a prosthesis required by wear and tear or change in an individual's condition are considered **medically necessary**.

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

- A change in the physiological condition of the individual; or
- Irreparable wear of the device or a part of the device; or
- 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.

Discussion/General Information

The need for a prosthetic limb is based upon the expectations and judgment of the treating physician or prosthetist regarding the post-treatment expectation of an individual's functional level. Potential function ability is based upon many factors, factors including, but not limited to, the following:

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

A determination regarding the use or appropriateness of certain components/additions to the prosthesis is also based on the member's potential functional abilities.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

Prostheses:

L5000-L5020	Partial foot prostheses [includes codes L5000, L5010, L5020]
L5050-L5060	Ankle prostheses [includes codes L5050, L5060]
L5100-L5105	Below knee prostheses [includes codes L5100, L5105]
L5150-L5160	Knee disarticulation (or through knee) prostheses [includes codes L5150, L5160]
L5200-L5230	Above knee prostheses [includes codes L5200, L5210, L5220, L5230]
L5250-L5270	Hip disarticulation prostheses [includes codes L5250, L5270]
L5280	Hemipelvectomy, Canadian type: molded socket, hip joint, single axis constant friction
L5301	Below knee, molded socket, shin, each foot, endoskeletal system
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, SACH
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, SACH
L5400-L5460	Immediate post surgical or early fitting prostheses [includes codes L5400, L5410, L5420, L5430, L5440, L5450, L5460]
L5500-L5505	Initial prostheses [includes codes L5500, L5505]
L5510-L5600	Preparatory prostheses [includes codes L5510, L5520, L5530, L5535, L5540, L5550, L5560]

Additions/Repair/Accessories:

L5610-L5617	Additions to lower extremity prostheses [includes codes L5610, L5611, L5613, L5614, L5615, L5616, L5617]
L5618-L5629	Additions to lower extremity prostheses, test sockets [includes codes L5618, L5620, L5621, L5622, L5623, L5624, L5625, L5626, L5627, L5628, L5629]
L5630-L5653	Additions to lower extremity prostheses, socket variations [includes codes L5630, L5631, L5632, L5633, L5634, L5635, L5636, L5637, L5638, L5639, L5640, L5641, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653]
L5654-L5699	Additions to lower extremity prostheses, socket inserts and suspension [includes codes L5654, L5655, L5656, L5657, L5658, L5659, L5660, L5661, L5662, L5663, L5664, L5665, L5666, L5667, L5668, L5669, L5670, L5671, L5672, L5673, L5674, L5675, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5687, L5688, L5689, L5690, L5691, L5692, L5693, L5694, L5695, L5696, L5697, L5698, L5699]
L5700-L5707	Replacements for lower extremity prostheses [includes codes L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707]
L5710-L5795	Additions to lower extremity prostheses, exoskeletal knee-shin system [includes codes L5710, L5711, L5712, L5713, L5714, L5715, L5716, L5717, L5718, L5719, L5720, L5721, L5722, L5723, L5724, L5725, L5726, L5727, L5728, L5729, L5730, L5731, L5732, L5733, L5734, L5735, L5736, L5737, L5738, L5739, L5740, L5741, L5742, L5743, L5744, L5745, L5746, L5747, L5748, L5749, L5750, L5751, L5752, L5753, L5754, L5755, L5756, L5757, L5758, L5759, L5760, L5761, L5762, L5763, L5764, L5765, L5766, L5767, L5768, L5769, L5770, L5771, L5772, L5773, L5774, L5775, L5776, L5777, L5778, L5779, L5780, L5781, L5782, L5783, L5784, L5785, L5786, L5787, L5788, L5789, L5790, L5791, L5792, L5793, L5794, L5795]
L5810-L5848	Additions to lower extremity prostheses, endoskeletal knee-shin system [includes codes L5810, L5811, L5812, L5813, L5814, L5815, L5816, L5817, L5818, L5819, L5820, L5821, L5822, L5823, L5824, L5825, L5826, L5827, L5828, L5829, L5830, L5831, L5832, L5833, L5834, L5835, L5836, L5837, L5838, L5839, L5840, L5841, L5842, L5843, L5844, L5845, L5846, L5847, L5848]
L5850	Addition, endoskeletal system, above knee or hip disarticulation
L5855	Addition, endoskeletal system, hip disarticulation
L5910-L5966	Additions to lower extremity prostheses, endoskeletal system [includes codes L5910, L5911, L5912, L5913, L5914, L5915, L5916, L5917, L5918, L5919, L5920, L5921, L5922, L5923, L5924, L5925, L5926, L5927, L5928, L5929, L5930, L5931, L5932, L5933, L5934, L5935, L5936, L5937, L5938, L5939, L5940, L5941, L5942, L5943, L5944, L5945, L5946, L5947, L5948, L5949, L5950, L5951, L5952, L5953, L5954, L5955, L5956, L5957, L5958, L5959, L5960, L5961, L5962, L5963, L5964, L5965, L5966]
L5968-L5995	Additions to lower extremity prostheses [includes codes L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5977, L5978, L5979, L5980, L5981, L5982, L5983, L5984, L5985, L5986, L5987, L5988, L5989, L5990, L5991, L5992, L5993, L5994, L5995]
L5999	Addition to lower extremity prosthesis, not otherwise specified
L7500-L7520	Repair of prosthetic device [includes codes L7500, L7510, L7520]
L8400-L8410	Prosthetic sheath [includes codes L8400, L8410]

L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee
L8420-L8430	Prosthetic sock, multiple ply [includes codes L8420, L8430]
L8440-L8460	Prosthetic shrinker [includes codes L8440, L8460]
L8470-L8480	Prosthetic sock, single ply [includes codes L8470, L8480]

ICD-9 Diagnosis

All diagnoses

ARTICLE REFERENCE:

http://www.empireblue.com/medicalpolicies/guidelines/gl_pw_a053639.htm