



BlueCross BlueShield of North Dakota

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Corporate Medical Policy

Prosthetic Limbs

Medical Policy #545.1

Effective Date: February 2003

Updates Effective: August 1, 2007

Description

A prosthetic appliance is a fixed or removable artificial body part that replaces an absent natural part.

Policy/Criteria

Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information.

Benefits are available for the purchase, fitting and necessary adjustments of prosthetic limbs and supplies that replace all or part of an absent body part.

A determination that a limb is medically appropriate and necessary is based on the patient's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist, and ordering physician, considering factors including but not limited to:

- a. The patient's past history (including prior prosthetic use, if applicable); and
- b. Current medical condition including the status of the residual limb and the nature of other medical problems; and
- c. Motivation and desire to use the limb; and
- d. Ability to reach or maintain a defined functional state within a reasonable period of time.

Lower Limb Criteria

The functional levels listed below are to be used to determine the patient's capacity and rehabilitation potential and daily function to establish the specific type/design of prosthetic knee, foot and/or ankle. This expectation of functional ability information must be clearly documented and retained in the prosthetist's records. There must be information about the patient's history and current condition which supports the designation of the functional level by the prosthetist.

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. **No benefits are available for a lower limb prosthesis if a member's potential functional level is 0, as it would not be considered medically necessary and appropriate.**

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. The functional needs of this level would be served with an external keel SACH foot or

single axis ankle/foot; a simple function knee. Components allowed for Level 1 functional level would be L5970, L5974, L5611, L5616, L5710-L5718, L5810-L5812, L5816, L5818

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. The functional needs of this level would be served with knee/foot/ankle components from Level 1 or expanded to flexible-keel foot, (L5972) multiaxial ankle/foot (L5978), axial rotation ankle units (L5982-L5986).

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. The functional needs of this level would be served with knee/foot/ankle components from Level 1 or 2 options or expanded to flex foot system (L5980), energy storing foot (L5976), multiaxial ankle/foot, dynamic response (L5979), flex-walk system (L5981) or equal or shank foot system with vertical loading pylon (L5987) Knees may be fluid, pneumatic, hydraulic or other certain mechanical systems (L5610, L5613, L5614, L5722-L5780, L5814, L5848, L5822-L5840).

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. The functional needs of this level would be served with knee/foot/ankle components from Level 1 or 2 or 3 options.

No benefits are available for an activity specific prosthesis or component such as those designed for recreational use (fishing, running, swimming, golfing, hunting, bicycle riding, music) or those designed for a specific work related task.

Microprocessor Controlled Knee

Prior approval is required for a prosthetic knee controlled by a microprocessor. (L5856-L5858). It is equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds and avoiding falls by recognizing stumbles through the sensor and stiffening the knee. A microprocessor controlled knee may be medically necessary in amputees who meet the following requirements:

- • have a functional level of 3 or above
- • demonstrated need for long distance ambulation at variable rates (use of the limb in the home or for basic community ambulation is not sufficient to justify provision of the computerized limb over standard limb applications) OR demonstrated patient need for regular ambulation on uneven terrain or for regular use on stairs (use of the limb for limited stair climbing in the home or employment environment is not sufficient evidence for prescription of this device over standard prosthetic application); AND
- • physical ability, including adequate cardiovascular and pulmonary reserve, for ambulation at faster than normal walking speed; AND
- • adequate cognitive ability to master use and care requirements for the technology

Upper Limb Prosthesis

Definitions:

Terminal Device: A device (typically a hand or hook) attached to the wrist unit of upper extremity prosthesis.

Body-powered: Prosthesis is powered and controlled by gross body movements. The terminal device is operated by cables attached to a harness strapped around the shoulders. Movement of the shoulder opens the terminal device.

Electrically-powered: This prosthesis incorporates small electrical motors to provide function. Control may be by switch control, myoelectric control or push button control. One muscle group initiates opening of the terminal device while another group closes the terminal device. A switch controlled prosthesis is a manual use of electric switches to control an electric elbow, wrist rotator or terminal device. In a myoelectric control, an electrode in the socket picks up electrical signals as the muscles in the residual limb contract, which in turn triggers operation.

Hybrid: This is the combination of body powered and electrical power in a single prosthesis. An example may be an electrically-powered elbow with a body-powered terminal device or a body-powered elbow and a myoelectrically-controlled terminal device.

Sockets: Portion of prosthesis that the residual/stump fits into and to which prosthetic components are attached.

Test (diagnostic) sockets for immediate post surgical or early fitting procedure are not medically necessary.

No more than 2 test (diagnostic) sockets (L5618-L5628) for an individual prosthesis are medically necessary without additional documentation.

No more than 2 of the same socket inserts are allowed per individual prosthesis at the same time.

Replacement

Socket replacements are medically necessary if there is adequate documentation of functional and/or physiological need.

Replacement of a prosthesis will be allowed once every 5 years. Replacement of a prosthesis or prosthetic component is covered if the treating physician orders a replacement device or part because of any of the following:

1. A change in the physiological condition of the patient; or
2. Irreparable wear of the device or a part of the device; or
3. 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.

Prior approval is required if a replacement prosthesis is necessary before 5 years.

Accessories

Accessories are covered when these appliances aid in or are essential to the effective use of the prosthesis, such as stump socks, harnesses and batteries.

Functional coverings for terminal devices will be allowed. No additional allowance will be made for a more aesthetic or cosmetic appearing covering.

Coding/Billing Information

HCPCS	L5000-L5999	Lower limb prosthetic procedures
	L6000 - L7499	Upper limb prosthetic procedure
	L7500 - L7520	Repair of prosthetic device

Duplicate or similar items are excluded from coverage. Therefore only one permanent prosthesis at a time is covered unless a member requires bilateral prostheses.

Non covered services

Custom glove: L6895

The following are considered not medically necessary when billed with the initial or preparatory prosthesis:

Code:	Includes:
Initial/Preparatory below knee prosthesis (L5500, L5510-L5530, L5540)	L5629, L5638, L5639, L5646, L5647, L5704, L5785, L5962, L5980
Preparatory Prefabricated below knee prosthesis (L5535)	L5620, L5629, L5645, L5646, L5670, L5676, L5704, L5962
Initial/Preparatory above knee prosthesis (L5505, L5560-L5580, L5590-L5600)	L5610, L5631, L5640, L5642, L5644, L5648, L5705, L5706, L5964, L5980, L5710-L5780, L5790-L5795
Preparatory Prefabricated above knee prosthesis (L5585)	L5624, L5631, L5648, L5651, L5652, L5705, L5706, L5964, L5966

Source

1. 1. CIGNA Medicare Region D DMERC Local Medical Review Policy. October 2, 2002. Available at www.cignamedicare.com/dmerc/lmrp/llp.html
2. 2. HealthPartners. 9/25/2002. Durable Medical Equipment (DME) Requiring Prior Approval. Available at www.healthpartners.com
3. 3. The Regence Group Medical Policy. 12/26/2002. Durable medical Equipment, Lower Limb Prostheses www.regence.com
4. 4. Prosthetics Orthotics Consultant
5. 5. BCBSA Medical Policy Reference Manual. Microprocessor-Controlled Prosthetic Knees June 2007
6. 6. CMS LCD for Lower Limb Prosthesis (L11453) Noridian Administrative Services 1/1/2007

Committee Review:

Internal Medical Policy Committee	June 26, 2007 (Updated with prior approval required for microprocessor controlled knees to comply with 2007 benefit plan rewrite)
Internal Medical Policy Committee	February 26, 2003

Policy Disclaimer:

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving and the company reserves the right to review and update medical policy periodically.

Noridian Mutual Insurance Company

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