

Lower Limb Prosthesis

MEDICAL POLICY NUMBER: 22

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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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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 Company Medical Policy will be resolved in favor of the coverage agreement. 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.

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

## PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP\*

Medicare\*\*

### \*Medicaid/OHP 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.

Notice to Medicaid Policy Readers: For comprehensive rules and guidelines pertaining to this policy, readers are advised to consult the Oregon Health Authority. It is essential to ensure full understanding and compliance with the state's regulations and directives. Please refer to OHA's OARs and prioritized list for the following coverage guidelines:

DME Lower Extremity Prosthetics, Orthotics, and Supplies: OAR 410-122-0660 to 0662

Social Security Act §1861(s)(9)

Upper Extremity Prosthetics: OAR 410-122- 0660 to 0662

Power Wheelchairs: OAR 410-122-0325 to 0340

Orthotic Footwear: OAR 410-122-0475

TLSO and LSO Braces: OAR 410-122-0660 to 0662

Neuromuscular Electrical Stimulation (NMES): OAR 410-122-0515

### \*\*Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

## COVERAGE 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.
- I. A lower limb prosthesis may be considered **medically necessary** 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** 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** 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** 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** 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** for any indication.
- VII. A user-adjustable heel height feature (L5990) is considered **not medically necessary** 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** 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** for members whose functional level is [level 3](#) or above.

- X. Microprocessor-controlled lower leg prostheses (L5859) may be considered **medically necessary** 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** when criterion X. is not met.
- XII. Other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816, and L5818) may be considered **medically necessary** for members whose functional level is [level 1](#) or above.

#### **Ankle**

- XIII. An axial rotation unit (L5982-L5986) may be considered **medically necessary** 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** 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** 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**.
- XVII. Socket replacements may be considered **medically necessary** 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** 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** 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** as a repair.
- XXI. Replacement of a prosthesis or prosthetic component may be considered **medically necessary** 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.
- XXII. Replacement of a prosthesis or prosthetic components without a physician's order may be considered **medically necessary** due to loss or irreparable damage when it is determined that the prosthesis as originally ordered still fills the member's medical needs.
- XXIII. Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is considered **not medically necessary**.

## Miscellaneous

- XXIV. A prosthetic donning sleeve (L7600) is considered **not medically necessary**.
- XXV. Osseointegrated (OI) external prostheses (including but not limited to OPRA™ Implant System) and all associated equipment/procedures are considered **not medically necessary**.

Link to [Evidence Summary](#)

## POLICY CROSS REFERENCES

None

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

## POLICY GUIDELINES

This policy may be based primarily on the following Centers for Medicare & Medicaid Services (CMS) guidance:

- Local Coverage Determination (LCD): Lower Limb Prostheses (L33787)<sup>1</sup>
- Local Coverage Article (LCA) Lower Limb Prostheses (A52496)<sup>2</sup>

### DEFINITIONS

#### 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 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.

## BACKGROUND

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

### Osseointegrated (OI) Prostheses

In OI prostheses, a metal implant is inserted through the skin and into the center of the bone of the stump.<sup>3</sup> A prosthetic limb is then attached to the metal implant with the goal being to produce a more comfortable and securely attached prosthetic limb.

## REGULATORY STATUS

### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

### Osseoanchored prostheses for the rehabilitation of transfemoral amputees (OPRA™) Implant System<sup>4</sup>

The OPRA™ Implant System is indicated for patients who have transfemoral amputation due to trauma or cancer and who have or are anticipated to have rehabilitation problems with, or cannot use, a conventional socket prosthesis.

The patient failed to receive benefit from socket prosthesis or is expected to not tolerate socket use due to problems such as:

- Recurrent skin infections and ulcerations in the socket contact area
- Pain
- A short stump preventing the use of socket prosthesis
- Volume fluctuation in the stump
- Soft tissue scarring
- Extensive area of skin grafting
- Socket retention problems due to excessive perspiration
- Restricted mobility

## Contraindications:

- The patient's skeletal growth is not complete
- The patient has atypical skeletal anatomy which may affect treatment with OPRA™ Implant System. Examples of atypical skeletal anatomy:
  - Skeletal dimensions outside defined interval.
  - Development anomalies.
  - Conditions which are not amenable to device insertion such as deformities, fracture, infection.
- The patient would have less than 2 mm of remaining cortex bone available around the implant, if implanted.
- The patient has osteoporosis (weak bones).
- The patient is older than 65 years or younger than 22 years.
- The patient's body weight is higher than 220 lbs including the prosthesis.
- Do not treat patients with the following concurrent diseases:
  - Severe peripheral vascular disease.
  - Diabetic mellitus with complications.
  - Skin disorders involving the residual extremity.
  - Neuropathy or neuropathic disease and severe phantom pain.
  - Active infection or dormant bacteria.
  - Metabolic bone disease and/or metastatic lesions in the residual femur.
- The patient is pregnant.
- The patient is not expected to comply with treatment and follow up requirements.

## CLINICAL EVIDENCE AND LITERATURE REVIEW

### EVIDENCE REVIEW

The use of traditional socket prostheses is based on Centers for Medicare & Medicaid Services guidance; therefore, an evidence review is not included for these indications.

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of OI external prostheses. Below is a summary of the available evidence identified through November of 2023.

### Osseointegrated (OI) Prostheses

- In 2023 Hayes completed an evolving evidence review of Osseoanchored Prostheses for the Rehabilitation of Amputees (OPRA).<sup>5</sup> This bone-anchored device uses osseointegration for direct attachment of prosthesis to bone without the use of a socket. Three poor- to very poor-quality studies suggest that the implant may result in potential harm and/or may be detrimental to the patient. There were also high rates of revision after the first OPRA procedure occurred. The review concluded that there was no/unclear support for the use of OPRA for patients who have undergone transfemoral amputation.



- In 2022, ECRI completed a clinical evidence assessment of OPRA osseointegrated implant system (Integrum AB) for lower-limb amputees.<sup>6</sup> Evidence from two systematic reviews, two before-and-after studies, and two case series were included in the assessment. Mobility and quality of life (QOL) were reviewed for patients who cannot receive a socket prosthesis. There were a lack of comparison groups in the before and after studies and case series prevented the authors from drawing conclusions on infection rates, implant survival, and complication rates for OPRA compared with those of other osseointegrated systems. The systematic reviews included only small, low-quality studies and did not perform meta-analysis. The authors concluded that the evidence was too limited in quantity and quality to permit conclusions on the OPRA implant system’s safety and effectiveness. The ECRI evidence bar was listed as “Evidence is inconclusive-very low quality”.

## **CLINICAL PRACTICE GUIDELINES**

### **National Institute for Health and Care Excellence (NICE)**

In 2008, NICE stated the following:

“Direct skeletal fixation of limb or digit prostheses using intraosseous transcutaneous implants may have potential advantages for some patients compared with conventional prosthetic sockets. However, the current evidence on the safety and efficacy of this procedure is inadequate in quantity and there is a lack of long-term follow-up”.<sup>3</sup>

## **EVIDENCE SUMMARY**

There is insufficient evidence to support the use of osseointegrated, also referred to as intraosseous, prostheses. More high-quality comparative studies are needed to determine the benefit and safety of the treatments. Furthermore, there are no clinical guidelines with recommendations to support osseointegrated prostheses. Therefore, osseointegrated prostheses are considered not medically necessary.

## **BILLING GUIDELINES AND CODING**

- 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](#))<sup>2</sup>

CODES*		
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
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
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
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
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
	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
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
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

**\*Coding Notes:**

- The above code list 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.
- 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.

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## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
7/2023	Interim review. Removal of L2006
10/2023	Interim review. Q4 2023 code set. Additional criteria for osseointegrated protheses.
1/2024	Annual review & Q1 2024 code set update. No changes to criteria.
4/2024	Q2 2024 code set update.