

Medical Policy



Lower Limb Prosthesis

Description

A lower limb prosthesis or artificial limb is used following the amputation or removal of an injured or diseased lower limb. The prosthesis allows for normal ambulation.

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A lower limb prosthesis is **reasonable and necessary**, following the amputation or removal of an injured or diseased lower limb, to allow for normal ambulation.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33787) and article (A52496) for coverage criteria.

Non-Medicare Member Coverage Criteria:

For WellSense NH Commercial Members (NH Clarity members under 19 years of age), see "Special Coverage" box below on page 24. Effective 1/1/25.

Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. A lower limb prosthesis is covered when the member:
 - a. Will reach or maintain a defined functional state within a reasonable period of time; and
 - b. Is motivated to ambulate.
3. 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 practitioner, considering factors including, but not limited to:

 - a. The member's past history (including prior prosthetic use if, applicable); and
 - b. The member's current condition including the status of the residual limb and the nature of other medical problems; and
 - c. The member's desire to ambulate.

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4. 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.

The records must document the Member's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case. It is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications.

5. General:
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. 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,

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L5645, L5646, L5670, L5676, L5704, and L5962 which will be denied as not medically 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. 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.

Lower limb prosthetic covers (L5704-L5707) are complete products and afford shape, protection and waterproofing for normal daily usage of the prosthesis. They offer sufficient protection and weatherproofing for members who require lower limb prosthetics.

Protective outer surface covering systems (L5962, L5964, and L5966) are specialized covers intended to be worn over an existing prosthesis. They are used by a member who has special needs for protection against unusually harsh environmental situations where it is necessary to protect the lower limb prosthesis beyond the level of protection that is afforded by L5704-L5707. They are not for cosmetic or convenience reasons, or for everyday usage in a typical environment. Protective outer surface coverings are different from the covering that is already reimbursed as part of L5704 – L5707.

The right (RT) and left (LT) modifiers must be used with prosthesis codes. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for prostheses, sockets, or components for bilateral amputees are billed on the same date of service bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claim lines billed without the RT and/or LT modifiers, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

In the following sections, the determination of coverage for selected prostheses and components with respect to potential functional levels represents the usual case.

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Exceptions will be considered in an individual case if additional documentation is included which justifies the medical necessity. Prostheses will be denied as not medically necessary if the Member's potential functional level is 0.

FEET:

A determination of the type of foot for the prosthesis will be made by the treating practitioner and/or the prosthetist based upon the functional needs of the Member. Basic lower extremity prostheses include a SACH foot. Other prosthetic feet are considered for coverage based upon functional classification.

An external keel SACH foot (L5970) or single axis ankle/foot (L5974) is covered for Members whose functional level is 1 or above.

A flexible-keel foot (L5972) or multiaxial ankle/foot (L5978) is covered for Members whose functional level is 2 or above.

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) is covered for members when one of the following criteria is met:

1. The member's functional level is 3 or above; or,
2. The member's functional level is 2; and,
 - a. Meets the functional level 2 coverage criteria for a fluid, pneumatic, or electronic/microprocessor control addition for a prosthetic knee; and,
 - b. A higher-level (i.e., functional level 3) foot is required for the safe and proper use of the prescribed knee system.

The microprocessor foot or ankle system addition with power assist which includes any type motor (L5969) is not covered because there is insufficient information to demonstrate that the item meets the Medicare standard to be considered reasonable and necessary. Claims for L5969 will be considered not reasonable and necessary.

Coverage is extended only if there is sufficient clinical documentation of functional need for the technologic or design feature of a given type of foot. This information must be retained in the practitioner's or prosthetist's files.

A user adjustable heel height feature (L5990) will be denied as not medically necessary.

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KNEES:

A determination of the type of knee for the prosthesis will be made by the treating practitioner and/or the prosthetist based upon the functional needs of the Member. Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are considered for coverage based upon functional classification.

A high activity knee control frame (L5930) is covered for Members whose functional level is 4.

A fluid or pneumatic knee unit (L5610, L5613, L5614, L5615, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, and L5841), or control addition, fluid (L5848), or electronic/microprocessor (L5856, L5857, L5858) is covered for members whose functional level is 3 or above.

A fluid or pneumatic knee unit (L5610, L5613, L5614, L5615, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, and L5841), or control addition, fluid (L5848), or electronic/microprocessor (L5856, L5857, L5858) is also covered under limited circumstances for members whose functional level is 2, when all of the following criteria (1-3) are met:

1. The member has had a clinical evaluation to determine their functional level (see FUNCTIONAL LEVELS section above); and,
2. Supporting documentation in the medical record outlines, in the context of the member's overall medical health, the rationale for selection of a fluid, pneumatic, or electronic/microprocessor-controlled knee, including (at minimum) how the selected knee will:
 - a. Improve the member's functional health outcomes (e.g., fall reduction, injury prevention, lower energy expenditure); and,
 - b. Help the member accomplish their activities of daily living (ADLs); and,
3. Lower-level knee systems (e.g., knee systems which exclude use of fluid, pneumatic, or microprocessor) have been considered and ruled out based on the member's specific functional and medical needs.

In addition, for coverage of an electronic/microprocessor-controlled knee system (L5856, L5857, or L5858 plus associated components) for members whose functional level is 2, all of the following criteria (1-4) must also be met:

1. The electronic/microprocessor knee is indicated for functional level 2; and,

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2. The electronic/microprocessor knee has integrated technology that allows the knee to detect when the user trips or stumbles and can automatically adjust to stabilize the knee unit (e.g., stumble recovery); and,
3. The member is able to make use of a product that requires daily charging; and,
4. The member is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

L5859 (ADDITION TO LOWER EXTEMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S) is only covered when the member meets all of the criteria below:

1. Has a microprocessor (swing and stance phase type (L5856) controlled (electronic) knee
2. K3 functional level only
3. Weight greater than 110 lbs and less than 275 lbs.
4. Has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K3 level function with the use of a microprocessor-controlled knee alone
5. Is able to make use of a product that requires daily charging
6. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

If these coverage criteria for the knee component are not met, L5859 will be considered not reasonable and necessary. The medical records should describe the nature and extent of the comorbidity of the spine or the sound limb which is what is limiting this member to a household ambulatory, and clearly document how this feature will enable the member to function as a community ambulator.

Other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816, L5818) are covered for Members whose functional level is 1 or above.

Coverage is extended only if there is sufficient clinical documentation of functional need for the technologic or design feature of a given type of knee. This information must be retained in the practitioner's or prosthetist's files.

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An axial rotation unit (L5982-L5986) is covered for Members whose functional level is 2 or above.

SOCKETS:

More than 2 test (diagnostic) sockets (L5618-L5628) for an individual prosthesis are not medically necessary unless there is documentation in the medical record which justifies the need. Exception: A test socket is not medically necessary for an immediate prosthesis (L5400-L5460).

No more than two of the same socket inserts (L5654-L5665, L5673, L5679, L5681, L5683) are allowed per individual prosthesis at the same time.

Socket replacements are considered medically necessary if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes but is not limited to: changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive Member weight or prosthetic demands of very active amputees.

Powered base items are those that contain the power source (battery). At the time that a base item is billed, all necessary batteries and/or battery chargers are considered as included in the payment for the powered base item. There is no separate payment for batteries (L7360, L7364, L7367) and/or battery chargers (L7362, L7366, L7368) billed concurrently with a powered base item.

Payments for items listed in Column II are included in the payment for each Column I code. Claims for Column II items billed with the provision of a Column I item will be denied as unbundling.

Column I

Base codes with battery, charger and/or power included

L5781

L5782

L5856

L5857

L5858

L5859

L5973

Column II

Batteries

L7360

L7364

L7367

Chargers

L7362

L7366

L7368

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Limitations:

1. The following items are included in the reimbursement for a prosthesis and therefore, are not separately billable:
 - a. Repairs due to normal wear or tear within 90 days of delivery.
 - b. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the Member's functional abilities.
 - c. Evaluation of the residual limb and gait.
 - d. Fitting of the prosthesis.
 - e. Costs of base component parts and labor contained in HCPCS base codes.
2. The replacement of artificial limbs are covered if any of the following criteria is met:
 - a. A change in the physical condition of the Member.
 - b. An irreparable change in the condition of the device, or in a part of the device.
 - c. The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than sixty (60) percent of the cost of a replacement device, or, of the part being replaced.
3. Custom fabricated socket inserts for congenital or atypical amputee (L5681, L5683) will only be covered when the initial prosthesis is requested.
4. No more than 2 test (diagnostic) sockets are allowed per individual prosthesis.
5. No more than two of the same socket inserts (L5654-L5658, L5661, L5665, L5673, L5679, L5681, L5683) are allowed per individual prosthesis at the same time.
6. Code L7700 (GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH) describes a stand-alone (i.e., not integrated into or a part of a prosthetic socket insert) sealing ring that is added to a socket insert to assist in providing or maintaining negative pressure for socket suspension. The ring creates a seal against the outer surface of the insert and against the inner wall of the socket. L7700 is not intended for use with mechanical socket suspensions such as a pin-lock system. It may be made of any suitable material. L7700 may be used with upper or lower extremity sockets. Unit of service (UOS) is 1 (one) item. This code is not to be used to bill gaskets, seals, or other sealing materials that are included as part of an insert. Integrated seals are included in the code for the insert. Separate billing of integrated gaskets or seals as L7700 is unbundling.
7. Accessories are limited to the quantities listed below:

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HCPCS Code	Description	Quantity
L8400	Prosthetic sheath, below knee, each	Up to 12 in a 12 month period
L8410	Prosthetic sheath, above knee, each	Up to 12 in a 12 month period
L8417	Prosthetic sheath/sock, including a gel cushion layer, below or above knee, each	Up to 12 in a 12 month period
L8420	Prosthetic sock, multiple ply, below knee, each	Up to 12 in a 12 month period
L8430	Prosthetic sock, multiple ply, above knee, each	Up to 12 in a 12 month period
L8440	Prosthetic shrinker, below knee, each	Up to 4 in a 12 month period
L8460	Prosthetic shrinker, above knee, each	Up to 4 in a 12 month period
L8470	Stump sock, single ply, below knee, each	Up to 12 in a 12 month period
L8480	Stump sock, single ply, above knee, each	Up to 12 in a 12 month period
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each. (note: non-covered)	

Exclusions:

1. If a prosthesis is denied as not medically necessary, related additions will also be denied as not medically necessary.
2. Immediate post-surgical or early fitting procedures (IPOP), procedure codes (L5400, L5410, L5420, L5430, L5450 and L5460) are normally provided to a member while in a hospital stay and are not covered at home.

HCPCS Level II Codes and Description

L5000 PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE

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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,

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- 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, INCL. 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

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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

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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,

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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

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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

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Lower Limb Prosthesis

MEDIAL BRIM SUSPENSION

L5673 ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, 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

Medical Policy



Lower Limb Prosthesis

- 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, SILESIA BANDAGE
- L5699 ALL LOWER EXTREMITY PROSTHESES, 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

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- L5707 CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION
- 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
- 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

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- 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, 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

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Lower Limb Prosthesis

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

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- 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 ANY TYPE MOTOR(S)
- L5970 ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT
- L5971 ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY
- L5972 ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)
- L5973 ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR

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CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE.

- L5974 ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT
- L5975 ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL 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 PROSTHESIS, MULTI-AXIAL 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 PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY
- L5985 ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON
- L5986 ALL LOWER EXTREMITY PROSTHESES, 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

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Lower Limb Prosthesis

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 DORNING SLEEVE, ANY MATERIAL, 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

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

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The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015. Accessed December 12, 2024

New Hampshire Senate Bill 177-FN Chapter 144;
<https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/parts-c-and-d-enrollee-grievances-organization-coverage-determinations-and-appeals-guidance.pdf>
Accessed and reviewed 8/8/24.

CGS Administrators, LLC. Jurisdiction B DME MAC, Lower Limb Prostheses. Local Coverage Determination No. L33787; Last accessed and reviewed December 12, 2024.

Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC, Lower Limb Prostheses. Local Coverage Determination No. L33787; revised date January 1, 2020. Accessed

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December 2017. Reviewed December 17, 2018, December 2020. Accessed December 9, 2021.

Blue Cross Blue Shield of MA, Medical Policy Microprocessor-Controlled Prostheses for the Lower Limb, Policy Number 133, <https://www.bluecrossma.org/medical-policies> Accessed 9/9/2022.

Anthem Blue Cross and Blue Shield Healthcare Solutions Medicaid Managed Care; Lower Limb Prosthesis Clinical UM Guideline CG-DME-13; https://www.anthem.com/dam/medpolicies/abcbs/active/guidelines/gl_pw_a053639.html Accessed 12-12-2024.

Blue Cross Blue Shield of ND, Medical Policy Lower Limb Prostheses, Policy ID: O-32-009 <https://www.bcbsnd.com/providers/policies-precertification/medical-policy/l/lower-limb-prostheses> Accessed 12-12-2024.

Aetna Lower Limb Prosthesis Policy Number: 0578; https://www.aetna.com/cpb/medical/data/500_599/0578.html Last accessed and reviewed 12-12-2024.

SPECIAL COVERAGE INFORMATION PER PLAN:

For WellSense NH Commercial Members - NH Clarity (ACA) members under 19 years of age.	<p>EFFECTIVE 1/1/2025: Prosthetic devices, including activity-specific devices, are covered for children under 19 years of age.</p> <p>Covered benefits shall include:</p> <ul style="list-style-type: none">(a) All materials and components necessary to use the device;(b) Instruction to the enrollee on using the device; and(c) The repair or replacement of a prosthetic device that is determined medically necessary or is necessary for maximizing the enrollee’s ability to engage in the specific activity. <p>The insurer may limit coverage for activity-specific prosthetic devices to one activity-specific prosthetic device</p>
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	<p>per plan year.</p> <p>Medically necessary prosthetic devices shall not be subject to any annual limits.</p> <p>(a) “Prosthetic” means an artificial substitute for a body part for functional or therapeutic purposes.</p> <p>(b) “Activity-specific prosthetic device” means a prosthetic device designed to allow an individual to participate in a specific activity that could damage the residual limb or everyday prosthesis, or when the everyday prosthesis would not function effectively to perform that specified activity.</p>
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared /Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01	Jan.2007	HCPCS Codes: Added L5993, L5994. Revised L5848, L5995	Susan Glomb	Ken Fasse		
02	Oct.2008	Moved: Noncoverage statement for user adjustable heel heights.	Susan Glomb	Ken Fasse		
03		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec.2008	
04	Dec.2008	Delete Codes L5993,L5994 and L5995	Susan Glomb	Ken Fasse		
05	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
06	01-05-10	Added Code: L5973, endoskeletal ankle foot system, microprocessor controlled feature,	Susan Glomb	Ken Fasse		

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		<p>dorsiflexion and/or plantar flexion control, includes power source. Added Code A4466 Garment, Belt, sleeve or other covering, elastic or similar stretchable material, any type, ea. (non-covered). E0700 – new narrative- Safety equipment, device or accessory, any type. E0249 – Pad for water circulating heat unit, for replacement only. Discontinued codes: E1340, L0210, L3651, L3652, L3700, L3701, L3909, L3911, L6639.</p>				
07	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
08	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
09	12-6-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
10	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
11	10-22-12	Quantity changes made for L8400, L8410, L8417, L8420, L8430, L8440, L8460, L8470 and L8480	Susan Glomb	Dr. B. Almasri		
12	11-30-12	Discontinued Code L5311 and Added Code: L5312 Knee Disarticulation (or thorough knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system.	Susan Glomb	Dr. B. Almasri		
13	12-3-12	Annual Review – No changes	Ssuan Glomb	Dr. B. Almasri	Dec 2012	

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14	12-30-13	Annual review. Added L5859 Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s). Changed narrative to L5972 All lower extremity prostheses, foot, flexible keel.	Susan Glomb	Dr. B. Almasri	Dec 2013	
15	12-8-14	Annual Review. Added L5973. Microprocessor controlled ankle foot system (L5973) energy storing foot (L5976), dynamic response foot with multi-axial ankle (L5979), flex foot system, flex-walk system or equal (L5981), or shank foot system with vertical loading pylon (L5987) is covered for members whose functional level is 3 or above.	Susan Glomb	Dr. B. Almasri		
16	12-14-15	Annual Review. References updated.	Susan Glomb	Dr. B. Almasri	12-14-15	
17	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
18	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
19	12-17-18	Annual review. Added L5859 coverage; coding guidelines for L7700, L5704-L5707 and L5962, L5964, L5966 per Medicare. Added bundling table for batteries/chargers.	Carol Dimech	Dr. C. Lerchin	December 2018	

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20	12-05-19	Annual review. Per CGS removed: L8505 from list of batteries billed concurrently with powered base, due to technical correction; removed: L8505 from Column II of rebundling table, due to technical correction; added RT and LT modifier billing instructions.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
21	12-07-20	Annual Review. Updated 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
22	12-9-21	Annual review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	December 9, 2021	December 9, 2021
23	9-9-2022	Added new HCPCS code K1014. Added references.	Carol Dimech	Dr. C. Lerchin	9-9-2022	4-1-2021
24	9-9-22	Added new HCPCS code K1022. Added references.	Carol Dimech	Dr. C. Lerchin	9-9-22	10-1-21
25	12-15-22	Annual Review no further changes (see above).	Carol Dimech/Susan Glomb	Dr. C. Lerchin	12-15-22	
26	12-7-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-7-23	12-7-23
27	8-8-24	Added "Special Coverage" box indicating new criteria for NH Clarity members. Added reference.	Carol Dimech	Dr. C. Lerchin	8-8-24	1-1-25
28	12-12-24	Annual review. Added HCPCS codes L5615, L5926, L5841, L5783. Revised per CMS: Coverage criteria for microprocessor-controlled ankle foot system and knee system to include coverage for members	Carol Dimech	Dr. C. Lerchin	12-12-24	12-12-24

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		whose functional level is 2 when specified criteria are met. Removed code K1022, crosswalked to L5926. Removed K1014 crosswalked to L5615.				
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