BSC1.01	Lower Limb Prostheses		
Original Policy Date:	July 2, 2010	**Effective Date:**	March 1, 2024
Section:	Durable Medical Equipment	**Page:**	Page 1 of 16

Policy Statement

I. A definitive lower limb prosthesis may be considered **medically necessary** for performing activities of daily living when **all** of the following criteria are met:
   A. There is no evidence of residual limb vascular compromise
   B. The patient has the potential to reach or maintain a rehabilitation potential functional level (see Policy Guidelines section) beyond level 0 within a reasonable period of time
   C. The prosthesis is prescribed by a physician
   D. The patient's rehabilitation potential functional level is indicated by **one or more** of the following:

Feet

Functional level 1 or above; one of the following:
1. L5970: external keel SACH foot
2. L5974: single axis ankle/foot

Functional level 2 or above; one of the following:
1. L5972: flexible-keel foot
2. L5978: multiaxial ankle/foot

Functional level 3 or above; one of the following:
1. L5976: energy storing foot (Seattle Carbon Copy II or equal)
2. L5979: multiaxial ankle, dynamic response foot, one-piece system
3. L5980: flex foot system
4. L5981: flex-walk system or equal
5. L5987: shank foot system with vertical loading pylon

Knees

Functional level 1 or above; one of more of the following:
1. L5611: 4-bar linkage, with friction swing phase control
2. L5616: universal multiplex system, friction swing phase control
3. L5710: single axis, manual lock
4. L5711: single axis, manual lock, ultra-light material
5. L5712: single axis, friction swing and stance phase control (safety knee)
6. L5714: single axis, variable friction swing phase control
7. L5716: polycentric, mechanical stance phase lock
8. L5718: polycentric, friction swing and stance phase control
9. L5810: single axis, manual lock
10. L5811: single axis, manual lock, ultra-light material
11. L5812: single axis, friction swing and stance phase control (safety knee)
12. L5816: polycentric, mechanical stance phase lock
13. L5818: polycentric, friction swing and stance phase control

Functional level 3 or above; one of more of the following:
1. L5610: hydracadence system
2. L5613: 4-bar linkage, with hydraulic swing phase control
3. L5614: 4 bar linkage, with pneumatic swing phase control
4. L5722: pneumatic swing, friction stance phase control
5. L5724: single axis, fluid swing phase control
6. L5726: single axis, external joints, fluid swing phase control
7. L5728: single axis, fluid swing and stance phase control
8. L5780: single axis, pneumatic/hydra pneumatic swing phase control
9. L5814: polycentric, hydraulic swing phase control, mechanical stance phase lock
10. L5822: single axis, pneumatic swing, friction stance phase control

11. L5824: single axis, fluid swing phase control
12. L5826: single axis, hydraulic swing phase control, with miniature high activity frame
13. L5828: single axis, fluid swing and stance phase control
14. L5830: single axis, pneumatic/swing phase control
15. L5840: 4-bar linkage or multiaxial, pneumatic swing phase control
16. L5848: fluid stance extension, dampening feature, with or without adjustability

Functional level 4:

1. L5930: high activity knee control frame

Ankles

Functional level 2 or above; one or more of the following:

1. L5982: axial rotation unit
2. L5984: axial rotation unit, with or without adjustability
3. L5985: dynamic prosthetic pylon
4. L5986: multiaxial rotation unit (MCP or equal)

Replacements

II. Replacement of a prosthesis or prosthetic component may be considered **medically necessary** if the treating physician orders a replacement or part due to **one or more** of the following:
   A. A change in the physiological condition of the patient
   B. Irreparable wear
   C. The cost of the repair(s) would be more than 60% of the cost of a replacement device

III. L5990 (user-adjustable heel height feature) is considered **not medically necessary** for **all** functional levels.

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Note: It is highly recommended that prosthetic training be provided through coordination of the prosthetist and a physical therapist after fitting of the lower limb prosthesis to ensure the patient achieves the full benefits of the prosthesis.

Clinical assessments of patient rehabilitation potential are based on the following functional 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 householder ambulatory)
- **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 ambulatory)
- **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 following are included in the allowance for a prosthesis and therefore not separately reimbursable:

- Evaluation of the residual limb and gait

- Fitting of the prosthesis
- Cost of base component parts and labor
- Repairs due to normal wear or tear within 90 days of delivery
- 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 patient's functional abilities
- Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis

Description

External prosthetic appliances are devices used to replace the function of a missing body part and are often referred to as prosthetic devices, or prostheses. Lower limb prostheses are used to replace the function of a lower extremity. It is estimated that the number of people with amputation will double by 2050.[5] The majority are lower limb amputations, with 65% resulting from complications of diabetes or peripheral vascular disease. Trauma is the second most common cause of amputation (25%), while tumors and congenital malformations result in 10%.[4] Several prosthetic devices are available to replace the function of lower limbs.

Related Policies

- Microprocessor-Controlled Prostheses for the Lower Limb
- Myoelectric Prosthetic and Orthotic Components for the Upper Limb

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Literature Review
Conventional lower limb prostheses are classified as either preparatory or definitive. The preparatory prosthesis is provided approximately four weeks after an amputation or residual limb revision to prepare the residual limb for a definitive prosthesis. Preparatory prostheses often use transparent diagnostic test sockets to visualize potential stump problems. Use of a preparatory prosthesis often results in a better fit of the definitive prosthesis because the preparatory socket can be used to mold the residual limb into the desired shape and stable volume. The average time frame for a preparatory prosthesis is 12 to 24 months or until the residual limb has reached its final shape and size.

The use of a preparatory prosthesis allows the patient to begin the rehabilitation program, which includes training in the donning and doffing of the prosthesis, transfer training, building wear tolerance and attaining balance. Finally, the use of a preparatory prosthesis allows for ambulation several weeks prior to final residual limb volume stabilization.

The socket is the most important prosthetic component. An uncomfortable or ill-fitting socket is a common reason for prosthetic rejection.[4] Unilateral or bilateral lower limb amputees often alter the biomechanics of their gait by either favoring or stressing their intact limb during daily activities. Increased stress can lead to degenerative changes in the joints of the intact limb. Conversely, when less time is spent on their residual limb, osteopenia or osteoporosis can develop due to insufficient loading through the long bones. A proper fitting prosthesis increases the probability of equal force distribution across the intact and prosthetic limbs during ambulation. If a good prosthetic fit is not maintained, over time, minor gait compensations can increase stress on the intact limb, again leading to early degenerative joint changes.[3]

Components

The following are the major components of a lower limb prosthesis:

- Socket
  - The socket serves as the interface between the residual limb and the prosthesis and protects the residual limb and transmits the forces associated with standing and ambulation.
- Suspension system
  - The suspension system keeps the prosthesis from sliding off the residual limb. A suspension system may consist of a variety of belts, wedges, straps, suction, or any combination of these.
- Knee joint
  - Conventional above the knee prosthetics include hydraulic, pneumatic, or single axis constant friction knee. The hydraulic knee allows for cadence variance.
- Pylon or shank
  - The pylon or shank corresponds to the anatomical lower leg and is used to connect the socket to the ankle-foot component. Pylons are divided into exoskeleton (soft foam contoured to match the other limb and covered with a hard, laminated shell) and endoskeleton (an internal, metal frame with cosmetic soft covering). Advances in the design of pylons include the ability to allow for axial rotation, shock absorption, and energy storage and release.
- Ankle
  - The ankle function may be incorporated into the foot or be a separate component.
- Foot
  - Feet may be classified as energy-returning including the flexible keel, dynamic foot, and multiflex foot or non-energy-returning including a solid-ankle, cushioned-heel (SACH), rigid keel, or the single axis foot.

This medical policy is based on the Centers for Medicare and Medicaid Services, local coverage determinations (LCD) for Lower Limb Prostheses L33787 (Original ICD-9 LCD ID: L11453) updated on November 1, 2018 and Article A25367 from Noridian Administrative Services criteria updated on January 1, 2014, but retired due to the ICD-10 transition effective September 30, 2015.

References

1. Centers for Medicare & Medicaid Services. Article for Lower Limb Prostheses - Policy Article – Revision effective January 1, 2014 (A25367) – Retired due to the ICD-10 transition effective 9/30/2015. Noridian Administrative Services. Accessed on June 2, 2023 from https://localcoverage.cms.gov/mcd_archive/view/article.aspx?articleInfo=25367%3a25.

2. Centers for Medicare & Medicaid Services. Local Coverage Determinations for Lower Limb Prostheses (L33787 [Original ICD-9 LCD ID: L11453]). Revision effective January 1, 2020. CMS.gov. Accessed on June 2, 2023 from https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33787&ver=22&Date=&DocID=L33787&bc=iAAAAAgAAAAA&.
3. Gailey R, Allen K, Castles J et al. Review of secondary physical conditions associated with lower-limb amputation and long-term prosthesis use. J Rehabil Res Dev. 2008;45(1):15-29.
4. Kelly B, Pangilinan P, Rodriguez G et al. Lower Limb Prosthetics. 2009. Retrieved on September 6, 2018 from http:/emedicine.medscape.com/article/317358-overview.
5. Ziegler-Graham K, MacKenzie EJ, Ephraim P et al. Estimating the prevalence of limb loss in the United States: 2005 to 2050. Arch Phys Med Rehabil. 2008; 89(3):422-9.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Date of amputation
  - Physical and cognitive status
  - Current functional level
  - Functional level patient is expected to attain
  - Patients desire to ambulate
- Prescription for the prosthesis from referring physician
- Name of ordering prosthetist, fax and phone number
- All prosthetist's clinical/office notes including:
  - Previous prosthesis use (if applicable)
  - Rehabilitation history
  - Estimated repair cost of current prosthesis (if applicable) and any reasons why replacement might be needed rather than repair
  - Describe daily activities and needs
- Clearly list all HCPCS codes with descriptions of generic codes

Post Service (in addition to the above, please include the following):

- Results/reports of tests performed
- Procedure report(s)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	None	
HCPCS	K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type ***(Deleted code effective 1/1/2024)***

Type	Code	Description
	L5100	Below knee (BK), molded socket, shin, SACH foot
	L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot
	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
	L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot
	L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
	L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
	L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
	L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
	L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
	L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system
	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
	L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee
	L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
	L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)
	L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment
	L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation
	L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment
	L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)
	L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)
	L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
	L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
	L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model

Type	Code	Description
	L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
	L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
	L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket
	L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
	L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
	L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
	L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
	L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
	L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable 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 (AK), hydracadence system
	L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control
	L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control
	L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control
	L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control
	L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each
	L5620	Addition to lower extremity, test socket, below knee (BK)
	L5622	Addition to lower extremity, test socket, knee disarticulation
	L5624	Addition to lower extremity, test socket, above knee (AK)
	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
	L5631	Addition to lower extremity, above knee (AK) 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

Type	Code	Description
	L5637	Addition to lower extremity, below knee (BK), total contact
	L5638	Addition to lower extremity, below knee (BK), leather socket
	L5639	Addition to lower extremity, below knee (BK), wood socket
	L5640	Addition to lower extremity, knee disarticulation, leather socket
	L5642	Addition to lower extremity, above knee (AK), leather socket
	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	L5644	Addition to lower extremity, above knee (AK), wood socket
	L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame
	L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket
	L5647	Addition to lower extremity, below knee (BK), suction socket
	L5648	Addition to lower extremity, above knee (AK), 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 (AK) or knee disarticulation socket
	L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame
	L5652	Addition to lower extremity, suction suspension, above knee (AK) 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 (BK) (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 (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)
	L5661	Addition to lower extremity, socket insert, multidurometer Symes
	L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)
	L5666	Addition to lower extremity, below knee (BK), cuff suspension
	L5668	Addition to lower extremity, below knee (BK), molded distal cushion
	L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)
	L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert
	L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension
	L5673	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), knee joints, single axis, pair
	L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair
	L5678	Additions to lower extremity, below knee (BK), joint covers, pair

Type	Code	Description
	L5679	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), thigh lacer, nonmolded
	L5681	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), thigh lacer, gluteal/ischial, molded
	L5683	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), back check (extension control)
	L5688	Addition to lower extremity, below knee (BK), waist belt, webbing
	L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined
	L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light
	L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined
	L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each
	L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint
	L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band
	L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage
	L5699	All lower extremity prostheses, shoulder harness
	L5700	Replacement, socket, below knee (BK), molded to patient model
	L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model
	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	L5704	Custom shaped protective cover, below knee (BK)
	L5705	Custom shaped protective cover, above knee (AK)
	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	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

Type	Code	Description
	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
	L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)
	L5790	Addition, exoskeletal system, above knee (AK), 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, four-bar linkage or multiaxial, pneumatic swing 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

Type	Code	Description
	L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist
	L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
	L5910	Addition, endoskeletal system, below knee (BK), alignable system
	L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system
	L5925	Addition, endoskeletal system, above knee (AK), 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 ***(Code effective 1/1/2024)***
	L5930	Addition, endoskeletal system, high activity knee control frame
	L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)
	L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)
	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system
	L5964	Addition, endoskeletal system, above knee (AK), 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
	L5970	All lower extremity prostheses, foot, external keel, SACH foot
	L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only
	L5972	All lower extremity prostheses, foot, flexible keel
	L5974	All lower extremity prostheses, foot, single axis ankle/foot
	L5975	All lower extremity prostheses, 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 prostheses, multiaxial ankle, dynamic response foot, one-piece system
	L5980	All lower extremity prostheses, flex-foot system
	L5981	All lower extremity prostheses, flex-walk system or equal
	L5982	All exoskeletal lower extremity prostheses, axial rotation unit
	L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability
	L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
	L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
	L5987	All lower extremity prostheses, shank foot system with vertical loading pylon
	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	L5990	Addition to lower limb prosthesis, vertical shock reducing pylon feature

Type	Code	Description
	L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector ***(Code effective 10/1/2023)***
	L5999	Lower extremity prosthesis, not otherwise specified
	L7510	Repair of prosthetic device, repair or replace minor parts
	L7520	Repair prosthetic device, labor component, per 15 minutes

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
07/02/2010	New policy
03/13/2012	Coding Update
09/27/2013	Policy Revision without position change
07/31/2015	Coding update
11/01/2016	Policy Revision without position change
09/01/2017	Policy Revision without position change
10/01/2018	Policy Revision without position change
12/01/2019	Policy Revision without position change
06/01/2020	Annual review. Policy statement updated.
06/01/2021	Annual review. Policy statement and literature updated.
11/01/2021	Coding Update
07/01/2022	Annual review. No change to policy statement.
07/01/2023	Annual review. No change to policy statement.
11/01/2023	Coding Update
03/01/2024	Coding Update

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
Lower Limb Prostheses BSC1.01 **Policy Statement:** I. A definitive lower limb prosthesis may be considered **medically necessary** for performing activities of daily living when **all** of the following criteria are met: A. There is no evidence of residual limb vascular compromise B. The patient has the potential to reach or maintain a rehabilitation potential functional level (see Policy Guidelines section) beyond level 0 within a reasonable period of time C. The prosthesis is prescribed by a physician D. The patient's rehabilitation potential functional level is indicated by **one or more** of the following: ***Feet*** Functional level 1 or above; one of the following: 1. L5970: external keel SACH foot 2. L5974: single axis ankle/foot Functional level 2 or above; one of the following: 1. L5972: flexible-keel foot 2. L5978: multiaxial ankle/foot Functional level 3 or above; one of the following: 1. L5976: energy storing foot (Seattle Carbon Copy II or equal) 2. L5979: multiaxial ankle, dynamic response foot, one-piece system 3. L5980: flex foot system 4. L5981: flex-walk system or equal 5. L5987: shank foot system with vertical loading pylon ***Knees*** Functional level 1 or above; one of more of the following: 1. L5611: 4-bar linkage, with friction swing phase control 2. L5616: universal multiplex system, friction swing phase control 3. L5710: single axis, manual lock 4. L5711: single axis, manual lock, ultra-light material	**Lower Limb Prostheses BSC1.01** **Policy Statement:** I. A definitive lower limb prosthesis may be considered **medically necessary** for performing activities of daily living when **all** of the following criteria are met: A. There is no evidence of residual limb vascular compromise B. The patient has the potential to reach or maintain a rehabilitation potential functional level (see Policy Guidelines section) beyond level 0 within a reasonable period of time C. The prosthesis is prescribed by a physician D. The patient's rehabilitation potential functional level is indicated by **one or more** of the following: ***Feet*** Functional level 1 or above; one of the following: 1. L5970: external keel SACH foot 2. L5974: single axis ankle/foot Functional level 2 or above; one of the following: 1. L5972: flexible-keel foot 2. L5978: multiaxial ankle/foot Functional level 3 or above; one of the following: 1. L5976: energy storing foot (Seattle Carbon Copy II or equal) 2. L5979: multiaxial ankle, dynamic response foot, one-piece system 3. L5980: flex foot system 4. L5981: flex-walk system or equal 5. L5987: shank foot system with vertical loading pylon ***Knees*** Functional level 1 or above; one of more of the following: 1. L5611: 4-bar linkage, with friction swing phase control 2. L5616: universal multiplex system, friction swing phase control 3. L5710: single axis, manual lock 4. L5711: single axis, manual lock, ultra-light material

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
5. L5712: single axis, friction swing and stance phase control (safety knee) 6. L5714: single axis, variable friction swing phase control 7. L5716: polycentric, mechanical stance phase lock 8. L5718: polycentric, friction swing and stance phase control 9. L5810: single axis, manual lock 10. L5811: single axis, manual lock, ultra-light material 11. L5812: single axis, friction swing and stance phase control (safety knee) 12. L5816: polycentric, mechanical stance phase lock 13. L5818: polycentric, friction swing and stance phase control Functional level 3 or above; one of more of the following: 1. L5610: hydracadence system 2. L5613: 4-bar linkage, with hydraulic swing phase control 3. L5614: 4 bar linkage, with pneumatic swing phase control 4. L5722: pneumatic swing, friction stance phase control 5. L5724: single axis, fluid swing phase control 6. L5726: single axis, external joints, fluid swing phase control 7. L5728: single axis, fluid swing and stance phase control 8. L5780: single axis, pneumatic/hydra pneumatic swing phase control 9. L5814: polycentric, hydraulic swing phase control, mechanical stance phase lock 10. L5822: single axis, pneumatic swing, friction stance phase control 11. L5824: single axis, fluid swing phase control 12. L5826: single axis, hydraulic swing phase control, with miniature high activity frame 13. L5828: single axis, fluid swing and stance phase control 14. L5830: single axis, pneumatic/swing phase control 15. L5840: 4-bar linkage or multiaxial, pneumatic swing phase control 16. L5848: fluid stance extension, dampening feature, with or without adjustability Functional level 4: 1. L5930: high activity knee control frame ***Ankles***	5. L5712: single axis, friction swing and stance phase control (safety knee) 6. L5714: single axis, variable friction swing phase control 7. L5716: polycentric, mechanical stance phase lock 8. L5718: polycentric, friction swing and stance phase control 9. L5810: single axis, manual lock 10. L5811: single axis, manual lock, ultra-light material 11. L5812: single axis, friction swing and stance phase control (safety knee) 12. L5816: polycentric, mechanical stance phase lock 13. L5818: polycentric, friction swing and stance phase control Functional level 3 or above; one of more of the following: 1. L5610: hydracadence system 2. L5613: 4-bar linkage, with hydraulic swing phase control 3. L5614: 4 bar linkage, with pneumatic swing phase control 4. L5722: pneumatic swing, friction stance phase control 5. L5724: single axis, fluid swing phase control 6. L5726: single axis, external joints, fluid swing phase control 7. L5728: single axis, fluid swing and stance phase control 8. L5780: single axis, pneumatic/hydra pneumatic swing phase control 9. L5814: polycentric, hydraulic swing phase control, mechanical stance phase lock 10. L5822: single axis, pneumatic swing, friction stance phase control 11. L5824: single axis, fluid swing phase control 12. L5826: single axis, hydraulic swing phase control, with miniature high activity frame 13. L5828: single axis, fluid swing and stance phase control 14. L5830: single axis, pneumatic/swing phase control 15. L5840: 4-bar linkage or multiaxial, pneumatic swing phase control 16. L5848: fluid stance extension, dampening feature, with or without adjustability Functional level 4: 1. L5930: high activity knee control frame ***Ankles***

POLICY STATEMENT (No changes)	
BEFORE	**AFTER**
Functional level 2 or above; one or more of the following: 1. L5982: axial rotation unit 2. L5984: axial rotation unit, with or without adjustability 3. L5985: dynamic prosthetic pylon 4. L5986: multiaxial rotation unit (MCP or equal) **Replacements** II. Replacement of a prosthesis or prosthetic component may be considered **medically necessary** if the treating physician orders a replacement or part due to **one or more** of the following: A. A change in the physiological condition of the patient B. Irreparable wear C. The cost of the repair(s) would be more than 60% of the cost of a replacement device III. L5990 (user-adjustable heel height feature) is considered **not medically necessary** for **all** functional levels.	Functional level 2 or above; one or more of the following: 1. L5982: axial rotation unit 2. L5984: axial rotation unit, with or without adjustability 3. L5985: dynamic prosthetic pylon 4. L5986: multiaxial rotation unit (MCP or equal) **Replacements** II. Replacement of a prosthesis or prosthetic component may be considered **medically necessary** if the treating physician orders a replacement or part due to **one or more** of the following: A. A change in the physiological condition of the patient B. Irreparable wear C. The cost of the repair(s) would be more than 60% of the cost of a replacement device III. L5990 (user-adjustable heel height feature) is considered **not medically necessary** for **all** functional levels.