

MEDICAL POLICY STATEMENT Marketplace

Marketplace		
Policy Name & Number	Date Effective	
Myoelectric Lower Extremity Prosthetic	11/01/2023	
Technology-MP-MM-1327		
Policy Type		
MEDICAL		

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):				
⊠ Georgia	⊠ Indiana	⊠ Kentucky	⊠ Ohio	⊠ West Virginia

Table of Contents

B.	Background	. 2
C.	Definitions	. 2
	Policy	
	Conditions of Coverage	
F.	Related Policies/Rules	. 4
G.	Review/Revision History	. 4
Н.	References	. 4



Effective Date: 11/01/2023

A. Subject

Myoelectric Lower Extremity Prosthetic Technology

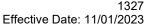
B. Background

The policy addresses the computerized limb prosthesis that is a nonstandard, external prosthetic device incorporating a microprocessor for movement control. These devices are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds.

C. Definitions

- Myoelectric Lower Extremity Prosthetic Technology Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type.
- Classification Level Rehabilitation potential as described by Centers for Medicare & Medicaid Services:

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Level 0: Does not have	a. The individual does not have sufficient cognitive ability to
the ability or potential to	safely use a prosthesis with or without assistance.
ambulate or transfer	b. The individual requires assistance from equipment or
safely with or without	caregiver to transfer and use of a prosthesis does not
assistance and a	improve mobility or independence with transfers.
prosthesis does not	c. The individual is wheelchair dependent for mobility and use
enhance their quality of	of a prosthesis does not improve transfer abilities.
life or mobility	d. The individual is bedridden and has no need or capacity to
	ambulate or transfer.
Level 1: Has the ability or	a. The individual has sufficient cognitive ability to safely use
potential to use a	a prosthesis with or without an assistive device and/or the
prosthesis for transfers	assistance/supervision of one person.
or ambulation on level	b. The individual is capable of safe but limited ambulation
surfaces at fixed	within the home with or without an assistive device and/or
cadence, typical of the	with or without the assistance/supervision of one person.
limited and unlimited	c. The individual requires the use of a wheelchair for most
household ambulator.	activities outside of their residence.
	d. The individual is not capable of most of the functional
	activities designated in Level 2.





Level 2: Has the ability or
potential for ambulation
with the ability to
transverse low level
environmental barriers
such as curbs, stairs or
uneven surfaces. This
level is typical of the
limited community
ambulator.

- The individual can ambulate with or without an assistive device (which may include one or two handrails) and/or with or without the assistance/supervision of one person:
 - Perform the Level 1 tasks designated above
 - ii. Ambulate on a flat, smooth surface
 - iii. Negotiate a curb
 - iv. Access public or private transportation
 - v. Negotiate 1-2 stairs
 - vi. Negotiate a ramp built to ADA specifications.
- b. The individual may require a wheelchair for distances that are beyond the perimeters of the yard/driveway, apartment building, etc.
- c. The individual is only able to increase his/her generally observed speed of walking for short distances or with great
- d. The individual is generally not capable of accomplishing most of the tasks at Level 3 (or does so infrequently with great effort).

Level 3: Has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

- a. With or without an assistive device (which may include one or two hand rails), the individual is independently capable (i.e. requires no personal assistance or supervision) of performing the Level 2 tasks above and can:
 - i. Walk on terrain that varies in texture and level (e.g., grass, gravel, uneven concrete)
 - ii. Negotiate 3-7 consecutive stairs
 - iii. Walk up/down ramps built to ADA specifications
 - iv. Open and close doors
 - v. Ambulate through a crowded area (e.g., grocery store, big box store, restaurant)
 - vi. Cross a controlled intersection within his/her community within the time limit provided (varies by location)
 - vii. Access public or private transportation
 - viii. Perform dual ambulation tasks (e.g. carry an item or meaningfully converse while ambulating)
- b. The individual does not perform the activities of Level 4.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress or energy levels typical of the prosthetic demands of

With or without an assistive device, which may include one or two handrails, this individual is independently capable (i.e., requires no personal assistance or supervision) of performing high impact domestic, vocational, or recreational activities such as:

- a. Running
- b. Repetitive stair climbing
- c. Climbing of steep hills



Effective Date: 11/01/2023

the child, active adult, or	d. Being a caregiver for another individual
athlete.	e. Home maintenance (e.g. repairs, cleaning)

NOTE: Consideration is given to bilateral amputees who often cannot be strictly bound by the Classification Levels.

D. Policy

- I. CareSource considers myoelectric lower limb prosthetic technology medically necessary when the following criteria are met:
 - A. The member is 18 years of age or older.
 - B. Has a lower extremity prosthesis(es).
 - C. Documentation submitted supports medical necessity and includes the following:
 - 1. A written order/prescription from a treating practitioner for the additional technology;
 - 2. Sufficient documentation of the rehabilitation potential including, but not limited to clear documentation supporting the expected potential classification level of K3 or above; and
 - 3. The member
 - a. Is emotionally ready;
 - b. Is able and willing to participate in training;
 - c. Is able and willing to care for the technology;
 - d. Is physically able to use the equipment; and
 - e. Has adequate cardiovascular and pulmonary reserve for ambulation at faster than normal walking speed.

NOTE: Documentation for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies is followed

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

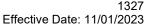
	DATE	ACTION
Date Issued	07/20/2022	New Policy
Date Revised	07/19/2023	Updated references; Approved at Committee.
Date Effective	11/01/2023	
Date Archived		

H. References

- Centers for Medicare & Medicare Services Health Technology Assessment. (2017, September). Lower Limb Prosthetic Workgroup Consensus Document. Accessed June 20, 2023.www.cms.gov.
- 2. Centers for Medicare & Medicare Services. (2020, December 30). Medicare Program Integrity Manual Chapter 5 Durable Medical Equipment, Prosthetics, Orthotics, and

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

1327





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- 3. Centers for Medicare & Medicare Services. (2020, January 10. Local Coverage Determination Lower Limb Prosthesis L33787). Accessed June 20, 2023. www.cms.gov.
- 4. MCG. MCG Guidelines. 27th edition (2023). A-0487 (AC). Lower Limb Prosthesis. Accessed June 20, 2023. www.careweb.careguidelines.com.
- 5. Optum 360. EncoderProc.om for Payers Professional. (2005, January 1). HCPCS Code Detail – L5856-L5859 Accessed June 20, 2023. www.encoderprofp.com.