CareSource

MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Myoelectric Lower Extremity Prosthetic Technology-MP-MM-1327	12/01/2024-10/31/2025
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**

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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:

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	a. The individual does not have sufficient cognitive ability to safely use a prosthesis with or without assistance. b. The individual requires assistance from equipment or caregiver in order to transfer and use of a prosthesis does not improve mobility or independence with transfers. c. The individual is wheelchair dependent for mobility and use of a prosthesis does not improve transfer abilities. d. The individual is bedridden and has no need or capacity to ambulate or transfer.
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.	a. The individual has sufficient cognitive ability to safely use a prosthesis with or without an assistive device and/or the assistance/supervision of one person. b. The individual is capable of safe but limited ambulation within the home with or without an assistive device and/or with or without the assistance/supervision of one person. c. The individual requires the use of a wheelchair for most 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.	a. 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: i. 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.

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	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 effort. 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 (ie, 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 (eg, 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 (eg, 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 (eg, 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 the child, active adult, or athlete.	With or without an assistive device (which may include one or two hand rails), this individual is independently capable (ie, 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 d. Being a caregiver for another individual e. Home maintenance (eg, repairs, cleaning)

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

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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(s).

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 that is K3 or above.
3. Member exhibits the following characteristics:
   a. emotionally readiness
   b. ability and willingness to participate in training
   c. ability to care for the technology
   d. physically ability to use the equipment
   e. 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

N/A

F. Related Policies/Rules

Medical Record Documentation Standards for Practitioners

G. Review/Revision History

	DATE	ACTION
Date Issued	07/20/2022	New Policy
Date Revised	07/19/2023 08/28/2024	Updated references. Approved at Committee. Updated references. Approved at Committee.
Date Effective	12/01/2024	
Date Archived	10/31/2025	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Centers for Medicare & Medicare Services Health Technology Assessment. Lower Limb Prosthetic Workgroup Consensus Document. September 2017. Accessed July 23, 2024. www.cms.gov
2. Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) items

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and services having special DME review considerations. Medicare Program Integrity Manual. US Centers for Medicare and Medicaid Services; 2000:5.1-5.19. Revised May 26, 2022. Accessed July 23, 2024. www.cms.gov

3. HCPCS Code Detail: L5856 - L5859. Optum Encoder Pro. Accessed July 23, 2024. www.encoderprofp.com
4. LCD: Lower Limb Protheses L33787 (2020). Medicare Coverage Database. Accessed July 23, 2024. www.cms.gov
5. Lower limb prosethesis: A-0487 (AC). MCG Health. 28th ed. Accessed July 23, 2024. www.careweb.careguidelines.com

Independent medical review –May 2021

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