



MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name	Policy Number	Date Effective
Myoelectric Lower Extremity Prosthetic Technology	MM-1204	12/01/2021-11/30/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

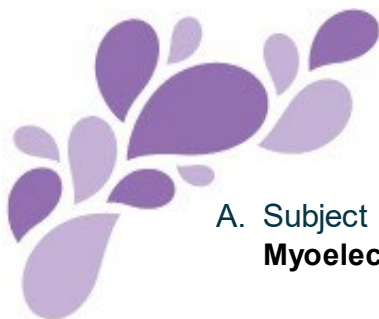
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. 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.

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A. Subject

Myoelectric Lower Extremity Prosthetic Technology

B. Background

The policy addressees 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	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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	<ul style="list-style-type: none">a. The individual can, with or without an assistive device (which may include one or two handrails) and/or with or without the assistance/supervision of one person:



<p>such as curbs, stairs or uneven surfaces. This level is typical of the limited community ambulator.</p>	<ul style="list-style-type: none"> 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. 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).
<p>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.</p>	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
<p>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</p>	<p>With or without an assistive device (which may include one or two hand rails), this individual is independently capable (i.e. requires no personal assistance or supervision) of performing high impact domestic, vocational or recreational activities such as:</p> <ul style="list-style-type: none"> a. Running b. Repetitive stair climbing



child, active adult, or athlete.	c. Climbing of steep hills d. Being a caregiver for another individual e. Home maintenance (e.g. repairs, cleaning)
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NOTE: Consideration is given to bilateral amputees who often cannot be strictly bound by the Classification Levels.

D. Policy

- I. Prior authorization is required.
- II. 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:
 - a. Clear documentation supporting the expected potential Classification Level that is K3 or above.
 3. 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

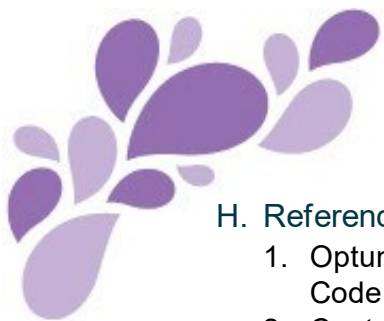
NA

F. Related Policies/Rules

Medical Record Documentation Standards for Practitioners Policy

G. Review/Revision History

	DATE	ACTION
Date Issued	07/21/2021	New Policy
Date Revised		
Date Effective	12/01/2021	
Date Archived	11/30/2022	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. Optum 360. EncoderProc.om for Payers Professional. (2005, January 1). HCPCS Code Detail – L5857. Retrieved April 16, 2021 from www.encoderprof.com
2. Centers for Medicare & Medicare Services Health Technology Assessment. (2017, September). Lower Limb Prosthetic Workgroup Consensus Document. Retrieved April 16, 2021 from www.cms.gov
3. Centers for Medicare & Medicare Services. (2020, December 30). Medicare Program Integrity Manual Chapter 5 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Items and Services Having Special DME Review Considerations. Retrieved April 16, 2021 from www.cms.gov
4. Centers for Medicare & Medicare Services. (2020, January 10. Local Coverage Determination Lower Limb Prosthesis L33787). Retrieved April 16, 2021 from www.cms.gov

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

Independent medical review – May 2021

IN-MED-P-8336608

Issue Date 07/21/2021

Approved OMPP 09/24/2021