Limb Prosthesis MP9103

Covered Service: Yes*

Prior Authorization Required: No

Additional Information: Replacement of a prosthesis or prosthetic component due to loss is **not a covered benefit**.
Functional Level description (see table)*

See Myoelectric Upper Limb Prosthetics and Orthotics MP9637 and Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeletal Hip Joint System MP9638 for related criteria.

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

BadgerCare Plus Policy: Dean Health Plan pays when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Initial or preparatory limb prosthesis (L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600) **does not require** prior authorization through the Health Services Division and is considered medically necessary.

2.0 A standard **permanent** limb prosthesis (L5100, L5105, L5150, L5160, L5999) **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:

- 2.1 The member will reach or maintain a defined functional state within a reasonable time period, **AND**
- 2.2 Lower limb prosthesis are considered medically necessary for performing normal daily activities when **ALL** the following criteria are met:
  - 2.2.1 Member is motivated to ambulate; **AND**
  - 2.2.2 Has a functional level classification (measurement of the capacity and potential of the member to accomplish expected post-rehabilitation and daily

function to help establish the medical necessity only for prosthetic knees, feet and ankles) of at least a Functional Level of 1.

2.3 Prosthesis will be denied as not medically necessary if the member's potential Functional Level is "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).

3.0 Consideration for medical necessity of certain components/additions for a prosthesis based on the ordering physician and prosthetist's expectations of potential functional abilities include, but are not limited to the member's:

3.1 Past history (including prior prosthetic use, if applicable); **AND**

3.2 Current condition including the status of the residual limb and the nature of other medical problems.

4.0 Foot Prosthesis (L5000, L5010, L5020) **does not require** prior authorization through the Health Services Division and is considered medically necessary for the following

4.1 A solid ankle-cushion heel (L5971) (SACH) foot is considered medically necessary for members whose Functional Level is 1* or above.

4.2 An external keel SACH foot (L5970), or single axis ankle/foot (L5974) is considered medically necessary for members whose Functional Level is 1* or above.

4.3 A flexible-keel foot (L5972) or multi-axial ankle/foot (L5978) is considered medically necessary for members whose Functional Level is 2* or above.

4.4 A flex foot system (L5980), energy storing foot(L5976), multi-axial ankle/foot (L5978), dynamic response foot with multi-axial ankle (L5979), shank foot system with vertical-loaded pylon (L5988) or flex-walk system (L5987) or equal is considered medically necessary for members whose Functional Level is 3* or above.

4.5 A user-adjustable heel height feature (L5990) is considered not medically necessary.

4.6 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 (L5981), flex walk system or equal (L5981), or shank foot system with vertical loading pylon (L5987) is covered for member's whose Functional Level is 3* or above.

4.7 A microprocessor foot or ankle system addition with power assist which includes any type of motor (L5969) is not medically necessary.

5.0 Knee Prosthesis (L5210, L5220, L5230, L5301, L5312, L5321, L5331, L5341, L5711, L5718, L5910, L5920, L5940, L5950) **does not require** prior authorization through the Health Services Division and is considered medically necessary for the following:

5.1 A fluid or pneumatic knee (L5610, L5611, L5613, L5614, L5722, L5724, L5726, L5728,L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814,

L5816, L5818, L5822, L5824, L5826, L5828, L5830,L5840, L5848, , is considered medically necessary for members whose Functional Level is 3* or above.

5.2 A single axis constant friction knee (L5200) and other basic knee systems are considered medically necessary for members whose Functional Level if 1* or above.

5.3 A high-activity knee control frame (L5930) is considered medically necessary for members whose Functional Level is 4*.

5.4 An addition (L5859) and (L5845) (e.g. ALLUX MPK) to a lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, including any type of motor is only covered when the member meets **ALL** of the following criteria:

5.4.1 Member has a microprocessor (swing and stance phase type) (L5856) controlled electronic knee; **AND**

5.4.2 Functional Level 3*; **AND**

5.4.3 Weight greater than 110 lbs. and less than 275 lbs.; **AND**

5.4.4 Member has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs functional level 3* with the use of a microprocessor-controlled knee alone; **AND**

5.4.5 Member is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

6.0 Ankle Prosthesis (L5050, L5060) **does not require** prior authorization through the Health Services Division and is considered medically necessary for the following:

6.1 An axial rotation unit (L5982, L5984, L5986) is considered medically necessary for members whose Functional Level is 2* or above.

7.0 Hip Prosthesis (L5250, L5270, L5960, L5966) **does not require** prior authorization through the Health Services Division and is considered medically necessary for the following:

7.1 A pneumatic or hydraulic polycentric hip joint (L5961) is considered medically necessary for members whose Functional Level is 3* or above.

8.0 Sockets L5629, L5630, L5631, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653) **does not require** prior authorization through the Health Services Division and are considered medically necessary for the following:

8.1 Test (diagnostic) sockets (L5618, L5620, L5622, L5624, L5626, L5628,) and alterations to test sockets (L5632, L5634, L5636) for immediate post-surgical or early fitted prosthesis are considered not medically necessary.

8.2 Two test (diagnostic) sockets for an individual prosthetic are considered medically necessary. Additional documentation of medical necessity is required for more than 2 test sockets.

8.3 No more than two (2) of the same socket inserts (L5654, L5655, L5656, L5658, L5661,L5665, L5673, L5679, L5681, L5683) per individual prosthesis at the same time are considered medically necessary at the same time.

8.3.1 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 quantity is limited to 2 per 12 months per prosthesis (L5673)

8.4 Socket replacements (L5700, L5701, L5702, L5703, L6883, L6884, L6885) are considered medically necessary if there is adequate documentation of functional and/or physiological need, including but is not limited to:

8.4.1 Changes in the residual limb

8.4.2 Functional need changes

8.4.3 Irreparable damage or wear/tear due to excessive weight or prosthetic demands of very active amputees.

9.0 Accessories **do not** require prior authorization and are considered medically necessary for the following:

9.1 Stump stockings and harnesses (including replacements) are considered medically necessary when they are essential to the effective use of the artificial limb.

9.2 Prosthetic sheaths/socks, including a gel cushion layer (prosthetic gel stockings; are considered medically necessary.

9.2.1 Prosthetic sheath/sock (L8417), including a gel cushion layer, below knee (BK) or above knee (AK) quantity is limited to 12 per 12 months per prosthesis

10.0 A prosthetic donning sleeve is considered not medically necessary.

Myoelectric Lower Limb Prosthesis

11.0 A myoelectric lower limb prosthesis (L2006) **does not require** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:

11.1 At least **ONE** of the following:

11.1.1 Demonstrated need for ambulation at variable rates or for long distances such that the member would benefit from a device that may reduce energy consumption. (Use of the limb in the home or for basic community ambulation is not sufficient to justify provision of the computerized limb over standard limb applications); **OR**

11.1.2 Demonstrated daily activities or job tasks that do not permit full focus of concentration on knee control and stability such as ambulation on uneven terrain, curbs, ramps, regular use on stairs or repetitive lifting and/or carrying. (Use of the limb for limited stair climbing in the home or employment environment is not sufficient evidence for prescription of this device over standard prosthetic application).

11.2 Adequate physical ability, including **ALL** of the following:

11.2.1 Adequate cardiovascular and pulmonary reserve for ambulation at faster than normal walking speed; **AND**

11.2.2 Adequate stride strength and balance to activate the knee unit; **AND**

11.2.3 Meets Functional Level 2, 3, or 4*; **AND**

11.2.4 Adequate cognitive ability to master use and care requirements for the technology; **AND**

11.2.5 New amputees may be eligible for a myoelectric lower limb prosthesis if **ALL** of the following criteria are met:

11.2.5.1 Stable wound; **AND**

11.2.5.2 Ability to fit socket; **AND**

11.2.5.3 Potential to return to active lifestyle

11.3 A microprocessor controlled prosthetic is considered not medically necessary for **ANY** of the following:

11.3.1 Functional Level of 0, 1, or 2*

11.3.2 The primary benefit is to allow the member to perform leisure or recreational activities

11.3.3 Any condition which prevents socket fitting, such as a complicated wound or intractable pain which precludes socket wear

11.3.4 Inability to tolerate the weight of the prosthesis

11.3.5 Inability to utilize swing and stance features of the knee unit

11.3.6 Poor balance or ataxia which limits ambulation

11.3.7 Significant hip flexion contracture (over 20 degrees)

11.3.8 Significant deformity of remaining limb that would impair ability to stride

11.3.9 Limited cardiovascular and/or pulmonary reserve or profound weakness

11.3.10 Limited cognitive ability to understand gait sequencing or care requirements

11.3.11 Long distance or competitive running

11.3.12 Falls outside of recommended weight or height guidelines of the manufacturer

11.3.13 Specific environmental factors—such as excessive moisture or dust, or inability to charge the prosthesis

11.4 Medical necessity may be established for a non-microprocessor controlled mechanical prosthesis if criteria are met.

12.0 The following prosthesis are considered experimental and investigational and therefore not medically necessary:

12.1 Microprocessor-controlled leg prosthesis for gait management for members with spinal cord injury.

12.2 Microprocessor-controlled ankle-foot prosthesis.

12.3 Powered lower limb prosthesis (e.g. Power Knee, Ossur).

12.4 Duplication or upgrade of a functional prosthesis.

12.5 Lower limb prosthesis for a Functional Level of 0*.

12.6 Prosthetics used for activities other than normal daily living, including, but may not be limited to, those utilized for sporting activities such as skiing.

12.7 Repair or replacement of a prosthesis for appearance, convenience or individual abuse, misuse or neglect.

12.8 Repair or replacement of parts of a duplicate prosthesis

12.9 Test sockets for an immediate prosthesis

12.10 Water prosthesis (designed to be used for showering, swimming, etc.)

12.11 Prosthetic fingers (L6715) are considered not medically necessary

13.0 All limb prosthesis (and accessories) are subject to the following limitations:

13.1 Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis are included as part of the original cost and, therefore is not covered.

13.2 Any modifications due to a change in the member's condition or to improve the function of the prosthesis required by wear are considered medically appropriate.

13.3 Repairs (restoration to correct problems due to wear or damage) to prosthesis are covered when necessary to make the prosthesis functional.

14.0 Replacement of a prosthesis or prosthetic component is covered in cases of irreparable damage or wear or when required because of a change in the member's condition or the member's needs are not being met by the current prosthetic. Functional Level*

Level	Description
Level 0	Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance member's quality of life or mobility.
Level 1	Has the ability or potential to use prosthesis for transfers or ambulating on level surfaces at fixed cadence; typical of limited and unlimited household ambulatory.
Level 2	Has the ability or potential for ambulating with the ability to traverse environmental barriers such as curbs, stairs, or uneven surfaces; typical of the limited community ambulatory.

Level 3	Has the ability or potential for ambulating with variable cadence; typical of the community ambulatory 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 ambulating that exceeds basic ambulating skills exhibiting high impact, stress, or energy levels; typical of the prosthetic demands of the child, active adult, or athlete.

CPT/HCPCS Codes Related to MP9103

*The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with The Health Plan. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

	Committee/Source	Date(s)
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	Utilization Management Committee/ Medical Affairs	April 9, 2008
	Utilization Management Committee/ Medical Affairs	November 12, 2008
	Medical Director Committee/Medical Affairs	May 26, 2011
	Medical Director Committee/Medical Affairs	May 16, 2012
	Medical Policy Committee/Quality and Care Management Division	April 19, 2017
	Medical Policy Committee/Quality and Care Management Division	February 21, 2018
	Medical Policy Committee/Quality and Care Management Division	June 20, 2018
	Medical Policy Committee/Health Services Division	February 20, 2019
	Medical Policy Committee/Health Services Division	October 16, 2019
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	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	April 17, 2013
	Medical Director Committee/Medical Affairs	April 16, 2014
	Medical Director Committee/Medical Affairs	April 15, 2015
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Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws .

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