



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Lower Limb Prostheses

Policy Number: PG0489
Last Review: 02/01/2021

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional/DME Provider
 Facility

DESCRIPTION

A prosthesis is an artificial substitute for a missing body part. A lower limb prosthesis or artificial limb is used following the amputation or removal of an injured or diseased lower limb. The prosthesis allows for normal ambulation.

- Traditional prosthetic knees are mechanical - passive in nature and are designed to balance stability with mobility during the gait cycle. Mechanical knees utilize a hinge device controlled by friction, some type of hydraulic system or a locking mechanism.
- Microprocessor-controlled prosthetic devices seek to mimic the human anatomical control system by attain input information intrinsically through computational sensors and/or extrinsically through human interactive sensors. A microprocessor-controlled knee includes sensors, a microprocessor, software, a resistance system and a battery.

Lower limb prostheses may include a number of components such as prosthetic feet, ankles, knee endo-skeletal knee-shin systems, socket insertions and suspensions, lower limb prosthesis, limb-ankle prosthesis, etc.

POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Paramount considers lower limb prostheses medically necessary when the coverage criteria listed below is met.

Effective April 1st, 2021, Prior Authorization is required for the following procedure codes: L5301, L5321, L5647, L5649, L5651, L5673, L5700, L5950, L5980, L5981, L5986, and L5987.

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan

NonCovered: L5969 and L5990

Advantage

NonCovered for Advantage per the Ohio Department of Medicaid:

L5270, L5312, L5450, L5460, L5500, L5505, L5520, L5530, L5570, L5644, L5703, L5726, L5780, L5781, L5782, L5848, L5856, L5858, L5859, L5969, L5971, L5973, L5990, L7367, L7600, L7700.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

A lower limb prosthesis is covered when the member:

- Will reach or maintain a defined functional state within a reasonable period of time; and
- Is motivated to ambulate; and
- When a determination of the medical necessity for certain components/additions to the prosthesis is based on the patient's potential functional abilities; and
- The specific criteria for lower limb prostheses set forth below is met.

Functional Levels:

A determination of the medical necessity for certain components/additions to the prosthesis is based on the Member's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist and treating practitioner. Considered factors include, but not limited to:

- The Member's past history (including prior prosthetic use if applicable); and
- The Member's current condition including the status of the residual limb and the nature of other medical problems; and
- The Member's desire to ambulate.

The Member's medical records must document the member's current functional capabilities and his/her expected functional potential. It is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications.

Clinical assessments of Member's rehabilitation functional ability and potential must be based on the following classification 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 household ambulator.
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 ambulator.
Level 3:	Has the ability or potential for ambulation 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 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 items are included in the reimbursement for a prosthesis and, therefore, are not separately billable to under the prosthetic benefit:

- Evaluation of the residual limb and gait
- Measurement and/or casting of the prosthesis
- CAD-CAM technology when used to fabricate a prosthesis
- Fitting/adjustment of the prosthesis
- Cost of base component parts and labor contained in HCPCS base codes
- 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 member's functional abilities.

General:

- When submitting a prosthetic claim, the billed code for knee, foot, ankle and hip components must be submitted with modifiers K0 - K4, indicating the expected member functional level. This expectation of functional ability information must be clearly documented and retained in the prosthetist's records. The simple entry of a K modifier in those records is not sufficient. There must be information about the member's history and current condition, which supports the designation of the functional level by the

prosthetist.

- The right (RT) and/or left (LT) modifiers must be used with prosthesis codes.
- When an initial below knee prosthesis (L5500) or a preparatory below knee prosthesis (L5510- L5530, L5540) is provided, prosthetic substitutions and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5629, L5638, L5639, L5646, L5647, L5704, L5785, L5962, and L5980 which will be denied as not reasonable and necessary. **Send to CES and ClaimCheck requesting configuration – X5 DENYNPL ITEM/SERVICE NOT REASONABLE/NECESSARY-NO PATIENT LIABILITY**
- When a below knee preparatory prefabricated prosthesis (L5535) is provided, prosthetic substitutions and/or additions of procedures are covered in accordance with the functional level assessment except for codes L5620, L5629, L5645, L5646, L5670, L5676, L5704, and L5962 which will be denied as not reasonable and necessary. **Send to CES and ClaimCheck requesting configuration – X5 DENYNPL ITEM/SERVICE NOT REASONABLE/NECESSARY-NO PATIENT LIABILITY**
- When an above knee initial prosthesis (L5505) or an above knee preparatory (L5560-L5580, L5590- L5600) prosthesis is provided, prosthetic substitution and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5610, L5631, L5640, L5642, L5644, L5648, L5705, L5706, L5964, L5980, and L5710-L5780, L5790- L5795 which will be denied as not reasonable and necessary. **Send to CES and ClaimCheck requesting configuration – X5 DENYNPL ITEM/SERVICE NOT REASONABLE/NECESSARY-NO PATIENT LIABILITY**
- When an above knee preparatory prefabricated prosthesis (L5585) is provided, prosthetic substitution and/or additions of procedures and components are covered in accordance with the functional level assessment except for codes L5624, L5631, L5648, L5651, L5652, L5705, L5706, L5964, and L5966 which will be denied as not reasonable and necessary. **Send to CES and ClaimCheck requesting configuration – X5 DENYNPL ITEM/SERVICE NOT REASONABLE/NECESSARY-NO PATIENT LIABILITY**

In the following Table, the determination of medical necessity for selected prostheses and components with respect to rehabilitation functional ability and potential functional levels represents the usual case. Exceptions will be considered in an individual case if additional documentation is included, which justifies the medical necessity. Prostheses will be considered as NOT medically necessary if the patient's potential functional level is 0.

Foot Prosthesis	
A determination of the type of foot for the prosthesis will be made by the treating physician and/or the prosthetist based upon the functional needs of the member. Basic lower extremity prostheses include a SACH foot. Other prosthetic feet are considered for coverage based upon functional classification.	
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.	
A flexible-keel foot (L5972) or multiaxial ankle/foot (L5978) is considered medically necessary for members whose functional level is 2 or above.	
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 or equal (L5981), or shank foot system with vertical loading pylon (L5987) is considered medically necessary for member whose functional level is 3 or above.	
The microprocessor foot or ankle system addition with power assist which includes any type motor (L5969) is not covered because there is insufficient information to demonstrate that the item meets the Medicare standard to be considered reasonable and necessary as per PIM Chapter 13. Claims for L5969 will be denied as not reasonable and necessary.	
Coverage is extended only if there is sufficient clinical documentation of functional need for the technologic or design feature of a given type of foot. This information must be retained in the physician or prosthetist's files.	
A user-adjustable heel height feature (L5990) will be denied as not reasonable and necessary. Any user-adjustable heel height feature is considered not medically necessary.	
Foot covers are included in the reimbursement for a prosthetic foot component and are not separately payable	
Knee Prosthesis	

<p>A determination of the type of knee for the prosthesis will be made by the treating physician and/or the prosthetist based upon the functional needs of the member. Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are considered for coverage based upon functional classification.</p>	
<p>A high activity knee control frame (L5930) is considered medically necessary for members whose functional level is 4.</p>	
<p>A fluid, pneumatic, or electronic/microprocessor knee (L5610, L5613, L5614, L5722-L5780, L5814, L5822-L5840, L5848, L5856, L5857, L5858) is considered medically necessary for members whose functional level is 3 or above.</p>	
<p>L5859 (ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)) is only considered medically necessary when the member meets all of the criteria below:</p> <ol style="list-style-type: none"> 1. Has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee 2. K3 functional level only 3. Weight greater than 110 lbs. and less than 275 lbs. 4. Has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K-3 level function with the use of a microprocessor-controlled knee alone 5. Is able to make use of a product that requires daily charging 6. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit <p>If these coverage criteria for the knee component are not met, L5859 will be denied as not reasonable and necessary.</p>	
<p>Other knee systems, i.e. a single axis constant friction knee, (L5611, L5616, L5710-L5718, L5810-L5812, L5816, and L5818) are considered medically necessary for members whose functional level is 1 or above.</p>	
<p>Coverage is extended only if there is sufficient clinical documentation of functional need for the technologic or design feature of a given type of knee. This information must be retained in the physician or prosthetist's files.</p>	
<p>Ankle Prosthesis</p>	
<p>An axial rotation unit (L5982-L5986) is considered medically necessary for members whose functional level is 2 or above Only one axial rotation is considered medically necessary per ankle device/prosthesis.</p>	
<p>Hip Prosthesis</p>	
<p>A pneumatic or hydraulic polycentric hip joint (L5961) is considered medically necessary for members whose functional level is 3 or above.</p>	
<p>Prosthesis Sockets</p>	
<p>More than 2 test (diagnostic) sockets (L5618-L5628) for an individual prosthesis are not reasonable and necessary unless there is documentation in the medical record, which justifies the need. Additional documentation of medical necessity is required for more than 2 test sockets. Exception: A test socket is not reasonable and necessary for an immediate prosthesis (L5400- L5460).</p>	
<p>No more than two of the same socket inserts (L5654-L5665, L5673, L5679, L5681, and L5683) are allowed per individual prosthesis at the same time.</p>	
<p>Socket replacements are considered reasonable and necessary if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes, but is not limited to, changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive member weight or prosthetic demands of very active amputees.</p>	
<p>Test (diagnostic) sockets for immediate post-surgical or early-fitted prostheses are considered not medically necessary.</p>	
<p>Prostheses have no proven value for persons whose potential functional level is 0.</p>	
<p>When replacing the socket on an existing prosthesis, socket replacement codes (L5700, L5701, L5702, and L5703) should be used as base code. These socket replacement codes should not be used when replacing an entire prosthesis (e.g., a socket with a foot, knee and/or other components that would substantially make</p>	

an entire prosthesis). Use of socket replacement codes are considered duplicative and not medically necessary when an entire prosthesis, such as feet and knees, are billed with a socket replacement code.
L5301, L5540, L5321, L5590 should not be used when billing a replacement socket for an existing prosthesis. The use of L5301, L5540, L5321, and L5590 with a replacement socket is incorrect coding (unbundling).
Codes L5940, L5950, and L5960 for ultra-light materials may only be used when materials such carbon fiber, fiberglass, or other advanced composite lamination materials are used in the fabrication of a socket or an endoskeleton prosthesis. They are not used for ultralight materials used in other components of a prosthesis – e.g., knee/shin system, pylon, ankle, foot, etc. For codes L5940, L5950 and L5960, the unit of service is per limb.
Suspension
Code L5671 includes both the part of the suspension locking mechanism that is integrated into the prosthesis socket and the pin(s), lanyard, or other component, which is attached to the socket insert. L5671 does not include the socket insert itself. The socket inserts used in conjunction with a suspension locking mechanism are billed with codes L5673, L5679, L5681, or L5683, as appropriate. These codes include socket inserts with or without a distal umbrella adapter for attaching the pin or lanyard of the locking mechanism.
Codes L5681 and L5683 are for use only with the initial issue of a custom fabricated socket insert. Additional inserts (either custom fabricated or prefabricated) provided at the time of initial issue or replacement socket inserts are codes L5673 and L5679, whichever is applicable.
Codes L5647 and L5652 describe a modification to a prosthetic socket that incorporates a suction valve in the design. The items described by these codes are not components of a suspension locking mechanism (L5671).
Code L7700 (Gasket or Seal, for use with Prosthetic Socket Insert, any type each) describes a stand-alone (i.e., not integrated into or a part of a prosthetic socket insert) sealing ring that is added to a socket insert to assist in providing or maintaining negative pressure for socket suspension. The ring creates a seal against the outer surface of the insert and against the inner wall of the socket. L7700 is not intended for use with mechanical socket suspensions such as a pin-lock system. It may be made of any suitable material. L7700 may be used with upper or lower extremity sockets. Unit of service is 1 item. This code is not to be used to bill for gaskets, seals, or other sealing materials that are included as part of an insert. Integrated seals are included in the codes for the insert. Separate billing of integrated gaskets or seals as L7700 is unbundling.
Accessories
Accessories may be limited to quantities limits
Stump stockings and harnesses (including replacement) are considered medically necessary when they are essential to the effective use of the artificial limb.
No more than two of the same socket inserts (L5654-L5658, L5661, L5665, L5673, L5679, L5681, L5683) are allowed per individual prosthesis at the same time.
Prosthetic sheaths/socks, including a gel cushion layer (prosthetic gel stockings; 12in 12 months) are considered medically necessary.
Protective outer surface coverings are different from the covering that is already reimbursed as part of L5704, L5705, L5706, and L5707. Protective outer surface covering systems (L5962,L5964 and L5966) reports the skin-like material that is either brushed or sprayed over the soft foam covering that is attached to the outside of a definitive prosthesis that forms a water-and tear-resistant flexible surface. This is a specialized covering considered medically necessary for members who have special needs for protection against unusually harsh environmental situation where it is necessary to protect the lower limb prosthesis beyond the level of protections that is provided by covers described by HCPCS codes L5704-L5707. Procedure codes L5962, L5964 and L5966 are not for cosmetic or convenience reasons, or for everyday usage in a typical environment. Protective outer surface coverings are different from the covering that is already reimbursed as part of the covers described by HCPCS codes L5704-L5707. Procedures L5962,L5964 and L5966 coverage requires documentation indicating the exceptional circumstances requiring the special skin-like material along with information regarding the type of protective cover provided (i.e., manufacturer name, make, model or type).
Prosthetic Systems

Exoskeletal prosthetic lower limb codes L5200, L5250, L5270, and L5280 include a molded prosthetic socket, and exoskeletal single axis knee-shin system, and a SACH foot.	
L5150 and L5160 includes a knee disarticulation molded prosthetic socket, external knee joints and a SACH foot.	
Exoskeletal prosthetic lower limb codes L5312, L5321, L5331, and L5341 include a molded prosthetic socket, and exoskeletal single axis knee-shin system, and a SACH foot.	
L5100, L5105, L5301 includes a below knee molded prosthetic socket and a SACH foot.	
Microprocessor	
Microprocessor controlled lower limb prosthesis (addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor (s), any type) are medically necessary/covered when the Member's rehabilitation functional ability and potential are a Level 3 or 4. Microprocessor-controlled leg prostheses are also known as Otto-Bock Genium Bionic Prosthetic System (also known as Otto-Bock Genium X3; Otto Bock HealthCare, Minneapolis, MN), Intelligent Prosthesis (Endoliete North America, Centerville, OH), and Ossur Rheo Knee/Ossur RKXC Knee (Ossur-Flexfoot, Aliso Viejo, CA). <ul style="list-style-type: none"> There is no separate billing and no separate payment for a component or feature of microprocessor controlled knee, including but not limited to real time gait analysis, continuous gait assessment, or electronically controlled static stance regulator, unless otherwise documented by specific HCPCS codes. 	
A microprocessor-controlled ankle-foot prostheses (e.g., PowerFootBiOM, iWalk, Bedford,MA; Proprio Foot, Ossur, Aliso Viejo,CA) medically necessary for Member's rehabilitation functional ability and potential are a Level 3 or 4.	

ADJUSTMENTS, REPAIRS, AND COMPONENT REPLACEMENT:

- Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is noncovered.
- An adjustment is any modification to the prosthesis due to a change in the member's condition or to improve the function of the prosthesis. Adjustments to a prosthesis required by a change in the member's condition or to improve the function are covered under the initial treating practitioner's order for the prosthesis for the life of the prosthesis.
- A repair is a restoration of the prosthesis to correct problems due to wear or damage. Repairs to a prosthesis are covered when necessary to make the prosthesis functional. If the expense for repairs exceeds the estimated expense of purchasing another entire prosthesis, no payments can be made for the amount of the excess.
- Maintenance that may be necessitated by manufacturer's recommendations or the construction of the prosthesis and must be performed by the prosthetist is covered as a repair.
- Code L7510 is used to bill for any "minor" materials (i.e., those without specific HCPCS codes) use to achieve the adjustment and/or repair.
- Code L7520 is used to bill for labor associated with adjustments and repairs that either do not involve replacement parts or that involve replacement parts billed with code L7510. Code L7520 must not be billed for labor time involved in the replacement of parts that are billed with a specific HCPCS code. Labor is included in the allowance for those codes.
- One unit of code L7520 represents 15 minutes of labor time. Documentation must exist in the supplier's/DME provider's records indicating the specific adjustment and/or repair performed and the time involved. The time reported for L7520 must only be for actual repair time. Time performing the following services (not all-inclusive) must not be billed using code L7520:

- Evaluation to determine the need for a repair or adjustment or follow-up assessment
- Evaluation of problems regarding the fit or function of the prosthesis
- General beneficiary education or gait instruction
- Programming of electronic componentry

Replacement of a prosthesis or prosthetic component is covered when the member's medical needs are not being met by the current prosthetic as indicated by the treating practitioner orders. A replacement device or part is needed because of any of the following:

- A change in the physiological condition of the member; or
 - changes in the members weight
 - changes in the residual limb
 - members functional need changes
- An irreparable in wear of the device or a part of the device; or
- The prosthetic is broken and cannot be repaired; or
- The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement device, or of the part being replaced.

Replacement of a prosthesis or prosthetic components required because of loss or irreparable damage may be reimbursed without a practitioner's order when it is determined that the prosthesis as originally ordered still fills the member's medical needs.

Elite/ProMedica Medicare Plan payment may be made for the replacement of prosthetic devices that are artificial limbs, or for the replacement of any part of such devices, without regard to continuous use or useful lifetime restrictions if a treating practitioner determines that the replacement device, or replacement part of such a device, is reasonable and necessary. Claims involving the replacement of a prosthesis or major component (foot, ankle, knee, socket) must be supported by a new treating practitioner's order and documentation supporting the reason for the replacement.

The prosthetist must retain documentation of the prosthesis or prosthetic component replaced, the reason for replacement, and a description of the labor involved irrespective of the time since the prosthesis was provided to the member.

Non-Covered Limitations, not all-inclusive:

- Prostheses have no proven value for persons whose potential functional level is 0. Lower Limb prosthetics devices will Not be covered if the patient's potential functional level is 0
- Duplication or upgrade of a functional prosthesis
- Repair or replacement of a prosthesis for appearance, convenience or individual abuse, misuse or neglect
- Prosthetics used for activities other than normal daily living, including, but may not be limited to, those utilized for leisure or sporting activities such as skiing or swimming
- "Water leg" (an attachment for persons with lower limb prostheses to shower or swim or for submersion in water) is considered a convenience item, and not medically necessary
- Military grade Genium X-3 and similar devices are considered water prostheses, and as such are considered a convenience item, and not medically necessary
- If a prosthesis is denied as Not medically necessary, related additions will also be denied as Not medically necessary
- A prosthetic donning sleeve (L7600) will be denied as non-covered
- Foot covers are included in the codes for a prosthetic foot component and are not separately payable
- Passive/restorative devices (such as silicone devices) to make the limb more lifelike are considered cosmetic
- Custom-shaped prosthetic covers are considered cosmetic unless there is medical function and

documentation of medical need

- Microprocessor-controlled leg prostheses (e.g., Otto Bock C-Leg, Otto-Bock Genium Bionic Prosthetic System, Intelligent Prosthesis, and Ossur Rheo Knee, not all inclusive) are considered experimental and investigational for gait management in spinal cord injury because of insufficient evidence in the peer-reviewed literature
- A C-Leg Protector is considered experimental and investigational because its clinical value has not been established
- The Ossur Symbiotic Leg is considered experimental and investigational because its clinical value has not been established
- A powered lower limb prosthesis (e.g., Power Knee, Ossur, Foodhill Ranch, CA, not all inclusive) is considered experimental and investigational because its clinical value has not been established
- Robotic lower body exoskeleton suits (e.g., the ReWalk, Argo Medical Technologies LTD, Marlborough, MA, not all inclusive) is considered experimental and investigational because its clinical value has not been established

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES (List may not be all inclusive)	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Partial foot, molded socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, symes, molded socket, SACH foot
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee, molded socket, shin, SACH foot
L5105	Below knee, 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, molded socket, single axis constant friction knee, shin, SACH foot
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee, 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, 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, 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 post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
L5410	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
L5420	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
L5430	Immediate post-surgical or early fitting, application of initial rigid dressing, incl. Fitting, alignment and suspension, 'AK' or knee disarticulation, each additional cast change and realignment
L5450	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, below knee
L5460	Immediate post-surgical or early fitting, application of non-weight bearing rigid dressing, above knee
L5500	Initial, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5510	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5520	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to mode
L5535	Preparatory, below knee 'PTB' type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable 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 mode
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, hydracadence system
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control

L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each
L5618	Addition to lower extremity, test socket, Symes
L5620	Addition to lower extremity, test socket, below knee
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624	Addition to lower extremity, test socket, above knee
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
L5630	Addition to lower extremity, Symes type, expandable wall socket
L5631	Addition to lower extremity, above knee 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
L5637	Addition to lower extremity, below knee, total contact
L5638	Addition to lower extremity, below knee, leather socket
L5639	Addition to lower extremity, below knee, wood socket
L5640	Addition to lower extremity, knee disarticulation, leather socket
L5642	Addition to lower extremity, above knee, leather socket
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	Addition to lower extremity, above knee, wood socket
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
L5647	Addition to lower extremity, below knee suction socket
L5648	Addition to lower extremity, above knee, 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 or knee disarticulation socket
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee 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 (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 (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661	Addition to lower extremity, socket insert, multi-durometer symes
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee
L5666	Addition to lower extremity, below knee, cuff suspension
L5668	Addition to lower extremity, below knee, molded distal cushion
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('PTS' or similar)
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
L5672	Addition to lower extremity, below knee, removable medial brim suspension

L5673	Addition to lower extremity, below knee/above knee, 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, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee, joint covers, pair
L5679	Addition to lower extremity, below knee/above knee, 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, thigh lacer, non-molded
L5681	Addition to lower extremity, below knee/above knee, 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, thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee/above knee, 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, back check (extension control)
L5688	Addition to lower extremity, below knee, waist belt, webbing
L5690	Addition to lower extremity, below knee, waist belt, padded and lined
L5692	Addition to lower extremity, above knee, pelvic control belt, light
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699	All lower extremity prostheses, shoulder harness
L5700	Replacement, socket, below knee, molded to patient mode
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
L5704	Custom shaped protective cover, below knee
L5705	Custom shaped protective cover, above knee
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
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, ultra-light material (titanium, carbon fiber or equal)	
L5790	Addition, exoskeletal system, above knee, 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, 4-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	
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	

L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5910	Addition, endoskeletal system, below knee, alignable system
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
L5964	Addition, endoskeletal system, above knee, 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
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
L5970	All lower extremity prostheses, foot, external keel, SACH foot
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
L5972	All lower extremity prostheses, foot, flexible keel
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5975	All lower extremity prosthesis, 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 prosthesis, multi-axial 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 prosthesis, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multi-axial rotation unit ('MCP' or equal)
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5999	Lower extremity prosthesis, not otherwise specified
L7367	Lithium ion battery, replacement

L7368	Lithium ion battery charger, replacement only
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7600	Prosthetic donning sleeve, any material, each
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8400	Prosthetic sheath, below knee, each
L8410	Prosthetic sheath, above knee, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	Prosthetic sock, multiple ply, below knee, each
L8430	Prosthetic sock, multiple ply, above knee, each
L8440	Prosthetic shrinker, below knee, each
L8460	Prosthetic shrinker, above knee, each
L8470	Prosthetic sock, single ply, fitting, below knee, each
L8480	Prosthetic sock, single ply, fitting, above knee, each
HCPCS Modifiers (List may not be all inclusive)	
Note: When submitting a prosthetic claim, the billed code for knee, foot, ankle and hip (HCPCS codes L5610, L5611, L5613, L5614, L5616, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5961, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987) components must be submitted with modifiers K0 - K4, indicating the expected patient functional level	
K0	Lower limb extremity prosthesis functional 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
K1	Lower extremity prosthesis functional 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 ambulatory
K2	Lower extremity prosthesis functional 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 ambulator
K3	Lower extremity prosthesis functional 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
K4	Lower extremity prosthesis functional 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
LT	Left side of the body
RT	Right side of the body

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 04/01/2021

Date	Explanation & Changes
02/01/2021	<ul style="list-style-type: none"> • Policy Created • Effective April 1st, 2021, Prior Authorization is required for the following procedure codes: L5301, L5321, L5647, L5649, L5651, L5673, L5700, L5950, L5980, L5981, L5986, and L5987.

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>
Industry Standard Review

Hayes, Inc.