Medical Policy Reference Manual
Medical Policy Operating Procedure

1.04.001A Prosthetics

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Description

A prosthetic device is designed specifically to replace a missing part of the body or to make a part of the body function better.

Prosthetics include devices which:

- are primarily intended to replace all or part of an organ or body part that has been lost to disease or injury; or
- are primarily intended to replace all or part of an organ or body part that was absent from birth; or
- are intended to *anatomically* replace all or part of a bodily function which is permanently inoperative or malfunctioning; and
- are prescribed by a qualified provider; and
- are removable and attached externally to the body.

Some examples of prosthetics include medically necessary limb prostheses, external breast prostheses, ear prostheses, eye prostheses and electro-larynx devices.

Microprocessor-controlled prostheses use feedback from sensors to adjust joint movement on a real-time as-needed basis. Active joint control is intended to improve safety and function, particularly for patients who have the capability to maneuver on uneven terrain and with variable gait. Many options are currently available for prosthetic ankle-foot and knee designs. The choice of the most appropriate design may depend on the patient's underlying activity level and functional need.

Policy

There is no policy statement for this Operating Procedure.

Policy Guidelines

There are no policy guidelines for this Operating Procedure.

Benefit Applications

Some contracts may require prior authorization for treatment. Managed care contracts require prior authorization for facility usage.

For those contracts that cover prosthetics, benefits are limited to a standard model of the prosthetic device. Standard models are basic devices that have only the components essential to the functioning of the device and which return the individual to a functional level. Additional benefits **are not provided** for deluxe items. "Deluxe," is defined as electrical or mechanical features which enhance basic equipment usually serving a convenience function (See *Durable Medical Equipment with Attached Table, Medical Policy 1.01.001*).

Microprocessor-controlled prostheses do not fall under the definition of "deluxe."

Both the temporary (or preparatory) prosthetic and the permanent prosthetic is considered the first purchase. The permanent prosthetic is not considered a replacement.

Refer to specific contract for adjustments and repairs. Benefits for replacements are limited as stated in Member's contract. If no limits are stated, benefits for replacements **are provided** as necessitated by growth or change in medical condition, or normal wear and tear, and are subject to medical review. Charges for the repair or adjustment of the prosthetic should not exceed the reimbursement allowance for the purchase.

Benefits **are available** for a mastectomy bra (the garment used to hold a breast prosthesis in place post-mastectomy) without limitation.

In the 2009 legislative session, the Maryland General Assembly passed the Prosthetic Parity Act (Md. Code, Insurance, §15-844). The Act requires health Plans to provide coverage for prosthetic devices (a leg, an arm, or an eye), components of those mentioned prosthetic devices, and repairs to those mentioned prosthetic devices. It also identifies specific provisions, such as medical necessity or appropriateness criteria established by the Plan, which may not be more restrictive than the indications and limitations of coverage and medical necessity established under the Medicare coverage database. This Act applies to Maryland risk contracts issued, delivered, or renewed in the State on or after October 1, 2009. The Benefits outlined in this Medical Policy Operating Procedure are compliant with the Prosthetic Parity Act of 2009.

For lower limb microprocessor units, clinical assessments of the member's rehabilitation potential must be based on the following classification levels and is limited to an individual who has high mobility and stance stability needs and is at a **functional level of 3 or 4** according to Medicare's classification scale of patient potential functional ability as described below:

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 prosthetic 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 prosthetic 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.
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 demand of the child, active adult, or athlete.
For patients in whom the potential benefits of the microprocessor knees are uncertain, patients may first be fitted with a standard prosthesis to determine their level of function with the standard device.

In 2022, Virginia Code § 38.2-3418.15:1 was enacted, requiring coverage for prosthetic devices and components for large group Virginia risk plans delivered, issued for delivery, or renewed in Virginia on and after January 1, 2023.

The legislation defines ‘’prosthetic device" as an artificial device to replace, in whole or in part, a limb, and "component" as the materials and equipment needed to ensure the comfort and functioning of a prosthetic device. 'Limb" means an arm, a hand, a leg, a foot, or any portion of an arm, a hand, a leg, or a foot. The term "medically necessary prosthetic device" includes "any myoelectric, biomechanical, or microprocessor-controlled prosthetic device that peer-reviewed medical literature has determined to be medically appropriate on the basis of the clinical assessment of the enrollee's rehabilitation potential."

Under the Virginia legislation, coverage is provided for medically necessary prosthetic devices and their repair, fitting, replacement, and components.

Coverage of medically necessary prosthetic devices does not include:
1) the cost of repair and replacement due to enrollee neglect, misuse, or abuse; or
2) prosthetic devices designed primarily for an athletic purpose.

Provider Guidelines

Some contracts require Preauthorization, members should check their contract for specific language when Preauthorization is required to determine appropriateness and medical necessity for treatment or facility use, providers should submit preauthorization requests online at provider.carefirst.com or call 1-866-773-2884 (1-866-PRE-AUTH). Preauthorization may be required for HCPCS codes K1014, K1022, L5856, L5973, L5999, L7900, L8042, L8499, L8614, L8616, L8619, L8628, L8699, V2623, V2624, V2626 and V2628 to determine appropriateness and medical necessity for treatment.

Cross References to Related Policies and Procedures

1.01.001	Durable Medical Equipment with Attached Table, Policy
1.03.001	Orthotic Devices and Orthopedic Appliances, Policy
7.01.003	Bone-Anchored Hearing Aids, Policy
7.01.017	Cosmetic and Reconstructive Surgery with Attached Table, Policy
10.01.013A	Medical Record Documentation Standards, Procedure

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

Code of Virginia §38.2-3418.15:1 Coverage for prosthetic devices and components. (2022)

Hayes Medical Technology Brief. (2013, January; 2015, January; Archived March 2016). C-Leg Prostheses (Otto Bock Healthcare HP) for Patients with Above-Knee Amputation. January 30, 2013. Lansdale, PA; Author.

Hayes Evolving Evidence Review (2021, December) Passive Microprocessor Prosthetic Ankles in Patients with Transtibial Amputation. December 22, 2021. Lansdale, PA; Author.

Md. Code, Insurance, §15-844. Prosthetic Devices.

MCG Health. (2021). Lower Limb Prosthesis. Retrieved 09/07/2022 from http://www.mcg.com.

MCG Health. (2021). Myoelectric Prosthesis. Retrieved 09/07/2022 from http://www.mcg.com.

Medicare LCD for Lower Limb Prostheses. Available at: https://med.noridianmedicare.com/documents/2230703/7218263/Lower+Limb+Prostheses+LCD+and+PA/d3244c51-74d3-4214-a789-7481bc2e03d5

Möller S., Hagberg, K., Samulesson, K., Ramstrand, N. (2017). Perceived self-efficacy and specific self-reported outcomes in persons with lower-limb amputation using a non-microprocessor-controlled versus a microprocessor-controlled prosthetic knee. *Disability and Rehabilitation Assistive Technology*. doi: 10.1080/17483107.2017.1306590.

Prinsen, E. t., Nederhand, M. J., Olsman, J., Rietman, J. S. (2015, June). Influence of a user-adaptive prosthetic knee on quality of life, balance confidence, and measures of mobility: a randomised cross-over trial. *Clinical Rehabilitation*. doi: 10.1177/0269215514552033.