MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

PA.012.MH – Microprocessor Controlled Knee Prostheses

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers a microprocessor controlled knee prosthesis medically necessary for the following indications:

1. The member will reach or maintain a defined functional state within a reasonable period of time.
2. The member is motivated to ambulate.
3. The member's weight must be less than 125 kg (275.5 lbs) or be within the recommended weight as determined by product manufacturer.
4. Have a functional level of 3 or higher.

Bilateral Transfemoral Amputees
In instances where above criteria are met, the member needs to demonstrate unique activity requirements which can only be accomplished with microprocessor knee prostheses.

Component Additions to the Prosthesis
In addition to the above, components (i.e. adaptors allowing for additional leg rotation) additions to the prosthesis are based on the member's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist, and treating physician, considering factors including:
1. The member's past history (including prior prosthetic use if applicable) and
2. The member's current condition including the status of the residual limb and the nature of other medical problems.

Requests for microprocessor controlled knee prosthesis will be evaluated on a case by case basis with special consideration given to the information provided by the prescribing physician in the decision.

Limitations

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The C-leg or Rheo microprocessor knees are not covered under the following conditions:

1. Members who are not motivated to ambulate or who are not expected to reach or maintain a defined functional state within a reasonable period of time.
2. When the sole purpose of the device is to enhance the member's athletic capabilities for competitive sporting events.

Adjustments, Repairs, and Component Replacement

Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is not covered. Adjustments to a prosthesis required by wear or a change in the member's condition are covered under the initial physician's order for the prosthesis for the life of the prosthesis.

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 payment can be made for the excess. Maintenance which 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.

Replacement of a prosthesis or prosthesis component is covered if the treating physician orders a replacement device or part because of any of the following:

1. A change in the physiological condition of the member; or
2. Irreparable wear of the device or a part of the device; or
3. 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.

Medicare – 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.

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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.

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.

See Also:

PA.010.MH Durable medical Equipment, Corrective Appliances and Other Devices

Background
The choice of the most appropriate design for a prosthetic knee from the many different devices available depends on the member's underlying activity level.

In general, key elements of a prosthetic design involve providing stability during both the stance and swing phase of the gait. Prosthetic knees also vary in their ability to alter the cadence of the gait, or the ability to walk on rough or uneven surfaces. The mechanical complexity of these devices allows engineers to optimize selected stance and swing phase features.

Microprocessor-controlled prosthetic knees have become available, including the Intelligent Prosthesis (Blatchford, United Kingdom) C-LEG® (Otto Bock Orthopedic Industry, Minneapolis, MN) and Rheo ® (Ossur, Iceland). These devices are equipped with a sensor that detects when the knee is in full extension allowing for early-stance knee flexion and smooth swing phase kinematics.

Relevant outcomes for microprocessor-controlled knee prostheses may include the patient's perceptions of subjective improvement attributable to the prosthesis and level of activity/function. In addition, the energy costs of walking or gait analysis may be a more objective measure of the clinical benefit of the microprocessor-controlled prosthesis.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description

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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

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Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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