Lower Limb Prosthesis

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

All lower limb prosthetics require precertification and certain codes require physician face-to-face.

Reimbursement is contract specific.

For the purpose of this policy, microprocessor devices are not covered under Medicaid lines of business.

National Coverage Determination Policy	Not applicable
Local Coverage Determination Policy	J-B/C
Effective Date	For services performed on or after 1/01/14
Revision/Review Date	01/01/19, 10/30/18, 06/05/2018, 07/01/17, 05/01/16, 05/01/15 , 05/01/14
The Health Plan	Will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy or contractual agreements

DESCRIPTION

An artificial device used to replace a missing body part, such as a lower limb.

COVERAGE GUIDELINES

Lower limb prosthesis is covered when the member:

1. Will reach or maintain a defined functional state within a reasonable period of time
2. Is motivated to ambulate
3. Is an amputee
4. Meets coverage criteria below

Note: Consideration may be given on an individual basis for requests that fall outside of the usual case. The physician must have thorough and specific documentation supporting the medical appropriateness for those requests.

The treating/ordering physician and/or prosthetist are to determine the type of foot, ankle, or knee the member requires, based on an assessment of the functional needs of the member.

FEET

Basic lower extremity prostheses include a SACH foot.

- An external keel SACH foot (L5970) or single axis ankle/foot (L5974) is covered for member's whose functional level is 1 or above.
- A flexible-keel foot (L5972) or multi-axial ankle/foot (L5978) is covered for members whose functional level is 2 or above.
- 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 covered for members whose functional level is 3 or above.
- A microprocessor controlled ankle foot system (L5973, Proprio foot), is covered for Medicare lines of business that are at a functional level 3 or above. The Health Plan will cover for Commercial members who are K-4 functional level and meet 1-4 below.

KNEES

Basic lower extremity prostheses include a single axis, constant friction knee.

- A high activity knee control frame (L5930) is covered for members whose functional level is 4.
- An electronic knee (L5856, L5857, and L5858) is covered for Medicare lines of business who are at a functional level of 3.
- Fluid or pneumatic knee (L5610, L5613, L5614, L5722 - L5780, L5814, L5822-L5840 and L5848,) is covered for members whose functional level is 3 or above.
- Other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816 and L5818) are covered for members whose functional level is 1 or above.
- For Commercial lines of business, the electronic knees (L5856, L5857 and L5858) are covered for members who are at a functional level 4 and all the following:
    1. The member has demonstrated the need for regular ambulation on uneven terrain or regular use on stairs. Use of the limb for limited stair climbing at home or place of employment is insufficient to justify the computerized limb over standard applications. AND

2. The member has documented the need for daily long distance ambulation (i.e., > 400 yards) at variable rates. Use for in the home for basic community ambulation is insufficient justification. AND
3. Member has demonstrated the ability to ambulate faster than baseline rate using standard prosthetic applications with a swing stance control knee. AND
4. The member has adequate cardiovascular reserve and cognitive learning ability to master the higher technology and allow for faster than normal walking speed.

Refer to the microprocessor section below for proper coding of microprocessor features determined by CMS:

- L5859 (Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)) is only covered when the beneficiary meets all of the criteria below:
    1. Has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee.
    2. K-3 functional level for Medicare/ K-4 level for commercial plans.
    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 the K-3 level of function (K-4 for commercial members) with the use of a microprocessor-controlled knee alone.
    5. Documentation should include the nature and extent of the comorbidity of the spine or sound limb is limiting the member and specifically how this addition will assist in allowing the member to become a community ambulator.
    6. Is able to make use of a product that requires daily charging.
    7. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

If these coverage criteria for the knee component are not met, L5859 will be denied as not covered.

ANKLES

An axial rotation unit (L5982 - L5986) is covered for members whose functional level is 2 or above. L5986 is more of the toes and less of the ankle, but it goes through the actual ankle part of the L5979.

Refer to the noncoverage section for noncovered ankle foot systems.

HIPS

A pneumatic or hydraulic polycentric hip joint (L5961) is covered for members whose functional level is 3 or above.

SOCKETS

More than two test (diagnostic) sockets (L5618 - L5628) for an individual prosthesis are not medically necessary.

A test socket is not medically necessary for an immediate prosthesis (L5400 - L5460).

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.

Socket replacements are considered medically necessary if there is adequate documentation of functional and/or physiological need. Examples of these are changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive individual's weight or prosthetic demands of very active amputees.

Socket replacements will be considered the responsibility of the provider when change is required within 90 days of last socket change. May be reviewed if there is compelling clinical documentation that the issue was not caused by ill-fit or normal wear and tear, but by an unforeseen change in a member's medical condition that could not be addressed by any other means than a socket replacement.

Socket replacements will be considered the responsibility of the provider if the socket change is required in less than six months due to ill fit and there is no clinical evidence of change in medical condition of the member…such as change in residual limb, change in prosthetic demand, change in member weight, etc.

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 liner 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 (UOS) is 1 (one) 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 code for the insert. Separate billing of integrated gaskets or seals as L7700 is unbundling.

Vacuum Assist Socket (VAS) system - L5781 and L5782

Documentation required for the residual limb volume management and moisture evacuation system is as follows:

1. Functional level K-3 or above
2. Has had the prosthesis six months or more
3. Has experienced volume fluctuation of at least the equivalent of 8 ply on a daily basis for at least 30 consecutive days while wearing a non-vacuum assisted socket
4. The existing prosthesis is a vacuum assisted moisture evacuating moisture design
5. For HCPCS code L5782 member must weigh 220 lbs. or more.

VAS systems L5781 and L5782 are not covered by West Virginia Medicaid.

Martin Bionics Socket-less Socket™

Medicare describes The Socket-less Socket™ (Martin Bionics) as an open frame above-knee socket design. It uses a combination of fixed and floating struts attached to a base and connected by adjustable straps to form the structure of the socket. The product is supplied as a prefabricated kit and fit directly to the beneficiary.

Medicare has determined that there are existing L-codes that adequately describe the product- **L5999** (LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED) is no longer appropriate coding.

Correct coding is as follows:

Base code:

If this product is included as part of a complete prosthesis, the base socket is included as part of the prosthesis base code. Chose the appropriate base code depending upon the type provided.

L5321 – SOCKET ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE.

L5590 – PREPARATORY, ABOVE KNEE – KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL

The addition codes discussed below (**L5631, L5649, L5950**) and choice of suspension must be included on the same claim for the complete prosthesis i.e., the claim that includes one of the above codes.

If this product is provided as a **replacement to an existing socket**, in addition to the add-on codes below (**L5631, L5649, L5950**) and choice of suspension, for the base code, use:

L5701 – REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL.

Do not use L5321 or L5590 for billing a replacement socket for an existing prosthesis.

Addition codes:

Use these codes on all claims in addition to the base code:

L5631 – ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET.

L5649 – ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET.

L5950 – ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL).

The combination of base and addition codes listed above include all the features and functions of the Socket-less Socket™. HCPCS code L5999 must not be used to bill for features or functions included in the socket. Use of L5999 in this manner will be rejected as incorrect coding (unbundling).

Suspension:

HCPCS add-on L-codes used to describe the type of suspension incorporated into the socket may be added to the claim. Use of more than one type of suspension is considered incorrect billing (same/similar item).

Other Additions:

HCPCS codes describing features that may not be necessary on all sockets may only be used when the feature is provided for the individual beneficiary. Some examples of features that are not automatically included in every socket or for all beneficiaries are (not all-inclusive):

L5651 – ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME

L5920 – ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM

NOTE: The Socket-less Socket™ includes an option to use a combination of "flower distal cup technology with special NASA-based mesh fabric" as a functional alternative to a flexible inner socket. This combination of materials is not considered to be a flexible inner socket and must not be coded using L5651. L5999 must not be used for these items as payment for these materials is considered included in the payment for the base code. Separate claims for these materials will be denied as incorrect coding (unbundling).

The prosthetic record must include specific, detailed information justifying the need for each additional feature.

Test sockets (L5624 – ADDITION TO LOWER EXTREMITY, TEST SOCKET, and ABOVE KNEE) are not necessary for the production of this socket design. Claims for L5624 in conjunction with this socket design are considered incorrect billing.

For questions about correct coding, contact the Pricing, Data Analysis, and Coding contractor (PDAC) at (877) 735-1326 during the hours of 8:30 a.m. to 4:00 p.m. CT, Monday through Friday, or e-mail the PDAC by completing the DME PDAC Contact Form.

See PDAC Advisory Article posted 06/16/16

LIM Innovations Infinite Socket™

Medicare describes this item as an open-frame above-knee socket design that has recently become available. This product uses struts that extend from a base to an adjustable brim enclosing an inner shell to form the structure of the socket. It is custom-fabricated from a model of the patient's residual limb.

Medicare has determined that existing HCPCS codes do appropriately describe the item. Therefore the correct coding is as follows:

If this product is included as part of a complete prosthesis, the base socket is included as part of the prosthesis base code. Chose the appropriate base code depending upon the type provided.

L5321 - SOCKET ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE.

L5590 - PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL

The add-on codes discussed below (L5631, L5649, L5950, and choice of suspension) must be included on the same claim for the complete prosthesis i.e., the claim that includes one of the above codes. Do not use L5321 or L5590 for billing a replacement socket for an existing prosthesis.

If this product is provided as a replacement to an existing socket, in addition to the add-on codes below (L5631, L5649, L5950, and choice of suspension), for the base code, use:

L5701 - REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL.

Addition codes

Use on all claims in addition to the base code:

L5631 - ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET.

L5649 - ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET.

L5950 - ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL).

HCPCS code L5999 (LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED) must not be used to bill for features or functions included in the socket. The combination of base and addition codes listed above include all the features and functions of the base device. Use of L5999 in this manner is incorrect coding (unbundling).

HCPCS add-on L-codes used to describe the type of suspension incorporated into the socket may be added to the claim. Use of more than one type of suspension is considered incorrect billing, (same/similar item).

HCPCS codes describing features that may not be necessary on all sockets may only be used when the feature is provided for the individual beneficiary. Some examples of features that are not automatically included in every socket or for all beneficiaries are (not all-inclusive):

L5651 - ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME

L5920 - ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM

The prosthetic record must include specific, detailed information justifying the need for each additional feature

Test sockets (L5624 - ADDITION TO LOWER EXTREMITY, TEST SOCKET, and ABOVE KNEE) are not necessary for the production of this socket design. Claims for L5624 in conjunction with this socket design are considered incorrect billing.

LOWER LIMB PROSTHETIC COVERS L5962 – L5966

Protective outer surface covering systems (L5962, L5964, and L5966) are specialized covers intended to be worn over existing prosthesis. They are for members that have special needs for protection against unusually harsh environmental conditions that cannot be obtained from (L5704 - L5707). It is not covered for cosmetic or convenience reasons. Not covered for every day usage in a typical environment. They are rarely necessary.

COVERAGE WITH INITIAL OR PREPATORY PROSTHESIS

The following codes are not covered with the initial knee prosthesis (L5500) or preparatory below knee prosthesis (L5510 - L5530 and L5540); L5629, L5638, L5639, L5646, L5647, L5704, L5785, L5962, and L5980. Other codes will be reviewed according to the member's functional level and coverage guidelines.

The following codes are not covered with a below knee preparatory prefabricated prosthesis (L5535): L5620, L5629, L5645, L5646, L5670, L5676, L5704, and L5962. Other codes will be reviewed according to the member's functional level and coverage guidelines.

The following codes are not covered with an above knee initial prosthesis (L5505) or an above knee preparatory (L5560 - L5580, L5590 - L5600): L5631, L5640, L5642, L5644, L5648, L5705, L5706, L5964, L5980, and L5710 - L5780, L5790 - L5795. Other codes will be reviewed according to the member's functional level and coverage guidelines.

The following codes are not covered with an above knee preparatory prefabricated prosthesis (L5585): L5624, L5631, L5648, L5651, L5652, L5705, L5706, L5964, and L5966. Other codes will be reviewed according to the member's functional level and coverage guidelines.

FUNCTIONAL LEVELS

Clinical assessments of member's rehabilitation potential must be based on the following classification levels: *SEE DOCUMENTATION REQUIREMENTS.*

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 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.

The records must document the member's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case. Individual consideration will be given to bilateral amputees.

NONCOVERAGE STATEMENT

Prosthetic additions are not covered if the base prosthesis is not covered.

Prostheses will be denied as not reasonable and necessary if the patient's potential functional level is 0.

A user-adjustable heel height feature (**L5990**) will be denied as not meeting coverage guidelines.

A prosthetic donning sleeve (**L7600**) will be denied as noncovered.

A “water leg,” an attachment used by members with a prosthesis to shower, is considered a convenience item and it is not covered.

Robotic lower body exoskeleton suits **ReWalk™** (Argo Medical Technologies Ltd., Marlborough, MA) and **Indego®**(Parker Hannifin Corp) are considered experimental and investigational, as there is inadequate evidence of their effectiveness. Must be coded **A9270- non covered item or service.**

Foot covers are included in the codes for a prosthetic foot component and are not separately payable.

The microprocessor foot or ankle system addition with power assist which includes any type motor (**L5969**) are considered experimental and investigational because there is inadequate evidence of their effectiveness. In the LCD on lower limb prostheses Medicare states that, “there is insufficient information to demonstrate that the item meets the Medicare standard to be considered reasonable and necessary as per PIM Chapter 13.” Requests for L5969 will be denied as not covered across all lines of business.

REPAIR, REPLACEMENT AND REASONABLE USEFUL LIFETIME

A repair is a restoration of the prosthesis to correct problems due to wear or damage and a physician order is not required for a repair.

An adjustment is any modification to the prosthesis due to a change in the patient's condition or to improve the function of the prosthesis a physician order is not required for an adjustment. See noncoverage guidelines and billing guidelines for adjustments done within 90-day time period.

Requests for the replacement of a prosthesis or major component (foot, ankle, knee, and socket) must have a new physician's order and requires precertification.

With the request for repair/replacement, the prosthetist must submit documentation of the prosthesis or prosthetic component being replaced, the reason for replacement, and a description of the labor involved, and when the current prosthesis was originally provided. Reasons for replacement include, but are not limited to: changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive patient weight or prosthetic demands of very active amputees.

The L7510 code is used to bill for any "minor" materials (those without specific HCPCS codes) used 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 service of code L7520 represents 15 minutes of labor time. Documentation must exist in the supplier'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:

1. Evaluation to determine the need for a repair, adjustment or follow-up assessment.
2. Evaluation of problems regarding the fit or function of the prosthesis.
3. General patient education or gait instruction.
4. Programming of electronic components.

Adjustments, Repairs, and Component Replacement
Routine periodic servicing, such as testing, cleaning, and checking of the prosthesis is noncovered. Adjustments to a prosthesis required by wear or by a change in the patient'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 payments can be made for the amount of the excess. Maintenance, which may be necessitated by manufacturer's recommendations or the construction of the prosthesis must be performed by the prosthetist and is covered as a repair.

Replacement of a prosthesis or prosthetic 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 patient; 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 percent of the cost of a replacement device, or of the part being replaced.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
KO	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 AMBULATOR
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
RT	RIGHT SIDE

HCPCS CODES

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, SACHFOOT, 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 SUPENSION, '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 MODEL
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 MODEL
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 INSER
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, NONMOLDED
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 MODEL

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 PROSTHESIS, FOOT, EXTERNAL KEEL, SACH FOOT
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY
L5972	ALL LOWER EXTREMITY PROSTHESIS, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE
L5974	ALL EXTREMITY PROSTHESIS, FOOT, SINGLE AXIS ANKLE/FOOT
L5975	ALL EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT
L5976	ALL LOWER EXTREMITY PROSTHESIS, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)
L5978	ALL EXTREMITY PROSTHESIS, FOOT, MULTIAXIAL ANKLE/FOOT
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTIAXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM
L5980	ALL LOWER EXTREMITY PROSTHESIS, 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 ONL

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 PROSTHETICSOCKET 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

There are no specific diagnoses or ICD-9 codes apart from amputation/loss of limb that indicate medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member’s name
    b. Date
    c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code
    e. Physician signature with date. Date stamps are not appropriate
    f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This includes the member's history, current ambulatory status, and medical status, the condition of the residual limb, and the member's motivation to ambulate and any factors that may impact the member's ability to use a prosthetic. There must be sufficient documentation submitted supporting the technological features of the type of foot ankle or knee. This information must be retained in the physician's or prosthetist's files. This information but must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

   Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

PROSTHESIS PROVIDED WHILE MEMBER IN A PART A FACILITY

Reimbursement for orthotics provided to a member while the member is covered in an acute hospital under their Part A benefit is as follows:

Payment for a prosthesis is included in the payment to a hospital if:

1. The prosthesis is provided to a patient during an inpatient hospital stay prior to the day of discharge; and
2. The patient uses the prosthesis for medically necessary inpatient treatment or rehabilitation.

A separate claim from the prosthetic provider must not be submitted in this situation.

Reimbursement for a prosthesis provided while a member is in a skilled nursing facility (SNF) receiving Part A services, will be reimbursed according to individual facility contracts.

BILLING GUIDELINES

The following items are included in the reimbursement for a prosthesis with a specific HCPCS code and, therefore, are not separately billable under the prosthetic benefit:

- Evaluation of the residual limb and gait.
- Fitting 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 patient's functional abilities.

Codes L5940 - L5960 for ultra-light materials may only be used when materials such as carbon fiber, fiberglass, Kevlar®, or other advanced composite lamination materials are used in the fabrication of a socket for endoskeletal prosthesis. They are not used for ultra-light materials used in other components of prosthesis – e.g., knee/shin system, pylon, ankle, foot, etc. For codes L5940 - L5960, the unit of service is per limb. Codes L5940-L5960 are only allowed if codes L5301, L5312, L5321, L5531, L5341, L5700, L5701, L5702, or L5703 are being billed.

PRO-FLEX® is a prosthetic foot with anatomically located ankle pivot joint. Two supporting joints connect flexible carbon blades and act together with the main joint to provide progressive energy storing during the whole stance phase and a powerful push-off in the end of stance. The correct HCPCS code assigned is:

L5979 (ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM)

This code is considered as all-inclusive for the PRO-FLEX® prosthetic foot. Providers are reminded that no other HCPCS code is billed for any additional features and functions.

Billing Reminder - Lower Limb Suction Valve Prosthesis

L5671 describes 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.

Code L5647 describes a type of suspension system and is intended for use with sockets that incorporate a suction valve in their design.

The parallel code for above knee prostheses is code L5652 (addition to lower extremity, suction suspension, above knee or knee disarticulation socket).

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); therefore, Medicare does not allow separate billing or payment for code L5671.

For codes L5962 - L5966 manufacturer's name, make, model, or type must be submitted with precertification.

Microprocessor features:

With the exception of items described by specific HCPCS codes, there should be no separate billing and there is no separate payment for a component or feature of a microprocessor controlled knee, including but not limited to real time gait analysis, continuous gait assessment, or electronically controlled static stance regulator. On-board, real-time gait analysis is accomplished by the microprocessors in this knee (L5828, L5845, L5848, L5856, L5920, L5930, and L5950). Separate payment will not be made for the gait analysis if billed separately under code L5999. The allowance for this function is included in the reimbursement for codes L5828, L5845, L5848, L5856, L5920, L5930, and L5950.

Use of miscellaneous code L5999 reflecting either "continuous gait assessment, computerized microprocessor controlled knee prosthesis" or "electronically controlled static stance regulator, adjustable" is incorrect since these functions are included in the payment for L5856, L5857 or L5858, the

correct coding is L9900 (orthotic and prosthetic supply, accessory and/or service component of another HCPCS "L" code).

For the Otto Bock Compact® knee, the following is considered unbundled from code L5858: continuous gait assessment, computerized microprocessor knee prosthesis.

For the Otto Bock C-Leg®, or Ossur Rheo knee the following are considered unbundled from code L5856: electronically controlled static stance regulator, adjustable.

Continuous gait assessment, computerized microprocessor knee prosthesis.

CORRECT CODING MICROPROCESSOR LIMBS

Coding **Otto Bock C-leg/Genium/DAW Industries SLK/ Endolite Orion /Fillauer/Kingsley/Freedom Innovations**: **Swing and Stance phase control**: L5856, L5848, L5828, L5845

Codes L5930, L5847, L5989, L5850, L5999 - 027, L5999 - 020, L9900 are not separately payable.

For Otto Block Compact Knee:

Covered codes L5858, L5828, L5845

Codes L5850, L5999 - 027, 020, L9900 not separately payable.

Endolite Smart Adaptive:

Covered codes: L5856, L5830, L5845

Codes L5930, L5999 - 020 not separately payable.

Endolite Orion: Swing Phase only

Covered codes: L5848, L5857

For the Endolite Adaptive® knee and Ossur Rheo® knee, the following is considered unbundled from code L5856: continuous gait assessment, computerized microprocessor knee prosthesis.

Ossur-Rheo Knee:

Covered codes: L5828, L5845, L5848, L5856, L5930

Must meet coverage criteria for high activity knee L5930.

For the Endolite Smart IP®, Endolite IP+®, the following is considered unbundled from code L5857: continuous gait assessment, computerized microprocessor knee prosthesis.

Freedom Innovations Plie Knee:

Covered codes: L5856, L5848, L5828, L5845, L5850

Code L5930 not separately payable.

OSSUR POWER KNEE:

Covered codes L5828, L5845, L5848, L5856, L5859

For all of the products listed above, if a supplier chooses to bill for the unbundled functions, code L9900 must be used and will be denied as not separately payable.

MICROPROCESSOR ANKLE FOOT SYSTEM

Microprocessor ankle foot system with power assist (BIOM® Ankle –Foot system by iWalk, Inc.) is coded L5969 and L5973.

Medicare will only provide coverage to this combination item if there is clinical justification that warrants this type of foot versus other ankle foot systems as not meeting Medicare standards for reasonable and necessary.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

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, 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 coded 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).

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

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