UnitedHealthcare

UnitedHealthcare® Commercial
Coverage Determination Guideline

PROSTHETIC DEVICES, WIGS, SPECIALIZED, MICROPROCESSOR OR MYOELECTRIC LIMBS

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INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Prosthetic Devices and Wigs

- A determination of coverage for the prostheses is 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, 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.
- Prosthetic Device coverage is limited to those Prosthetic Devices that replace a limb or external body part that are listed below:
  - Artificial arms, legs, feet and hands.
  - Artificial eyes, ears, and nose.
  - Breast prosthesis as required by the *Women's Health and Cancer Rights Act of 1998*. Benefits include mastectomy bras.
  - **Note**: For lymphedema stockings for the arm, refer to the Coverage Determination Guideline titled Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements.
- Prosthetic Devices when covered, regardless of the setting or vendor from whom the Prosthetic Device is dispensed, are covered under the Prosthetic Devices section of the benefit document.
- Prosthetic Devices must be ordered by or under the direction of a physician.
- Manufactured Prosthetic Devices must be approved by the Food and Drug Administration (FDA) or otherwise generally considered to be safe and effective by Generally Accepted Standards of Medical Practice.
- Implantable devices/prostheses, such as artificial heart valves, are not prosthetics. If covered, these devices would be covered as a surgical service.
- Coverage is available for repair and replacement, when it is not due to theft, loss, misuse, malicious damage or gross neglect.
- Several states mandate coverage for prosthetics. Please check the member specific benefit document for coverage.

Specialized, Microprocessor or Myoelectric Limbs

Computerized, bionic, microprocessor or myoelectric terms are considered the same for the purpose of this policy. Some states may require coverage of prosthetics that UnitedHealthcare may not otherwise consider covered.

Lower Extremity Specialized, computerized or microprocessor limbs are based on a member's current functional capabilities and his/her expected functional rehabilitation potential. If more than one prosthetic limb meets a member's prosthetic rehabilitation needs, the least costly prosthetic will be approved.

Prosthetic limbs are a covered health care service when criteria are met:

- Ordered by a physician; and
- Member is evaluated for his/her individual needs by a healthcare professional with the qualifications and training and under the supervision of the ordering physician to make an evaluation (documentation should accompany the order); and
- Ordering physician signs the final prosthetic proposal; and
- The records must document the member's current functional capabilities and his/her expected functional rehabilitation potential, including an explanation for the difference, if that is the case. (It is recognized within the functional classification hierarchy that bilateral amputees often cannot be strictly bound by functional level classifications); and
- Prosthetic replaces all or part of a missing limb; and
- Prosthetic will help the member regain or maintain function; and
- Member is willing and able to participate in the training for the use of the prosthetic (especially important in use of a computerized upper limb); and
- Member is able to physically function at a level necessary for a computerized prosthetic or microprocessor, e.g., hand, leg or foot.

Coverage of computerized and specialized lower limb prostheses is based on maximum prosthetic function level of the member (see Lower Limb Rehabilitation Classification Levels 1-4 in Definitions section below).

- Member meets criteria for prosthetic limbs above; and
- Member has or is able to gain Lower Limb Rehabilitation Classification Levels 2-4 for prosthetic ambulation (see Definitions section below).

HCPCS Code	Description
Ankles	
L5982	Lower limb rehabilitation classification is 2 or above
L5984	Lower limb rehabilitation classification is 2 or above
L5985	Lower limb rehabilitation classification is 2 or above
L5986	Lower limb rehabilitation classification is 2 or above
Hips	
L5961	Functional level is 3 or above
Knees **Note**: Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification.	
L5930	Functional level is 4
L5610	Functional level is 3 or above
L5613	Functional level is 3 or above
L5614	Functional level is 3 or above
L5722	Functional level is 3 or above
L5724	Functional level is 3 or above
L5726	Functional level is 3 or above
L5728	Functional level is 3 or above
L5780	Functional level is 3 or above
L5814	Functional level is 3 or above
L5822	Functional level is 3 or above
L5824	Functional level is 3 or above
L5826	Functional level is 3 or above
L5828	Functional level is 3 or above
L5830	Functional level is 3 or above
L5840	Functional level is 3 or above
L5848	Functional level is 3 or above
L5856	Functional level is 3 or above
L5857	Functional level is 3 or above
L5858	Functional level is 3 or above
L5859	Meets ALL of the criteria below: • Has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee • K3 functional level only • Weight greater than 110 lbs. and less than 275 lbs. • 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 • Is able to make use of a product that requires daily charging • Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit
Microprocessor or Specialized Foot or Feet **Note**: A user adjustable heel height feature (L5990) will be denied as not meeting criteria for coverage.	
L5972	Functional level is 2 or above
L5973	Functional level is 3 or above
L5976	Functional level is 3 or above
L5978	Functional level is 2 or above
L5979	Functional level is 3 or above

HCPCS Code	Description
Microprocessor or Specialized Foot or Feet **Note**: A user adjustable heel height feature (L5990) will be denied as not meeting criteria for coverage.	
L5980	Functional level is 3 or above
L5981	Functional level is 3 or above
L5987	Functional level is 3 or above
Sockets **Note**: • Exception: A test socket is not indicated for an immediate prosthesis (L5400-L5460). • Socket replacements are indicated 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.	
L5618	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5620	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5622	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5624	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5626	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5628	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5654	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
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L5656	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5658	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
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L5679	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5681	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5683	No more than two of the same socket inserts are allowed per individual prosthesis at the same time

Myoelectric Upper Limbs (arms, joints and hands) are covered when criteria are met:
- Member meets all the criteria for prosthetic limbs above; and
- Member has a congenital missing or dysfunctional arm and/or hand; or
- Member has a traumatic or surgical amputation of the arm (above or below the elbow); and
- The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized arm/hand), no external switch; and

- A standard passive or body-powered Prosthetic Device cannot be used or is insufficient to meet the functional needs of the individual in performing activities of daily living (ADL's); and
- The medical records must indicate the specific need for the technologic or design features.

Coverage Limitations and Exclusions

- Coverage for wigs/scalp hair prosthesis is excluded unless specifically listed as a covered health care service. Some states mandate coverage. Check the member specific benefit document for coverage. When wigs are covered, the benefit does not include coverage for hair implants or hair plugs.
- Coverage is not available for prosthetics if the member is eligible through a governmental program for a prosthetic due to military service related injuries and/or primary insurance coverage, e.g., VA, Medicare or TriCare.
- Replacement of Prosthetic Devices due to misuse, malicious damage or gross neglect or to replace lost or stolen items. (Check member specific benefit document.)
- Repairs to Prosthetic Devices due to misuse, malicious damage or gross neglect. (Check member specific benefit document.)
- If more than one Prosthetic Device can meet the member's functional needs, benefits are only available for the Prosthetic Device that meets the minimum specifications for the member's needs.
- Coverage beyond any dollar or frequency limits specified in the member's specific benefit documents.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Generally Accepted Standards of Medical Practice: Standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes. If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered.

Lower Limb Rehabilitation Classification Levels: A clinical assessments of member rehabilitation potential must be based on the following classification levels:

- **K-Level 0**: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
- **K-Level 1**: Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- **K-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.
- **K-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.
- **K-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.

Microprocessor Controlled Ankle Foot Prosthesis: (e.g., Proprio Foot) is able to actively change the ankle angle and to identify sloping gradients and ascent or descent of stairs as the result of microprocessor-control and sensor technology.

Microprocessor Controlled Lower Limb Prostheses: Microprocessor controlled knees offer dynamic control through sensors in the Device. Microprocessor controlled knees attempt to simulate normal biological knee function by offering variable resistance control to the swing or stance phases of the gait cycle. The swing-rate adjustments allow the knee to respond to rapid changes in cadence. Microprocessor controlled knee flexion enhances the stumble recovery capability. Prosthetic knees such as the microprocessor controlled knee that focus on better control of flexion abilities without reducing stability have the potential to improve gait pattern, wearer confidence, and safety of ambulation. Available devices include but are not limited to Otto-Bock C-Leg device®, the Ossur RheoKnee® or the Endolite Intelligent Prosthesis®.

Myoelectric Prosthetic: A myoelectric prosthesis uses electromyography signals or potentials from voluntarily contracted muscles within a person's residual limb via the surface of the skin to control the movements of the prosthesis, such as elbow flexion/extension, wrist supination/pronation or hand opening/closing of the fingers. Prosthesis of this type utilizes the residual neuro-muscular system of the human body to control the functions of an electric powered prosthetic hand, wrist or elbow. This is as opposed to a traditional electric switch prosthesis, which requires straps and/or cables actuated by body movements to actuate or operate switches that control the

movements of a prosthesis or one that is totally mechanical. It has a self-suspending socket with pick up electrodes placed over flexors and extensors for the movement of flexion and extension respectively.

Prosthetic Device: An external device that replaces all or part of a missing body part.

Prosthetist: A person, who measures, designs, fabricates, fits, or services a prosthesis as prescribed by a licensed physician, and who assists in the formulation of the prosthesis prescription for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences. A Prosthetist is a person that has been certified to fit prostheses to residual limbs of the upper and lower extremities.

Upper Limb Prosthetic Categories: Upper limb prostheses are classified into 3 categories depending on the means of generating movement at the joints: passive, body-powered, and electrically powered movement:

- **Body-powered prosthesis** utilizes a body harness and cable system to provide functional manipulation of the elbow and hand. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. Prosthetic hand attachments, which may be claw-like devices that allow good grip strength and visual control of objects or latex-gloved devices that provide a more natural appearance at the expense of control, can be opened and closed by the cable system.
- **Hybrid system**, a combination of body-powered and myoelectric components, may be used for high-level amputations (at or above the elbow). Hybrid systems allow control of two joints at once (i.e., one body-powered and one myoelectric) and are generally lighter and less expensive than a prosthesis composed entirely of myoelectric components.
- **Myoelectric prostheses** use muscle activity from the remaining limb for the control of joint movement. Electromyographic (EMG) signals from the limb stump are detected by surface electrodes, amplified, and then processed by a controller to drive battery-powered motors that move the hand, wrist, or elbow. Although upper arm movement may be slow and limited to one joint at a time, myoelectric control of movement may be considered the most physiologically natural. Myoelectric hand attachments are similar in form to those offered with the body-powered prosthesis, but are battery powered. Member dissatisfaction with myoelectric prostheses includes the increased lack of proprioception, cost, maintenance and weight.
- **Passive prosthesis** is the lightest of the three types and is described as the most comfortable. Since the passive prosthesis must be repositioned manually, typically by moving it with the opposite arm, it cannot restore function.

APPLICABLE CODES

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Noridian to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UHC has established the PDAC as its definitive source for correct coding and coding clarification.

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

CDT/HCPCS Codes

Prosthetic Devices CDT/HCPCS Codes.xls

REFERENCES

BCBS of Alabama, Medical Policy #083-Microprocessor-Controlled Lower Limb Prosthesis, Effective February 2010; Revised February 2015. Accessed September 5, 2018.

Lower Limb Prostheses (L33787); DME MAC; CGS Administrators, LLC - 17013 (J-B) and 18003 (J-C); Noridian Healthcare Solutions, LLC - 16013 (J-A) and 19003 (J-D). Accessed September 5, 2018.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2001.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2007.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2011.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
11/01/2018	• Revised coverage rationale: ○ Replaced references to "covered health service" with "covered health *care* service" **Prosthetic Devices and Wigs** ○ Modified list of Prosthetic Devices that replace a limb or external body part; replaced language indicating "benefits include breast prosthesis and mastectomy bras; these items are always covered on an unlimited basis as to number of items and dollar amounts covered as required by the Women's Health and Cancer Act of 1998" with "breast prosthesis [are covered] as required by the Women's Health and Cancer Rights Act of 1998; benefits include mastectomy bras" ○ Replaced language indicating "manufactured Prosthetic Devices must be approved by the Food and Drug Administration (FDA) *and* otherwise generally considered to be safe and effective *for the purposes intended and the item must be reasonable and necessary for the individual member*" with "manufactured Prosthetic Devices must be approved by the Food and Drug Administration (FDA) *or* otherwise generally considered to be safe and effective *by Generally Accepted Standards of Medical Practice*" **Specialized, Microprocessor or Myoelectric Limbs** ○ Removed language indicating: ▪ Evidence is insufficient to permit conclusions regarding the effect of a microprocessor-controlled prosthesis on health outcomes in limited community ambulators (K2) ▪ Evidence is also insufficient to permit conclusions regarding the effect of a next-generation microprocessor-controlled prosthesis on health outcomes; therefore, these are considered investigational and not covered ○ Modified coverage criteria for prosthetic limbs; replaced criterion requiring "[the] prosthetic will help the member regain or maintain *functional independence*" with "[the] prosthetic will help the member regain or maintain *function*" • Added definition of "Generally Accepted Standards of Medical Practice" • Updated supporting information to reflect the most current references • Archived previous policy version CDG.018.07