PROSTHETIC DEVICES, WIGS, SPECIALIZED, MICROPROCESSOR OR MYOELECTRIC LIMBS

Policy Number: ADMINISTRATIVE 245.15 T2 **Effective Date**: December 1, 2018

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INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

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 Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. 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 Clinical Policy. Other Policies may apply.

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.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes[3]
Authorization Required (Precertification always required for inpatient admission)	Yes[1]
Precertification with Medical Director Review Required	Yes[1,2,4]
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	All
Special Considerations	[1]For **New Jersey plans**, precertification is **not** required for covered prosthetics. Refer to the Benefit Considerations section for additional information. [2]Review by a Medical Director and/or their designee is required for specialized, microprocessor or myoelectric limbs. [3]Referrals are not required for prosthetics with the

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Special Considerations *(continued)*	exception of wigs which require a referral when provided in the office. [4]Wigs require precertification when provided in an outpatient, inpatient or home setting.

BENEFIT CONSIDERATIONS

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

Plans may have specific benefit limitations, benefit maximums and benefit coverage. Please refer to the member's certificate of coverage, summary of benefits, and/or health benefits plan documentation for specific details regarding benefit coverage, exclusions, limitations and/or maximums and any federal or state mandates, if applicable.

Note: For information regarding the insertion and/or removal of internal breast prostheses, refer to the following policies:
- Breast Reconstruction Post Mastectomy
- Breast Repair/Reconstruction (Not Following Mastectomy)
- Cosmetic and Reconstructive Procedures

Testicular Prosthetics
Testicular prosthetics are covered as a result of loss due to testicular cancer.

Dental Prosthetics
Dental prosthetics are not covered under the medical plan. Refer to Dental Rider if available.

Ocular Prosthesis
Ocular prosthetics are covered when there is loss of an eye due to congenital deformity, trauma or disease. Coverage is for a temporary prosthesis followed by a permanent prosthesis after healing. A replacement will be covered when Medically Necessary as a result of normal growth, or a significant change in Member's physical condition that renders the prosthesis unusable. Cleaning of the prosthesis will be covered twice per year. (V2624)

Other External Prosthetic Devices
Other external Prosthetic Devices are covered according to the criteria in the Coverage Rationale section of this policy.

Wigs
Wigs are excluded from coverage for some lines of business and some lines of business cover wigs when the Member has severe hair loss due to injury, disease or as a side effect of the treatment of a disease (e.g., Chemotherapy). Benefit maximums may apply and are determined by group and individual contracts. Please see the member specific benefit plan documents to determine if the Member has coverage for wigs and/or for additional coverage guidelines.

Note: Commercial NJ Small products do not provide coverage for wigs.

For Members whose benefit package includes coverage for wigs, coverage is limited to one wig per Member, per lifetime. However, Members of Connecticut plans have a yearly wig benefit (a minimum of $350.00 per calendar year), if the wig is prescribed by a licensed oncologist for a member who suffers hair loss as a result of chemotherapy. (Refer to the member specific benefit plan documents for detailed information.)

Wigs are **not** covered for:
- Male pattern baldness
- Female pattern baldness
- Natural aging
- Premature aging

Accessories and/or Supplies
Accessories and/or supplies, which are used directly with an enteral or parenteral device to achieve the therapeutic benefit of the prosthesis or to assure the proper functioning of the device, are covered under the prosthetic benefit.

Notes:
- Prior notification, precertification, prior authorization, or retrospective review is **not** allowed on these items. All items must be covered as determined Medically Necessary by the covered person's physician.
- Benefits must be provided to the same extent as for any other medical condition under the policy.

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- Cost Sharing may be applied:
  - **In-network cost share** (deductible, coinsurance or copayment) may be applied but it should be the same as the cost share applied to a Member's primary care physician office visit.
  - **Out-of-network cost share** (deductible, coinsurance) may be applied as in the same manner that cost sharing is determined for other covered conditions
- Coverage must be provided for replacement of prosthetic appliances as long as the replacement is determined to be Medically Necessary by the covered person's physician.

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 policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Prosthetic Devices and Wigs

A determination of coverage for the prosthesis is based on the Member's potential functional abilities. Potential functional ability is based on the reasonable expectations of the Prosthetist, and treating 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 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 policy 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 plan documents for coverage.

Specialized, Microprocessor or Myoelectic 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 Oxford 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.

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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 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 under Definition 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 Definition section below)

HCPCS Code	Functional Level Criteria
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.
Knees **Note**: Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification.	
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

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HCPCS Code	Functional Level Criteria
Knees **Note**: Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification.	
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
L5930	Functional level is 4
Hips	
L5961	Functional level is 3 or above
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
L5980	Functional level is 3 or above
L5981	Functional level is 3 or above
L5987	Functional level is 3 or above
Sockets **Notes**: • 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

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HCPCS Code	Functional Level Criteria
Sockets **Notes**: • 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.	
L5654	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5655	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
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
L5661	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5665	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5673	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
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 (ALD'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 members 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 plan documents).
- Repairs to Prosthetic Devices due to misuse, malicious damage or gross neglect (Check member specific benefit plan documents).
- 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. (Check member specific benefit plan documents).
- Coverage beyond any frequency limits specified in the Member's plan specific documents. (Check member specific benefit plan documents).

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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 for Lower Limb Determinations: 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): Device that 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.

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- **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

Oxford 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 Oxford 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 policy 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 may apply.

CDT/HCPCS Codes

Prosthetic Devices CDT/HCPCS

ICD-10 Diagnosis Code	Description
The following ICD-10 codes are not covered for wigs:	
A51.32	Syphilitic alopecia
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
Q84.0	Congenital alopecia
Q84.1	Congenital morphological disturbances of hair, not elsewhere classified

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ICD-10 Diagnosis Code	Description
Q84.2	Other congenital malformations of hair

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [*CDG.018.07,*]

BCBS of Alabama, Medical Policy #083-Microprocessor-Controlled Lower Limb Prosthesis, Effective February 2010; Revised February. (Accessed May 5, 2017).

Connecticut Public Act No. 04-34; Connecticut General Statutes Sections 38a-504 and 38a-542.

Connecticut: H.B. 5464, Public Act 04-34.

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 May 5, 2017).

NJ Insurance Law (N.J.S.A. 17B:27-46.1ff)

NJ Law P.L. 2007, c.345.

Oxford Certificates of Coverage and Member Handbooks.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

12/01/2018	• Updated benefit considerations; removed New Jersey (NJ) plan specific language pertaining to accessories and/or supplies
	• 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
	• Updated definitions:
	  ○ Added definition of "Generally Accepted Standards of Medical Practice"
	  ○ Removed definition of:
	  ▪ Licensed Prosthetist (New Jersey Only)
	  ▪ Medically Necessary (for NJ Products Only)
	  ▪ Prosthetic Appliance (New Jersey Only)
	  ○ Revised definition of "Upper Limb Prosthetic Categories"
	• Updated list of applicable codes; added language to indicate:
	  ○ Oxford has adopted the requirements and intent of the National Correct Coding Initiative

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Date	Action/Description
	○ 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 Oxford has established the PDAC as its definitive source for correct coding and coding clarification • Archived previous policy versions ADMINISTRATIVE 245.14 T2

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