

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Microprocessor-Controlled Lower Limb Prosthetics
PAGE: 1 of 2	REPLACES DOCUMENT:
APPROVED DATE: 12/14	RETIRED:
EFFECTIVE DATE: 12/22/14	REVIEWED/REVISED: 12/2015;11/2016; 10/2017
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.27

SCOPE:

Coordinated Care Health Plan

PURPOSE:

This policy is to be used as a guideline for determining the medical necessity of Microprocessor-Controlled Lower Limb Prosthetics, as well as aligning Coordinated Care with the Health Technology Assessment (HTA) guidelines per the HCA.

POLICY / CRITERIA:

It is the policy of Coordinated Care, in accordance with the Health Care Authority's High Technology Assessment, that microprocessor-controlled lower limb prosthetics are **medically necessary** when the HTA clinical criteria are met.

Procedure

1. The nurse reviewer will conduct a first level review utilizing the clinical criteria found in the HTA Clinical Committee Final Findings and Decision, found in the following link:
[http://www.hca.wa.gov/assets/program/final_findings_decision_mpcllp\[1\].pdf](http://www.hca.wa.gov/assets/program/final_findings_decision_mpcllp[1].pdf)
2. The HTA Clinical Committee Final Findings and Decision policy will be copied and entered into the Review Summary section of TruCare; the clinical documentation system.
3. All requests should be tasked to the therapy advisor for an automatic secondary review.

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Functional Levels

Level 0	Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance his/her quality of life or mobility.
Level 1	Has the ability or potential to use prosthesis for transfers or ambulating on level surfaces at fixed cadence; typical of the limited and unlimited household ambulator.
Level 2	Has the ability or potential for ambulating with the ability to traverse environmental barriers such as curbs, stairs or uneven surfaces; typical of the limited community ambulator.
Level 3	Has the ability or potential for ambulating 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 ambulating that exceeds basic ambulating skills, exhibiting high impact, stress, or energy levels; typical of the prosthetic demands of the child, active adult, or athlete.

Revision Log	Date
Annual review no changes to HTA criteria, no changes to policy	12/1/2015
Annual review. No changes to HTA criteria, link to HTA findings updated.	11/23/2016
Annual review. No changes to HTA criteria.	

Coding Implications

The following codes are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any code(s) does not guarantee coverage.

CPT® Code	Description
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type

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