

Medical Necessity Guidelines

Prostheses – Lower Limb

Policy Number: 046

Contents

Overview.....	1
Medicare Advantage	1
Mass General Brigham ACO	2
One Care and Senior Care Options (SCO).....	2
Commercial and Qualified Health Plans.....	2
Definitions	3
Relevant Regulations	4
Related Policies.....	4
Codes	4
Effective Dates.....	6
References	6

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness of lower limb prostheses.

Medicare Advantage

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization not Required	L5010, L5020, L5050, L5060, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5703, L5707, L5818, L5826, L5961

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies

are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, CMS offered the following guidelines:**

- [NCD - Prosthetic Shoe \(280.10\)](#)
- [LCD - Lower Limb Prostheses \(L33787\)](#)
- [Article - Lower Limb Prostheses - Policy Article \(A52496\)](#)

Mass General Brigham ACO

Prior Authorization Required	Yes ☒ No ☐
Not covered	L5859

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When MassHealth does not have guidance for specific DME, refer to the Medicare Variation for the relevant LCD. If no relevant LCD exists, refer to the Commercial and Qualified Health Plans section for medical necessity information. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth did not offer any medical necessity guidelines for lower limb prostheses. Refer to the Medicare Variation for medical necessity information.**

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes ☒ No ☐
Prior Authorization not Required	L5010, L5020, L5050, L5060, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5703, L5707, L5818, L5826, L5961

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria and exclusions above. If Medicare Advantage criteria are not met, then MassHealth criteria are applied.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes ☒ No ☐
Not covered	L5926, L5973



Mass General Brigham Health Plan provides coverage for a lower limb prosthesis/component(s) when it is medically necessary for the treatment of illness or injury in order to improve functioning and when it is within the member's applicable benefit.

Coverage includes but is not limited to the purchase of the prosthetic/component(s) or replacement parts and repairs when it is no longer under warranty.

To obtain a lower limb prosthesis/component(s) for a member, the treating physical medicine and rehabilitation physician should contact a contracted Mass General Brigham Health Plan prosthetics provider directly. This provider must have a prosthetist on staff that is currently certified by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics Inc. (ABC), or the Board of Certification/Accreditation, International (BOC). This prosthetist needs to evaluate the member and coordinate with the treating provider to gather and submit to Mass General Brigham Health Plan all of the necessary clinical information for determining the benefit coverage and medical necessity of the requested prosthesis/component(s).

Initial Lower Limb Prostheses Criteria

Medical necessity for lower limb prostheses is determined through InterQual® criteria, which Mass General Brigham Health Plan has customized to add the exclusions listed below. InterQual criteria is accessible to members and providers through Mass General Brigham Health Plan's portal. To access the criteria, log into Mass General Brigham Health Plan's provider website at massgeneralbrighamhealthplan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Replacement Lower Limb Prosthesis Criteria

Medical necessity for lower limb prostheses is determined through InterQual® criteria. InterQual criteria is accessible to members and providers through Mass General Brigham Health Plan's portal. To access the criteria, log into Mass General Brigham Health Plan's provider website at massgeneralbrighamhealthplan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Exclusions

1. It will not improve or stabilize the member's condition or improve functioning, or it is suboptimal in producing the desired results and other acceptable options that can produce the desired outcome
2. There is a more appropriate, less intensive model that adequately meets the medical needs of the member and/or allows the performance of activities of daily living
3. The DME or DME features/accessories would be principally used for convenience or would provide a non-medically necessary attribute (e.g., swim prostheses, shower prostheses, artificial limbs or parts for cosmetic purposes only)
4. The DME or DME features/accessories is/are primarily for recreational or avocational use
5. The DME or DME features/accessories is/are considered experimental and investigational per the Mass General Brigham Health Plan Experimental and Investigational Medical Policy

Definitions

Medicare Functional Classification Levels (MFCL):

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.

Relevant Regulations

- EOHHS Accountable Care Partnership Plan Contract
- The General Laws of Massachusetts. Chapter 176G: Section 4S. Coverage for prosthetic devices and repairs. <https://malegislature.gov/laws/generallaws/parti/titlexxii/chapter176g/section4s>
- MassHealth 130 CMR 428.000: Prosthetics Services. <https://www.mass.gov/regulations/130-CMR-428000-prosthetics-services>
- MassHealth Provider Regulations and Provider Manuals for DME and Prosthetics at <http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-manual/>

Related Policies

- [Medical Necessity Guidelines for Durable Medical Equipment \(DME\)](#)

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN
L5230	AK PROX FEM FOCAL DEFIC SACH FT
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS
L5331	JOINT SINGLE AXIS KNEE SACH FOOT
L5341	SINGLE AXIS KNEE SACH FOOT



L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM
L5530	PREP BK PTB THERMOPLSTC/=MOLD MDL
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL
L5560	PREP AK-DISARTIC PLASTER MOLD MDL
L5570	PREP AK-DISRTC THRMOPSTC/=DIR FORM
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD
L5585	PREP AK-DISARTIC PRFAB ADJ OPN END
L5590	PREP AK-DISARTIC LAMINATD SCKT MOLD
L5595	PREP HIP DISARTIC THERMOPLSTC/=MOLD
L5600	PREP HIP DISARTIC LAMINATD SCKT MOLD
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE
L5611	ADD LW EXT AK-DISARTIC W/FRICT CNTRL
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5616	ADD LW EXT AK UNIVRSL MXPLX FRICT
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT
L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT
L5651	ADD LW EXTRM AK FLX INNR EXT FRME
L5681	ADD LW EXT INSRT CONGN/AMPUTEE INIT
L5683	ADD LW EXT INSRT NO CONGN/AMP INIT
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD
L5703	ANK SYMES MLD PT MDL SACH FT REPL
L5707	CUSTOM SHAPED COVER HIP DISARTIC
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA
L5781	ADD LW LIMB PROS LIMB MGMT SYS
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING



L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME
L5961	ADD ENDO HIP SYS-POLY HIP JOINT PNEUMAT/HYDRA WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE
L5969	ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT
L5999	LOWER EXTREMITY PROSTHESIS NOS

Effective Dates

December 1, 2026: Ad hoc review. Updated ACO section. Code info updated.

August 1, 2026: Annual review. Reformatted policy. Updated LCD and LCA links.

January 2026: Ad hoc update. Updated prior authorization table and added variation for One Care and SCO members. Added MassHealth variation.

August 2025: Annual review. Added NCD and LCA. Simplified references to customized IQ subset and added information about the customization. Updated code disclaimer.

August 2024: Annual review. Added codes.

August 2023: Annual review. Medicare Advantage added to table. Medicare Variation language added. References updated.

August 2022: Annual review.

August 2021: Annual review. References updated.

August 2020: Annual review. References updated.

July 2019: Annual review. Exclusion list added.

June 2018: Annual review.

April 2018: Ad hoc update. Added codes.

February 2017: Annual review. McKesson's InterQual® criteria replaced the criteria as indicated in the policy.

July 2016: Effective date.

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