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

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.
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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>Annual review no changes to HTA criteria, no changes to policy</td>
<td>12/1/2015</td>
</tr>
<tr>
<td>Annual review. No changes to HTA criteria, link to HTA findings updated.</td>
<td>11/23/2016</td>
</tr>
<tr>
<td>Annual review. No changes to HTA criteria</td>
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**Coding Implications**
The following codes are for informational purposes only. They are current at the time of review of this policy. Inclusion or exclusion of any code(s) does not guarantee coverage.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>L5857</td>
<td>Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type</td>
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Centene Medical Policy Statements represent technical documents developed by the Medical Management Staff. Questions regarding interpretation of these policies for the purposes of benefit coverage should be directed to a Medical Management Staff personnel.