



ND

Medical Policies



Print

Policy Number: O-32

Policy Name: Lower Limb Prostheses

Policy Type: Medical

Policy Subtype: Orthotic & Prosthetic Devices

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

Lower limb prosthesis is an artificial device that replaces all or a part of the missing extremity. The application of an appropriate prosthesis is designed to regain or maintain function of the limb and depends on the functional level of the amputee and the expected functional rehabilitation potential.

The microprocessor-controlled prosthetic knee is designed for lower limb amputees and congenital lack of limb. It is equipped with a sensor that controls the hydraulic that adjusts the swing and stability of the knee based on the position of the foot to permit a more natural walking pattern at varying speeds.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Immediate Prostheses

Lower limb prostheses, immediate, may be considered medically necessary for a new or revised amputation when **ALL** of the following criteria are met:

- The individual has a lower extremity amputation; **and**
- The immediate prosthesis is provided after surgery, while the surgical incision is still healing; **and**

- The individual is motivated to ambulate using the prosthesis; **and**
- The prosthesis is prescribed by an eligible professional provider (i.e., physician with training and expertise in the functional evaluation of individuals with amputations) and fitted/made by an orthotist or prosthetist.

Lower limb prostheses, immediate, are complete and all-inclusive; therefore, additional components, add-ons, upgrades, test sockets, or substitutions of components, etc., are considered not medically necessary.

Immediate lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5400	L5410	L5420	L5430	L5450	L5460	L5500
L5505						

Preparatory Prostheses

Lower limb prostheses, preparatory, may be considered medically necessary for a new or revised amputation when **ALL** of the following criteria are met:

- The individual has had an above or below knee amputation; **and**
- The preparatory prosthesis is provided to an individual starting a rehabilitation program; **and**
- The preparatory prosthesis is provided after the surgical incision has healed; **and**
- The individual is motivated to ambulate using the prosthesis; **and**
- The preparatory prosthesis is prescribed by an eligible professional provider (i.e., physician with training and expertise in the functional evaluation of individuals with amputations) and fitted/made by an orthotist or prosthetist.

Lower limb prostheses, preparatory, are complete and all-inclusive; therefore, additional components, add-ons, upgrades, adjustments, modifications, or substitutions of components, etc., are considered not medically necessary.

Preparatory lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5510	L5520	L5530	L5535	L5540	L5560	L5570
L5580	L5585	L5590	L5595	L5600		

Definitive Prostheses

Lower limb prostheses, definitive- initial, may be considered medically necessary when **ALL** of the following criteria are met:

- The individual has had an above or below knee amputation; **and**

- The definitive prosthesis is provided to an individual who will be participating in a rehabilitation program appropriate for the individual's expected functional level; **and**
- The definitive prosthesis is provided after the surgical incision is stable (healed); **and**
- The definitive prosthesis is provided after the residual limb has matured; **and**
- The individual is motivated to ambulate using the prosthesis; **and**
- The individual is cognitively capable of using the prosthesis to ambulate effectively at the determined functional level [one (1) - four (4)]; **and**
- The individual has sufficient neuromuscular control to effectively and appropriately make use of the definitive prosthesis at the determined functional level [one (1) - four (4)]; **and**
- The individual has sufficient cardio-pulmonary capacity to effectively use the definitive prosthesis at the determined functional level [one (1) - four (4)]; **and**
- The individual has had an in-person medical evaluation with the ordering physician to establish their overall functional capabilities,

o NOTE: The ordering physician may delegate this assessment to a licensed/certified medical professional (LCMP) defined as a physical therapist (PT) or occupational therapist (OT), or physician with training and expertise in the functional evaluation of individuals with amputations; **and**

- This specialty evaluation must:

o Evaluate and document the individual's over-all health status taking into consideration factors related to the amputation and prosthesis use as well the effect of co-morbidities on potential function; **and**

o The evaluation must include a complete physical examination including an objective neuromuscular evaluation, cardio-pulmonary capacity evaluation and cognitive evaluation; **and**

o Determine a global activity level as described by the functional level modifiers:

- Levels zero (0) - four (4) (see **Table Attachment**); **and**

- The individual has had an in-person evaluation by the prosthetist to evaluate prosthetic needs consistent with the overall functional capabilities identified by the medical examination; **and**
- The individual is able to ambulate using the device at or above the identified functional level.

Definitive lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5050	L5060	L5100	L5105	L5150	L5160	L5200
L5210	L5220	L5230	L5250	L5270	L5280	L5301
L5312	L5321	L5331	L5341			

Sockets and Socket Inserts

One (1) socket per individual definitive prosthesis may be considered medically necessary when the prosthesis meets above criteria.

Two (2) test (diagnostic) sockets for an individual definitive prosthesis may be considered medically necessary

when the prosthesis meets above criteria.

No more than two (2) of the same sockets inserts per individual prosthesis at the same time may be considered medically necessary.

One (1) custom fabricated socket insert may be considered medically necessary when the prosthesis meets the above criteria and the **ALL** of the following:

- Non-custom socket inserts are unable to provide an adequate interface between the residual limb and socket; **and**
- A different type of non-custom insert will not compensate for the irregular contours of the limb.

Socket replacements for a definitive prosthesis may be considered medically necessary when the prosthesis meets the above criteria, and **EITHER** of the following:

- There are changes in the residual limb that cannot be accommodated though the use of socket inserts and/or liners and/or stump stockings, and/or modifications to the existing socket; **or**
- When the existing socket is irreparable due to damage or wear.

Sockets and socket inserts for lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5618	L5620	L5622	L5624	L5626	L5628	L5630
L5632	L5634	L5636	L5638	L5639	L5640	L5642
L5643	L5644	L5645	L5646	L5647	L5648	L5649
L5650	L5651	L5652	L5653	L5654	L5655	L5656
L5658	L5661	L5665	L5673	L5679	L5681	L5683
L5700	L5701	L5702	L5703			

Suspension Systems

Mechanical

Mechanical suspension systems including, belts, sleeves, straps, socket design features, and pin-locking mechanisms may be considered medically necessary when the prosthesis meets the above criteria, and the individual's functional level is one (1) - four (4).

Suction

Passive suction systems may be considered medically necessary when the prosthesis meets above criteria, and the individual's functional level is one (1) - four (4).

Vacuum Suspension System

Vacuum suspension systems (e.g., vacuum-assisted socket system [VASS™]) may be considered medically necessary to control residual limb volume when there is contraindication to or failure of other socket-suspension systems (e.g., mechanical, passive suction) to adequately secure the limb to the prosthesis; and the individual's functional level is three (3) - four (4).

Suspension systems for lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5647	L5652	L5666	L5670	L5671	L5672	L5781
L5782	L7700					

Feet and Ankles

One (1) foot/ankle may be considered medically necessary when a definitive prosthesis meets the above criteria, and the foot/ankle is appropriate for the individual's functional level [one (1) - four (4)] as indicated below:

- An external-keel solid ankle cushion heel (SACH) foot or single-axis ankle/foot may be considered medically necessary for individuals whose functional level is one (1) or above; **or**
- A flexible-keel foot or multi-axial ankle/foot may be considered medically necessary for individuals whose functional level is two (2) or above; **or**
- An energy-storing foot, dynamic response with multi-axial ankle, flex-foot system, flex-walk system or equal, or shank system with vertical loading pylon may be considered medically necessary for individuals whose functional level is three (3) or above; **or**
- An axial rotation unit may be considered medically necessary for individuals whose functional level is two (2) or above; **or**
- A partial foot prosthesis may be considered medically necessary for individuals whose functional level is one (1) or above.

Prosthetic foot/ankle for lower limb prostheses, not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

L5000	L5010	L5020	L5970	L5972	L5974	L5976
L5978	L5979	L5980	L5981	L5982	L5984	L5986
L5987						

Knees

Prosthetic knees may be considered medically necessary, when a definitive prosthesis meets the above criteria, and the type is based upon the functional needs of the individual as indicated below:

- A fluid, pneumatic or electronic knee may be considered medically necessary for individuals whose functional level is three (3) or above; **or**

- A single axis constant friction knee and other basic knee systems may be considered medically necessary for individuals whose functional level is one (1) or above.

Prosthetic knee for a lower limb prosthesis, not meeting the criteria as indicated in this policy is considered not medically necessary.

Quick change self-aligning units are considered not medically necessary.

Procedure Codes

L5610	L5611	L5613	L5614	L5615	L5616	L5710
L5711	L5712	L5714	L5716	L5617	L5718	L5722
L5724	L5726	L5728	L5780	L5810	L5811	L5812
L5814	L5816	L5818	L5822	L5824	L5826	L5827
L5830	L5840					

Hips

A pneumatic or hydraulic polycentric hip joint may be considered medically necessary when a definitive prosthesis meets the above criteria, and for individuals whose functional level is three (3) or above.

A pneumatic or hydraulic polycentric hip joint for a lower limb prosthesis, not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Code

L5961

Additional Criteria

Lower limb prosthesis, not meeting the criteria as indicated in this policy is considered not medically necessary.

All parts of a lower limb prosthesis are considered not medically necessary when any related part is considered not medically necessary.

Lower limb prosthesis is considered not medically necessary for an individual that is at functional level zero (0)

Duplication or upgrade of a functional prosthesis is considered not medically necessary.

Additions/components that are not required for the effective use of the device, or do not serve a functional purpose are considered not medically necessary.

Additions provided for cosmetic reasons are considered not medically necessary.

Prosthetic devices or additions/components not required for participation in normal activities of daily living, including those that are chiefly for convenience, for participation in recreational activities, or that otherwise

exceed the medical needs of the amputee (e.g., back-up prosthetic devices, waterproof leg prosthesis [e.g., Water Leg, used for showering, swimming] are considered not medically necessary.

Prosthetic donning sleeve is considered not medically necessary.

Protective outer surface covering systems are considered not medically necessary.

Procedure Codes

L5962	L5964	L5966	L5999	L7600
-------	-------	-------	-------	-------

Additions/Accessories

Additions/Accessories may be considered medically necessary when a definitive prosthesis meets the above criteria, and supporting documentation indicates that they aid in, or are essential to, the effective use of the artificial limb, and are appropriate for the individual's functional level [one (1) - four (4)].

Additions/Accessories not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedures Codes

L5610	L5611	L5613	L5614	L5615	L5616	L5617
L5618	L5620	L5622	L5624	L5626	L5628	L5629
L5630	L5631	L5632	L5634	L5636	L5637	L5638
L5639	L5640	L5642	L5643	L5644	L5645	L5646
L5647	L5648	L5649	L5650	L5651	L5652	L5653
L5654	L5655	L5656	L5658	L5661	L5665	L5666
L5668	L5670	L5671	L5672	L5673	L5676	L5677
L5678	L5679	L5680	L5681	L5682	L5683	L5684
L5685	L5686	L5688	L5690	L5692	L5694	L5695
L5696	L5697	L5698	L5699	L5710	L5711	L5712
L5714	L5716	L5718	L5722	L5724	L5726	L5728
L5780	L5781	L5782	L5783	L5785	L5790	L5795
L5810	L5811	L5812	L5814	L5816	L5818	L5822
L5824	L5826	L5827	L5828	L5830	L5840	L5841

L5845	L5848	L5850	L5855	L5910	L5920	L5925
L5926	L5930	L5940	L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5970	L5971	L5972	L5974
L5975	L5976	L5978	L5979	L5980	L5981	L5982
L5984	L5985	L5986	L5987	L5988	L5990	L5991
L5999	L8400	L8410	L8417	L8420	L8430	L8440
L8460	L8470	L8480				

Repairs/Replacements

All necessary fitting, adjustments, modifications, replacements, etc., made during the 90 days after provision of a prosthesis are considered inherent to the prosthesis.

Lower limb prostheses replacement during the reasonable useful lifetime (usually based on the manufacturer's recommendation or FDA-approved labeling) may be considered medically necessary when supporting documentation indicates that the item is lost or irreparably damaged (i.e., fire, flood, etc.).

Lower limb prostheses replacement after the reasonable useful lifetime (usually based on the manufacturer's recommendation or FDA-approved labeling) may be considered medically necessary for at least **ONE** of the following when supporting documentation indicates:

- There is a change in the physiological condition of the individual, and the prosthesis is considered medically necessary; **or**
- There is irreparable wear of the device or a part of the device, and the prosthesis is considered medically necessary; **or**
- The condition of the device, or part of the device, requires repairs and the cost of such repairs would be greater than 60% of the cost of a replacement device or the part being replaced, and the prosthesis is considered medically necessary.

Lower limb prostheses repairs may be considered medically necessary for **EITHER** of the following when supporting documentation indicates they are:

- Required to make the prosthesis functional; **or**
- In keeping with the manufacturer's maintenance recommendations: **or**
- Adjustments are required due to wear and tear.

Repairs/Replacements not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedures Codes

L5700	L5701	L5702	L5703	L5704	L5705	L5706
-------	-------	-------	-------	-------	-------	-------

L5707	L7510	L7520	
-------	-------	-------	--

Pediatric Lower Limb Prostheses

Pediatric lower limb prostheses may be considered medically necessary for congenital and acquired pediatric limb deficiencies.

Considerations for pediatric lower limb prostheses include:

- Infants who are born with a missing or partial limb, or children who lose a limb through injury or amputation, should be evaluated by a prosthetist as soon as possible.
- It is appropriate for infants and very young children to be fit with a passive prosthesis right away so that the prosthetic limb is incorporated into their developing body image.
- A child is eligible for prosthetics when they are able to stand on their own (approximately 9-12 months of age).
- Components must be evaluated for age-appropriateness, considering comfort, weight, durability, and function.
- A new socket and other prosthetic modifications are required at least once a year for children between the ages of birth to 18 years to allow for normal growth and development.
- Follow-up with a multidisciplinary approach is recommended.

Pediatric lower limb prostheses, not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

L5700	L5701	L5702	L5703	L5704	L5705	L5706
L5707	L7510	L7520				

Microprocessor-Controlled Lower Limb Prosthesis

Microprocessor-controlled knee may be considered medically necessary when the following criteria are met:

- Individual's functional level is three (3) or above, as indicated by modifier K3 or K4; **and**
- There is a demonstrated need for long-distance ambulation at variable rates (use of the limb in the home or for basic community ambulation is not sufficient to justify provision of the computerized limb over standard limb applications); **or**
- There is a demonstrated individual need for regular ambulation on uneven terrain or for regular use on stairs (use of the limb for limited stair climbing in the home or employment environment is not sufficient evidence for prescription of this device over standard prosthetic application); **and**
- Physical ability includes adequate cardiovascular and pulmonary reserve, for ambulation at faster than normal walking speed; **and**
- Individual demonstrates adequate cognitive ability to master use and care requirements for the technology; **and**
- The individual's medical record must provide clear documentation of the individual's history, current condition, and expected functional ability to support the need for the technologic or design feature of the microprocessor-controlled knee (This information must be retained in the physician's or prosthetist's files and be available upon request.).

Microprocessor-controlled knee not meeting the criteria indicated in this policy is considered not medically necessary.

Procedure Codes

L5828	L5845	L5848	L5856	L5857	L5858	L5859
L5920	L5930	L5950	L5999	L6882		

Microprocessor-controlled ankle/foot prosthesis may be considered medically necessary when the individual's functional level is three (3) or above, as indicated by modifier K3 or K4.

Microprocessor-controlled ankle/foot prosthesis is not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

L5973	L5976	L5979	L5980	L5981	L5987
-------	-------	-------	-------	-------	-------

Powered and Programmable Flexion/Extension Assist-Control Prosthetic Knees

Powered and programmable endoskeletal knee-shin system with flexion-extension assist (addition to lower extremity) may be considered medically necessary when ALL of the following criteria are met:

- The individual has a microprocessor (swing and stance phase type) controlled (electronic) knee; **and**
- Individual's functional level is three (3), as indicated by modifier K3 (the device is not intended for high impact activity, sports, excessive loading or heavy-duty use); **and**
- Weight is between 110 lbs. and 275 lbs.; **and**
- 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; **and**
- Is able to make use of a product that requires daily charging; **and**
- Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.

Powered endoskeletal knee-shin system with flexion-extension assist not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

L5856	L5859
-------	-------

Power-Assist Ankle-Foot Prosthetic Systems

Powered ankle or foot prostheses are considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Code

L5969

Functional Level Classification

An in-person, comprehensive medical assessment to determine the functional capabilities of the member must be performed by a licensed/certified medical professional with expertise in the treatment of amputees prior to the provision of any prosthesis.

The member's functional level is based on their overall health status, the objective results of the medical assessment and their documented performance using their immediately previous prosthesis (either preparatory or definitive).

Assessment of the member's functional capabilities must be based on the following classification levels:

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 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.

When submitting a prosthetic claim, the billed code for knee, foot, ankle and hip (HCPCS codes: L5610-L5616; L5710-L5780; L5810-L5840; L5845; L5848; L5856; L5857; L5858; L5859; L5920; L5930; L5950; L5961; L5970-L5987) components must be submitted with modifiers K0 - K4, indicating the beneficiary's functional level.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Q72.811	Q72.812	Q72.813	Q72.819	Q72.891	Q72.892	Q72.893
Q72.899	S78.011A	S78.011D	S78.011S	S78.012A	S78.012D	S78.012S
S78.019A	S78.019D	S78.019S	S78.021A	S78.021D	S78.021S	S78.022A
S78.022D	S78.022S	S78.029A	S78.029D	S78.029S	S78.111A	S78.111D
S78.111S	S78.112A	S78.112D	S78.112S	S78.119A	S78.119D	S78.119S
S78.121A	S78.121D	S78.121S	S78.122A	S78.122D	S78.122S	S78.129A
S78.129D	S78.129S	S78.911A	S78.911D	S78.911S	S78.912A	S78.912D
S78.912S	S78.919A	S78.919D	S78.919S	S78.921A	S78.921D	S78.921S
S78.922A	S78.922D	S78.922S	S78.929A	S78.929D	S78.929S	S88.011A
S88.011D	S88.011S	S88.012A	S88.012D	S88.012S	S88.019A	S88.019D
S88.019S	S88.021A	S88.021D	S88.021S	S88.022A	S88.022D	S88.022S
S88.029A	S88.029D	S88.029S	S88.111A	S88.111D	S88.111S	S88.112A
S88.112D	S88.112S	S88.119A	S88.119D	S88.119S	S88.121A	S88.121D
S88.121S	S88.122A	S88.122D	S88.122S	S88.129A	S88.129D	S88.129S
S88.911A	S88.911D	S88.911S	S88.912A	S88.912D	S88.912S	S88.919A
S88.919D	S88.919S	S88.921A	S88.921D	S88.921S	S88.922A	S88.922D
S88.922S	S88.929A	S88.929D	S88.929S	S98.011A	S98.011D	S98.011S
S98.012A	S98.012D	S98.012S	S98.019A	S98.019D	S98.019S	S98.021A
S98.021D	S98.021S	S98.022A	S98.022D	S98.022S	S98.029A	S98.029D
S98.029S	S98.111A	S98.111D	S98.111S	S98.112A	S98.112D	S98.112S
S98.119A	S98.119D	S98.119S	S98.121A	S98.121D	S98.121S	S98.122A
S98.122D	S98.122S	S98.129A	S98.129D	S98.129S	S98.131A	S98.131D
S98.131S	S98.132A	S98.132D	S98.132S	S98.139A	S98.139D	S98.139S
S98.141A	S98.141D	S98.141S	S98.142A	S98.142D	S98.142S	S98.149A

S98.149D	S98.149S	S98.211A	S98.211D	S98.211S	S98.212A	S98.212D
S98.212S	S98.219A	S98.219D	S98.219S	S98.221A	S98.221D	S98.221S
S98.222A	S98.222D	S98.222S	S98.229A	S98.229D	S98.229S	S98.311A
S98.311D	S98.311S	S98.312A	S98.312D	S98.312S	S98.319A	S98.319D
S98.319S	S98.321A	S98.321D	S98.321S	S98.322A	S98.322D	S98.322S
S98.329A	S98.329D	S98.329S	S98.911A	S98.911D	S98.911S	S98.912A
S98.912D	S98.912S	S98.919A	S98.919D	S98.919S	S98.921A	S98.921D
S98.921S	S98.922A	S98.922D	S98.922S	S98.929A	S98.929D	S98.929S
Z89.9	Z89.411	Z89.412	Z89.419	Z89.421	Z89.422	Z89.429
Z89.431	Z89.432	Z89.439	Z89.441	Z89.442	Z89.449	Z89.511
Z89.512	Z89.519	Z89.521	Z89.522	Z89.529	Z89.611	Z89.612
Z89.619	Z89.621	Z89.622	Z89.629	Z96.651	Z96.652	Z96.653

CURRENT CODING

HCPCS:

L5000	Sho insert w arch toe filler	Medicaid Expansion
L5010	Mold socket ank hgt w/ toe f	Medicaid Expansion
L5020	Tibial tubercle hgt w/ toe f	Medicaid Expansion
L5050	Ank symes mold sckt sach ft	Medicaid Expansion
L5060	Symes met fr leath socket ar	Medicaid Expansion
L5100	Molded socket shin sach foot	Medicaid Expansion
L5105	Plast socket jts/thgh lacer	Medicaid Expansion
L5150	Mold sckt ext knee shin sach	Medicaid Expansion
L5160	Mold socket bent knee shin s	Medicaid Expansion
L5200	Kne sing axis fric shin sach	Medicaid Expansion
L5210	No knee/ankle joints w/ ft b	Medicaid Expansion

L5220	No knee joint with artic ali	Medicaid Expansion
L5230	Fem focal defic constant fri	Medicaid Expansion
L5250	Hip canad sing axi cons fric	Medicaid Expansion
L5270	Tilt table locking hip sing	Medicaid Expansion
L5280	Hemipelvect canad sing axis	Medicaid Expansion
L5301	Bk mold socket sach ft endo	Medicaid Expansion
L5312	Knee disart, sach ft, endo	Medicaid Expansion
L5321	Ak open end sach	Medicaid Expansion
L5331	Hip disart canadian sach ft	Medicaid Expansion
L5341	Hemipelvectomy canadian sach	Medicaid Expansion
L5400	Postop dress & 1 cast chg bk	Medicaid Expansion
L5410	Postop dsg bk ea add cast ch	Medicaid Expansion
L5420	Postop dsg & 1 cast chg ak/d	Medicaid Expansion
L5430	Postop dsg ak ea add cast ch	Medicaid Expansion
L5450	Postop app non-wgt bear dsg	Medicaid Expansion
L5460	Postop app non-wgt bear dsg	Medicaid Expansion
L5500	Init bk ptb plaster direct	Medicaid Expansion
L5505	Init ak ischal plstr direct	Medicaid Expansion
L5510	Prep bk ptb plaster molded	Medicaid Expansion
L5520	Perp bk ptb thermopls direct	Medicaid Expansion
L5530	Prep bk ptb thermopls molded	Medicaid Expansion
L5535	Prep bk ptb open end socket	Medicaid Expansion
L5540	Prep bk ptb laminated socket	Medicaid Expansion
L5560	Prep ak ischial plast molded	Medicaid Expansion
L5570	Prep ak ischial direct form	Medicaid Expansion
L5580	Prep ak ischial thermo mold	Medicaid Expansion
L5585	Prep ak ischial open end	Medicaid Expansion
L5590	Prep ak ischial laminated	Medicaid Expansion
L5595	Hip disartic sach thermopls	Medicaid Expansion
L5600	Hip disart sach laminat mold	Medicaid Expansion

L5610	Above knee hydracandence	Medicaid Expansion
L5611	Ak 4 bar link w/fric swing	Medicaid Expansion
L5613	Ak 4 bar link w/hydraul swig	Medicaid Expansion
L5614	4-bar link above knee w/swng	Medicaid Expansion
L5615	Ak 4 bar link hydrl swg/stanc	Medicaid Expansion
L5616	Ak univ multiplex sys frict	Medicaid Expansion
L5617	Ak/bk self-aligning unit ea	Medicaid Expansion
L5618	Test socket symes	Medicaid Expansion
L5620	Test socket below knee	Medicaid Expansion
L5622	Test socket knee disarticula	Medicaid Expansion
L5624	Test socket above knee	Medicaid Expansion
L5626	Test socket hip disarticulat	Medicaid Expansion
L5628	Test socket hemipelvectomy	Medicaid Expansion
L5629	Below knee acrylic socket	Medicaid Expansion
L5630	Syme typ expandabl wall sckt	Medicaid Expansion
L5631	Ak/knee disartic acrylic soc	Medicaid Expansion
L5632	Symes type ptb brim design s	Medicaid Expansion
L5634	Symes type poster opening so	Medicaid Expansion
L5636	Symes type medial opening so	Medicaid Expansion
L5637	Below knee total contact	Medicaid Expansion
L5638	Below knee leather socket	Medicaid Expansion
L5639	Below knee wood socket	Medicaid Expansion
L5640	Knee disarticulat leather so	Medicaid Expansion
L5642	Above knee leather socket	Medicaid Expansion
L5643	Hip flex inner socket ext fr	Medicaid Expansion
L5644	Above knee wood socket	Medicaid Expansion
L5645	Bk flex inner socket ext fra	Medicaid Expansion
L5646	Below knee cushion socket	Medicaid Expansion
L5647	Below knee suction socket	Medicaid Expansion
L5648	Above knee cushion socket	Medicaid Expansion

L5649	Isch containmt/narrow m-l so	Medicaid Expansion
L5650	Tot contact ak/knee disart s	Medicaid Expansion
L5651	Ak flex inner socket ext fra	Medicaid Expansion
L5652	Suction susp ak/knee disart	Medicaid Expansion
L5653	Knee disart expand wall sock	Medicaid Expansion
L5654	Socket insert symes	Medicaid Expansion
L5655	Socket insert below knee	Medicaid Expansion
L5656	Socket insert knee articulat	Medicaid Expansion
L5658	Socket insert above knee	Medicaid Expansion
L5661	Multi-durometer symes	Medicaid Expansion
L5665	Multi-durometer below knee	Medicaid Expansion
L5666	Below knee cuff suspension	Medicaid Expansion
L5668	Bk molded distal cushion	Medicaid Expansion
L5670	Bk molded supracondylar susp	Medicaid Expansion
L5671	Bk/ak locking mechanism	Medicaid Expansion
L5672	Bk removable medial brim sus	Medicaid Expansion
L5673	Socket insert w lock mech	Medicaid Expansion
L5676	Bk knee joints single axis p	Medicaid Expansion
L5677	Bk knee joints polycentric p	Medicaid Expansion
L5678	Bk joint covers pair	Medicaid Expansion
L5679	Socket insert w/o lock mech	Medicaid Expansion
L5680	Bk thigh lacer non-molded	Medicaid Expansion
L5681	Intl custm cong/latyp insert	Medicaid Expansion
L5682	Bk thigh lacer glut/ischia m	Medicaid Expansion
L5683	Initial custom socket insert	Medicaid Expansion
L5684	Bk fork strap	Medicaid Expansion
L5685	Below knee sus/seal sleeve	Medicaid Expansion
L5686	Bk back check	Medicaid Expansion
L5688	Bk waist belt webbing	Medicaid Expansion
L5690	Bk waist belt padded and lin	Medicaid Expansion

L5692	Ak pelvic control belt light	Medicaid Expansion
L5694	Ak pelvic control belt pad/l	Medicaid Expansion
L5695	Ak sleeve susp neoprene/equa	Medicaid Expansion
L5696	Ak/knee disartic pelvic join	Medicaid Expansion
L5697	Ak/knee disartic pelvic band	Medicaid Expansion
L5698	Ak/knee disartic silesian ba	Medicaid Expansion
L5699	Shoulder harness	Medicaid Expansion
L5700	Replace socket below knee	Medicaid Expansion
L5701	Replace socket above knee	Medicaid Expansion
L5702	Replace socket hip	Medicaid Expansion
L5703	Symes ankle w/o (sach) foot	Medicaid Expansion
L5704	Custom shape cover bk	Medicaid Expansion
L5705	Custom shape cover ak	Medicaid Expansion
L5706	Custom shape cvr knee disart	Medicaid Expansion
L5707	Custom shape cvr hip disart	Medicaid Expansion
L5710	Knee-shin exo sng axi mnl loc	Medicaid Expansion
L5711	Knee-shin exo mnl lock ultra	Medicaid Expansion
L5712	Knee-shin exo frict swg & st	Medicaid Expansion
L5714	Knee-shin exo variable frict	Medicaid Expansion
L5716	Knee-shin exo mech stance ph	Medicaid Expansion
L5718	Knee-shin exo frct swg & sta	Medicaid Expansion
L5722	Knee-shin pneum swg frct exo	Medicaid Expansion
L5724	Knee-shin exo fluid swing ph	Medicaid Expansion
L5726	Knee-shin ext jnts fld swg e	Medicaid Expansion
L5728	Knee-shin fluid swg & stance	Medicaid Expansion
L5780	Knee-shin pneum/hydra pneum	Medicaid Expansion
L5781	Lower limb pros vacuum pump	Medicaid Expansion
L5782	Hd low limb pros vacuum pump	Medicaid Expansion
L5783	Add low ext mec limb vol lam	Medicaid Expansion
L5785	Exoskeletal bk ultralt mater	Medicaid Expansion

L5790	Exoskeletal ak ultra-light m	Medicaid Expansion
L5795	Exoskel hip ultra-light mate	Medicaid Expansion
L5810	Endoskel knee-shin mnl lock	Medicaid Expansion
L5811	Endo knee-shin mnl lck ultra	Medicaid Expansion
L5812	Endo knee-shin frct swg & st	Medicaid Expansion
L5814	Endo knee-shin hydal swg ph	Medicaid Expansion
L5816	Endo knee-shin polyc mch sta	Medicaid Expansion
L5818	Endo knee-shin frct swg & st	Medicaid Expansion
L5822	Endo knee-shin pneum swg frc	Medicaid Expansion
L5824	Endo knee-shin fluid swing p	Medicaid Expansion
L5826	Miniature knee joint	Medicaid Expansion
L5827	Endo knee shin single axis	Medicaid Expansion
L5828	Endo knee-shin fluid swg/sta	Medicaid Expansion
L5830	Endo knee-shin pneum/swg pha	Medicaid Expansion
L5840	Multi-axial knee/shin system	Medicaid Expansion
L5841	Addition endoskletl knee-shi	Medicaid Expansion
L5845	Knee-shin sys stance flexion	Medicaid Expansion
L5848	Knee-shin sys hydraul stance	Medicaid Expansion
L5850	Endo ak/hip knee extens assi	Medicaid Expansion
L5855	Mech hip extension assist	Medicaid Expansion
L5856	Elec knee-shin swing/stance	Medicaid Expansion
L5857	Elec knee-shin swing only	Medicaid Expansion
L5858	Stance phase only	Medicaid Expansion
L5859	Knee-shin pro flex/ext cont	Medicaid Expansion
L5910	Endo below knee alignable sy	Medicaid Expansion
L5920	Endo ak/hip alignable system	Medicaid Expansion
L5925	Above knee manual lock	Medicaid Expansion
L5926	Endoskel posit rotat unit	Medicaid Expansion
L5930	High activity knee frame	Medicaid Expansion
L5940	Endo bk ultra-light material	Medicaid Expansion

L5950	Endo ak ultra-light material	Medicaid Expansion
L5960	Endo hip ultra-light materia	Medicaid Expansion
L5961	Endo poly hip, pneu/hyd/rot	Medicaid Expansion
L5962	Below knee flex cover system	Medicaid Expansion
L5964	Above knee flex cover system	Medicaid Expansion
L5966	Hip flexible cover system	Medicaid Expansion
L5968	Multiaxial ankle w dorsiflex	Medicaid Expansion
L5969	Ak/ft power asst incl motors	Medicaid Expansion
L5970	Foot external keel sach foot	Medicaid Expansion
L5971	Sach foot, replacement	Medicaid Expansion
L5972	Flexible keel foot	Medicaid Expansion
L5973	Ank-foot sys dors-plant flex	Medicaid Expansion
L5974	Foot single axis ankle/foot	Medicaid Expansion
L5975	Combo ankle/foot prosthesis	Medicaid Expansion
L5976	Energy storing foot	Medicaid Expansion
L5978	Ft prosth multiaxial anl/ft	Medicaid Expansion
L5979	Multi-axial ankle/ft prosth	Medicaid Expansion
L5980	Flex foot system	Medicaid Expansion
L5981	Flex-walk sys low ext prosth	Medicaid Expansion
L5982	Exoskeletal axial rotation u	Medicaid Expansion
L5984	Endoskeletal axial rotation	Medicaid Expansion
L5985	Lwr ext dynamic prosth pylon	Medicaid Expansion
L5986	Multi-axial rotation unit	Medicaid Expansion
L5987	Shank ft w vert load pylon	Medicaid Expansion
L5988	Vertical shock reducing pylo	Medicaid Expansion
L5990	User adjustable heel height	Medicaid Expansion
L5991	Low pros ext osseo connector	Medicaid Expansion
L5999	Lowr extremity prosthes nos	Medicaid Expansion
L6882	Microprocessor control uplmb	Medicaid Expansion
L7510	Prosthetic device repair rep	Medicaid Expansion

L7520	Repair prosthesis per 15 min	Medicaid Expansion
L7600	Prosthetic donning sleeve	Medicaid Expansion
L7700	Pros soc insert gasket/seal	Medicaid Expansion
L8400	Sheath below knee	Medicaid Expansion
L8410	Sheath above knee	Medicaid Expansion
L8417	Pros sheath/sock w gel cushn	Medicaid Expansion
L8420	Prosthetic sock multi ply bk	Medicaid Expansion
L8430	Prosthetic sock multi ply ak	Medicaid Expansion
L8440	Shrinker below knee	Medicaid Expansion
L8460	Shrinker above knee	Medicaid Expansion
L8470	Pros sock single ply bk	Medicaid Expansion
L8480	Pros sock single ply ak	Medicaid Expansion
L5000	Sho insert w arch toe filler	Commercial
L5010	Mold socket ank hgt w/ toe f	Commercial
L5020	Tibial tubercle hgt w/ toe f	Commercial
L5050	Ank symes mold sckt sach ft	Commercial
L5060	Symes met fr leath socket ar	Commercial
L5100	Molded socket shin sach foot	Commercial
L5105	Plast socket jts/thgh lacer	Commercial
L5150	Mold sckt ext knee shin sach	Commercial
L5160	Mold socket bent knee shin s	Commercial
L5200	Kne sing axis fric shin sach	Commercial
L5210	No knee/ankle joints w/ ft b	Commercial
L5220	No knee joint with artic ali	Commercial
L5230	Fem focal defic constant fri	Commercial
L5250	Hip canad sing axi cons fric	Commercial
L5270	Tilt table locking hip sing	Commercial
L5280	Hemipelvect canad sing axis	Commercial
L5301	Bk mold socket sach ft endo	Commercial
L5312	Knee disart, sach ft, endo	Commercial

L5321	Ak open end sach	Commercial
L5331	Hip disart canadian sach ft	Commercial
L5341	Hemipelvectomy canadian sach	Commercial
L5400	Postop dress & 1 cast chg bk	Commercial
L5410	Postop dsg bk ea add cast ch	Commercial
L5420	Postop dsg & 1 cast chg ak/d	Commercial
L5430	Postop dsg ak ea add cast ch	Commercial
L5450	Postop app non-wgt bear dsg	Commercial
L5460	Postop app non-wgt bear dsg	Commercial
L5500	Init bk ptb plaster direct	Commercial
L5505	Init ak ischal plstr direct	Commercial
L5510	Prep bk ptb plaster molded	Commercial
L5520	Perp bk ptb thermopls direct	Commercial
L5530	Prep bk ptb thermopls molded	Commercial
L5535	Prep bk ptb open end socket	Commercial
L5540	Prep bk ptb laminated socket	Commercial
L5560	Prep ak ischial plast molded	Commercial
L5570	Prep ak ischial direct form	Commercial
L5580	Prep ak ischial thermo mold	Commercial
L5585	Prep ak ischial open end	Commercial
L5590	Prep ak ischial laminated	Commercial
L5595	Hip disartic sach thermopls	Commercial
L5600	Hip disart sach laminat mold	Commercial
L5610	Above knee hydracandence	Commercial
L5611	Ak 4 bar link w/fric swing	Commercial
L5613	Ak 4 bar ling w/hydraul swig	Commercial
L5614	4-bar link above knee w/swng	Commercial
L5615	Ak 4 bar link hydrl swg/stanc	Commercial
L5616	Ak univ multiplex sys frict	Commercial
L5617	Ak/bk self-aligning unit ea	Commercial

L5618	Test socket symes	Commercial
L5620	Test socket below knee	Commercial
L5622	Test socket knee disarticula	Commercial
L5624	Test socket above knee	Commercial
L5626	Test socket hip disarticulat	Commercial
L5628	Test socket hemipelvectomy	Commercial
L5629	Below knee acrylic socket	Commercial
L5630	Syme typ expandabl wall sckt	Commercial
L5631	Ak/knee disartic acrylic soc	Commercial
L5632	Symes type ptb brim design s	Commercial
L5634	Symes type poster opening so	Commercial
L5636	Symes type medial opening so	Commercial
L5637	Below knee total contact	Commercial
L5638	Below knee leather socket	Commercial
L5639	Below knee wood socket	Commercial
L5640	Knee disarticulat leather so	Commercial
L5642	Above knee leather socket	Commercial
L5643	Hip flex inner socket ext fr	Commercial
L5644	Above knee wood socket	Commercial
L5645	Bk flex inner socket ext fra	Commercial
L5646	Below knee cushion socket	Commercial
L5647	Below knee suction socket	Commercial
L5648	Above knee cushion socket	Commercial
L5649	Isch containmt/narrow m-l so	Commercial
L5650	Tot contact ak/knee disart s	Commercial
L5651	Ak flex inner socket ext fra	Commercial
L5652	Suction susp ak/knee disart	Commercial
L5653	Knee disart expand wall sock	Commercial
L5654	Socket insert symes	Commercial
L5655	Socket insert below knee	Commercial

L5656	Socket insert knee articulat	Commercial
L5658	Socket insert above knee	Commercial
L5661	Multi-durometer symes	Commercial
L5665	Multi-durometer below knee	Commercial
L5666	Below knee cuff suspension	Commercial
L5668	Bk molded distal cushion	Commercial
L5670	Bk molded supracondylar susp	Commercial
L5671	Bk/ak locking mechanism	Commercial
L5672	Bk removable medial brim sus	Commercial
L5673	Socket insert w lock mech	Commercial
L5676	Bk knee joints single axis p	Commercial
L5677	Bk knee joints polycentric p	Commercial
L5678	Bk joint covers pair	Commercial
L5679	Socket insert w/o lock mech	Commercial
L5680	Bk thigh lacer non-molded	Commercial
L5681	Intl custm cong/latyp insert	Commercial
L5682	Bk thigh lacer glut/ischia m	Commercial
L5683	Initial custom socket insert	Commercial
L5684	Bk fork strap	Commercial
L5685	Below knee sus/seal sleeve	Commercial
L5686	Bk back check	Commercial
L5688	Bk waist belt webbing	Commercial
L5690	Bk waist belt padded and lin	Commercial
L5692	Ak pelvic control belt light	Commercial
L5694	Ak pelvic control belt pad/l	Commercial
L5695	Ak sleeve susp neoprene/equa	Commercial
L5696	Ak/knee disartic pelvic join	Commercial
L5697	Ak/knee disartic pelvic band	Commercial
L5698	Ak/knee disartic silesian ba	Commercial
L5699	Shoulder harness	Commercial

L5700	Replace socket below knee	Commercial
L5701	Replace socket above knee	Commercial
L5702	Replace socket hip	Commercial
L5703	Symes ankle w/o (sach) foot	Commercial
L5704	Custom shape cover bk	Commercial
L5705	Custom shape cover ak	Commercial
L5706	Custom shape cvr knee disart	Commercial
L5707	Custom shape cvr hip disart	Commercial
L5710	Knee-shin exo sng axi mnl loc	Commercial
L5711	Knee-shin exo mnl lock ultra	Commercial
L5712	Knee-shin exo frict swg & st	Commercial
L5714	Knee-shin exo variable frict	Commercial
L5716	Knee-shin exo mech stance ph	Commercial
L5718	Knee-shin exo frct swg & sta	Commercial
L5722	Knee-shin pneum swg frct exo	Commercial
L5724	Knee-shin exo fluid swing ph	Commercial
L5726	Knee-shin ext jnts fld swg e	Commercial
L5728	Knee-shin fluid swg & stance	Commercial
L5780	Knee-shin pneum/hydra pneum	Commercial
L5781	Lower limb pros vacuum pump	Commercial
L5782	Hd low limb pros vacuum pump	Commercial
L5783	Add low ext mec limb vol lam	Commercial
L5785	Exoskeletal bk ultralt mater	Commercial
L5790	Exoskeletal ak ultra-light m	Commercial
L5795	Exoskel hip ultra-light mate	Commercial
L5810	Endoskel knee-shin mnl lock	Commercial
L5811	Endo knee-shin mnl lck ultra	Commercial
L5812	Endo knee-shin frct swg & st	Commercial
L5814	Endo knee-shin hydral swg ph	Commercial
L5816	Endo knee-shin polyc mch sta	Commercial

L5818	Endo knee-shin frct swg & st	Commercial
L5822	Endo knee-shin pneum swg frc	Commercial
L5824	Endo knee-shin fluid swing p	Commercial
L5826	Miniature knee joint	Commercial
L5827	Endo knee shin single axis	Commercial
L5828	Endo knee-shin fluid swg/sta	Commercial
L5830	Endo knee-shin pneum/swg pha	Commercial
L5840	Multi-axial knee/shin system	Commercial
L5841	Addition endoskletl knee-shi	Commercial
L5845	Knee-shin sys stance flexion	Commercial
L5848	Knee-shin sys hydraul stance	Commercial
L5850	Endo ak/hip knee extens assi	Commercial
L5855	Mech hip extension assist	Commercial
L5856	Elec knee-shin swing/stance	Commercial
L5857	Elec knee-shin swing only	Commercial
L5858	Stance phase only	Commercial
L5859	Knee-shin pro flex/ext cont	Commercial
L5910	Endo below knee alignable sy	Commercial
L5920	Endo ak/hip alignable system	Commercial
L5925	Above knee manual lock	Commercial
L5926	Endoskel posit rotat unit	Commercial
L5930	High activity knee frame	Commercial
L5940	Endo bk ultra-light material	Commercial
L5950	Endo ak ultra-light material	Commercial
L5960	Endo hip ultra-light materia	Commercial
L5961	Endo poly hip, pneu/hyd/rot	Commercial
L5962	Below knee flex cover system	Commercial
L5964	Above knee flex cover system	Commercial
L5966	Hip flexible cover system	Commercial
L5968	Multiaxial ankle w dorsiflex	Commercial

L5969	Ak/ft power asst incl motors	Commercial
L5970	Foot external keel sach foot	Commercial
L5971	Sach foot, replacement	Commercial
L5972	Flexible keel foot	Commercial
L5973	Ank-foot sys dors-plant flex	Commercial
L5974	Foot single axis ankle/foot	Commercial
L5975	Combo ankle/foot prosthesis	Commercial
L5976	Energy storing foot	Commercial
L5978	Ft prosth multiaxial anl/ft	Commercial
L5979	Multi-axial ankle/ft prosth	Commercial
L5980	Flex foot system	Commercial
L5981	Flex-walk sys low ext prosth	Commercial
L5982	Exoskeletal axial rotation u	Commercial
L5984	Endoskeletal axial rotation	Commercial
L5985	Lwr ext dynamic prosth pylon	Commercial
L5986	Multi-axial rotation unit	Commercial
L5987	Shank ft w vert load pylon	Commercial
L5988	Vertical shock reducing pylo	Commercial
L5990	User adjustable heel height	Commercial
L5991	Low pros ext osseo connector	Commercial
L5999	Lowr extremity prosthes nos	Commercial
L6882	Microprocessor control uplmb	Commercial
L7510	Prosthetic device repair rep	Commercial
L7520	Repair prosthesis per 15 min	Commercial
L7600	Prosthetic donning sleeve	Commercial
L7700	Pros soc insert gasket/seal	Commercial
L8400	Sheath below knee	Commercial
L8410	Sheath above knee	Commercial
L8417	Pros sheath/sock w gel cushn	Commercial
L8420	Prosthetic sock multi ply bk	Commercial

L8430	Prosthetic sock multi ply ak	Commercial
L8440	Shrinker below knee	Commercial
L8460	Shrinker above knee	Commercial
L8470	Pros sock single ply bk	Commercial
L8480	Pros sock single ply ak	Commercial

References

1. NHIC/CGS L33787, effective 10/01/2015, revised 01/01/2020. Accessed April 1, 2021.
2. NHIC/CGS DME MAC A52496, effective 10/01/2015, revised 01/01/2020. Accessed April 1, 2021.
3. Pröbsting E, Kannenberg A, Zacharias B. Safety and walking ability of KAFO users with the CBrace® Orthotronic Mobility System, a new microprocessor stance and swing control orthosis. *Prosthetics and Orthotics International*. 2017;41(1):65-77.
4. Hayes Clinical Research Response Osseointegrated Prostheses for the rehabilitation of amputees (OPRA) August 8, 2018 Accessed March 31, 2020
5. Fernandes J-C, Silva M, Santos R. Components of prosthetic lower limbs for transfemoral and transtibial amputations: General prescription recommendations and literature review. *Journal of Life Care Planning*. 2018;16(2):11-21.
6. Highsmith, M., Stevens P, Orendurff, M, Kannenberg A. The role of exercise testing in predicting successful ambulation with a lower extremity prosthesis: a systematic literature review and clinical practice guideline. *Journal of Neuro Engineering and Rehabilitation*. 2018;15 (Suppl 1):64
7. Sansosti LE, Crowell A, Choi ET, Meyr AJ. Rate of and factors associated with ambulation after unilateral major lower-limb amputation at an urban US tertiary-care hospital with a multidisciplinary limb salvage team. *Journal of the American Podiatric Medical Association*. 2017;107(5):355-364.
8. Roffman CE, Buchanan J, Allison CT. Locomotor Performance During Rehabilitation of People With Lower Limb Amputation and Prosthetic Nonuse 12 Months After Discharge. *Physical Therapy*. 2016;96(7):985-994.
9. Quinlan J, Yohay J, Subramanian V, Poziembo B, Fatone S. Using mechanical testing to assess the effect of lower-limb prosthetic socket texturing on longitudinal suspension. *PloS one*. 2020;15(8):e0237841.
10. Wurdeman SR, Stevens PM, Campbell JH. Mobility analysis of amputees (MAAT 3): Matching individuals based on comorbid health reveals improved function for above-knee prosthesis users with microprocessor knee technology. *Assistive Technology*. 2020;32(5):236-242.
11. Müller R, Tronicke L, Abel R, et. al. Prosthetic push-off power in trans-tibial amputee level ground walking: A systematic review. *PloS one*. 2019;14(11):e0225032.
12. Vanicek N, Coleman E, Watson J, et al. STEPFORWARD study: A randomised controlled feasibility trial of a self-aligning prosthetic ankle-foot for older patients with vascular-related amputations. *BMJ Open* 2021;11:e045195.

ND Committee Review

Internal Medical Policy Committee 9-26-2019 - **Effective November 04, 2019**

- New Policy to ND

Internal Medical Policy Committee 9-21-2020 - **Effective November 02, 2020**

- Annual Review

Internal Medical Policy Committee 3-17-2021 Coding update - **Effective April 01, 2021**

- **Added** K1014; L6882.

Internal Medical Policy Committee 9-21-2021- **Effective November 01, 2021**

- **Added** Denial statements throughout policy.

Internal Medical Policy Committee 5-23-2023 - **Effective July 03, 2023**

- Annual Review no changes in criteria.

Internal Medical Policy Committee 9-12-2023 Coding update - **Effective November 06, 2023**

- **Added** procedure codes: S78.011A; S78.011D; S78.011S; S78.012A; S78.012D; S78.012S; S78.019A; S78.019D; S78.019S; S78.021A; S78.021D; S78.021S; S78.022A; S78.022D; S78.022S; S78.029A; S78.029D; S78.029S; S78.111A; S78.111D; S78.111S; S78.112A; S78.112D; S78.112S; S78.119A; S78.119D; S78.119S; S78.121A; S78.121D; S78.121S; S78.122A; S78.122D; S78.122S; S78.129A; S78.129D; S78.129S; S78.911A; S78.911D; S78.911S; S78.912A; S78.912D; S78.912S; S78.919A; S78.919D; S78.919S; S78.921A; S78.921D; S78.921S; S78.922A; S78.922D; S78.922S; S78.929A; S78.929D; S78.929S; Z96.651; Z96.652; and Z96.653.

Internal Medical Policy Committee 11-115-2023 Coding update - **Effective October 01, 2023**

- **Added** procedure code L5991

Internal Medical Policy Committee 1-16-2024 Coding update - **Effective January 01, 2024**

- **Removed** procedure codes K1014; K1022; **and**
- **Added** procedure codes L5615; and L5926

Internal Medical Policy Committee 3-19-2024 Coding update - **Effective April 01, 2024**

- **Added** procedure codes L5783; and L5841; **and**
- **Added** Policy Application

Internal Medical Policy Committee 3-11-2025 Consent-no changes in criteria - **Effective May 05, 2025**

- **Corrected** diagnosis codes by removing all duplicates; and
- ***Special Note:** With the arrival of April 2025 New codes from CMS post March IMPC. Procedure code L5827 has been added to March's IMPC with the **Effective date of April 01, 2025**

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in

adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.