BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0153
EFFECTIVE DATE June 1, 2014	SUBJECT: Microprocessor-Controlled Prostheses for the Lower Limb

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Microprocessor-Controlled Prostheses of the Lower Limb are devices for amputees which use feedback from sensors to adjust joint movement on a real-time as-needed basis. Active joint control is intended to improve safety and function, particularly for patients who have the capability to maneuver on uneven terrain and with variable gait.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. **MEDICAL POLICY STATEMENT:**

Coverage is subject to the terms, conditions, and limitations of the member's contract.

A.   BCNEPA will provide coverage for a microprocessor-controlled knee when medically necessary.

    1.   A microprocessor-controlled knee may be considered medically necessary in amputees who meet all of the following requirements:

        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 demonstrated patient 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

        b)   Physical ability, including adequate cardiovascular and pulmonary reserve, for ambulation at faster than normal walking speed; AND

        c)   Adequate cognitive ability to master use and care requirements for the technology.

    2.   A microprocessor-controlled knee is considered not medically necessary in individuals who do not meet these criteria.

B.   The following are guidelines for patient selection and identification from the Veteran's Health Administration Prosthetic Clinical Management Program Clinical Practice Recommendations for Microprocessor Knees:

    1.   Contraindications for use of the microprocessor knee should include:

        a)   Any condition that prevents socket fitting, such as a complicated wound or intractable pain which precludes socket wear.

        b)   Inability to tolerate the weight of the prosthesis.

        c)   Medicare Level K 0—no ability or potential to ambulate or transfer.

        d)   Medicare Level K 1—limited ability to transfer or ambulate on level ground at fixed cadence.

        e)   Medicare Level K 2—limited community ambulator that does not have the cardiovascular reserve, strength, and balance to improved stability in stance to permit increased independence, less risk of falls, and potential to advance to a less-restrictive walking device.

        f)   Inability to use swing and stance features of the knee unit.

        g)   Poor balance or ataxia that limits ambulation.

h) Significant hip flexion contracture (over 20 degrees).

i) Significant deformity of remaining limb that would impair ability to stride.

j) Limited cardiovascular and/or pulmonary reserve or profound weakness.

k) Limited cognitive ability to understand gait sequencing or care requirements.

l) Long distance or competitive running.

m) Falls outside of recommended weight or height guidelines of manufacturer.

n) Specific environmental factors—such as excessive moisture or dust, or inability to charge the prosthesis.

o) Extremely rural conditions where maintenance ability is limited.

2. Indications for use of the microprocessor knee should include:

a) Adequate cardiovascular and pulmonary reserve to ambulate at variable cadence.

b) Adequate strength and balance in stride to activate the knee unit.

c) Should not exceed the weight or height restrictions of the device.

d) Adequate cognitive ability to master technology and gait requirements of device.

e) Hemi-pelvectomy through knee-disarticulation level of amputation, including bilateral lower extremity amputees are candidates if they meet functional criteria as listed.

f) Patient is an active walker and requires a device that reduces energy consumption to permit longer distances with less fatigue.

g) Daily activities or job tasks that do not permit full focus of concentration on knee control and stability—such as uneven terrain, ramps, curbs, stairs, repetitive lifting, and/or carrying.

h) Medicare Level K 2—limited community ambulator, but only if improved stability in stance permits increased independence, less risk of falls, and potential to advance to a less restrictive walking device, and patient has cardiovascular reserve, strength, and balance to use the prosthesis. *The microprocessor enables fine-tuning and adjustment of the hydraulic mechanism to accommodate the unique motor skills and demands of the functional level K2 ambulator.*

i) Medicare Level K 3—unlimited community ambulator.

        j)   Medicare Level K 4—active adult, athlete, who has the need to function as a K 3 level in daily activities.

        k)   Potential to lessen back pain by providing more secure stance control, using less muscle control to keep knee stable.

        l)   Potential to unload and decrease stress on remaining limb.

        m)   Potential to return to an active lifestyle.

3.   Physical and Functional Fitting Criteria for New Amputees:

        a)   New amputees may be considered if they meet certain criteria as outlined above.

        b)   Premorbid and current functional assessment important determinant.

        c)   Requires stable wound and ability to fit socket.

        d)   Immediate postoperative fit is possible.

        e)   Must have potential to return to active lifestyle.

C.   A powered knee is considered investigational.

D.   A microprocessor-controlled or powered foot is considered investigational.

IV.   DEFINITIONS:

Prosthetic: an artificial body part which replaces all or part of a body organ or which replaces all or part of the function of a permanently inoperative or malfunctioning body part.

Medicare Level K0: no ability or potential to ambulate or transfer.

Medicare Level K1: limited ability to transfer or ambulate on level ground at fixed cadence.

Medicare Level K2: limited community ambulator that does not have the cardiovascular reserve, strength, and balance to improved stability in stance to permit increased dependence, less risk of falls, and potential to advance to a less restrictive walking device.

Medicare Level K3: unlimited community ambulator.

Medicare Level K4: active adult, athlete, who has the need to function as a K3 level in daily activities.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

PROCEDURE CODES

L5828	L5856	L5858	L5920	L5969
L5845	L5857	L5859	L5930	L5973