



Health & Human Services

PROSTHETIC DEVICES

Service Authorization Required: Yes

CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2023

PROSTHETIC DEVICES

Indications and limitations of coverage and medical appropriateness:

Coverage is allowed if **all** the following conditions are present:

- Member will reach or maintain a defined functional state within a reasonable period of time.
- Member is motivated to ambulate.

Accessories:

Covered when it aids in or is essential to the effective use of the artificial limb.

- Must submit with required modifiers right (RT) and/or left (LT), or the service authorization request will be denied.
- A preparatory prosthesis is covered. Any component of the preparatory unit that can be reused on the permanent prosthesis must be used.
- The treating practitioner and/or the prosthetist, based upon the functional needs of the member, must determine the type of prosthesis dependent on the member's functional level. Documentation must be submitted with the service authorization request to support the functional level of the member.

Documentation Requirements:

- A prescription from a prescribing practitioner.
- Medical documentation supporting the prosthesis.
- Practitioner exam within 90 days of the service authorization start date.

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Clinical assessments of member rehabilitation potential 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 variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activities 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.

The records must document the members' current functional capabilities and expected functional potential, including an explanation for the difference, if that is the case. Within the functional classification hierarchy, it is recognized that bilateral amputees often cannot be strictly bound by functional-level classifications.

Non-covered:

- Feet: L5987.
- Electronic knee.
- Test sockets: For immediate prostheses are not medically necessary. More than two test sockets for an individual prosthesis are not medically necessary unless there is documentation to justify the need.



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Date Revised

Revisions

March 1, 2019

Reviewed and reformatted to the new DMEPOS policy format. Added Classification levels, Documents, and Non-covered section.

December 29, 2022

Reviewed and reformatted and added a new logo. Documentation Requirements section replaced 60 with 90.

December 29, 2023

Reviewed and reformatted. No changes.