Clinical Policy: Prosthetics

Reference Number: QCP.CP.028
Last Review Date: 10-7-25

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Policy/Criteria

I. It is the policy of QualChoice Health Insurance that prosthetics are medically necessary for the following indications:

II. Lower extremity prosthetics require preauthorization. A member must be motivated to ambulate and must meet the specific criteria set forth below.

III. Prosthetic devices and prosthetic services are covered in compliance with applicable state law.
   a. Prosthetic devices for athletics, recreation, bathing, or showering are covered. Medical necessity for these prosthetics shall be deemed by the treating or prescribing provider in compliance with Arkansas law.
   b. QualChoice does not cover replacement of a prosthetic device or associated prosthetic services more frequently than one (1) time every three (3) years unless medically necessary. However, QualChoice will replace or repair a prosthetic device if necessary due to anatomical changes or normal use, for example, in the case that the rapid growth of a child means that a prosthetic device of a different size is appropriate.
   c. Repair of prosthetic devices, if necessary, due to anatomical changes or normal use is covered.
   d. Repair or replacement of prosthetic devices for damage caused by misuse or neglect is not covered.

IV. **Prosthesis for recreation, athletics, bathing or showering**:
Medical necessity for these devices is deemed by the treating or referring physician, provided the device is prescribed by a licensed Doctor of Medicine, Doctor of osteopathy or Doctor of podiatric medicine and provided by a Doctor of medicine, osteopathy, or podiatric medicine, or an orthotist or prosthetist licensed in the state of Arkansas.

V. **Foot Prosthesis**:

- A solid ankle-cushion heel (SACH) foot is considered medically necessary for persons whose functional level is 1* or above.
- An external keel SACH foot or single axis ankle/foot is considered medically necessary for persons whose functional level is 1* or above.
- A flexible-keel foot or multi-axial ankle/foot is considered medically necessary for persons whose functional level is 2* or above.
- A flex foot system, energy storing foot, multi-axial ankle/foot, dynamic response foot with multi-axial ankle, shank foot system with vertical-loaded pylon or flex-walk system or equal is considered medically necessary for persons whose functional level is 3* or above.
- A user-adjustable heel height feature is considered not medically necessary.

Note: Foot covers are included in the reimbursement for a prosthetic foot component and are not separately payable.

VI. **Knee Prosthesis**:

- A fluid or pneumatic knee is considered medically necessary for persons whose functional level is 3* or above.
- A single axis constant friction knee and other basic knee systems are considered medically necessary for persons whose functional level is 1* or above.
- A high-activity knee control frame is considered medically necessary for members whose function level is 4*.

VII. **Ankle Prosthesis**:

- An axial rotation unit is considered medically necessary for persons whose functional level is 2* or above.

VIII. **Hip Prosthesis**:

- A pneumatic or hydraulic polycentric hip joint is considered medically necessary for members whose functional level is 3* or above.

IX. **Sockets**:

- Test (diagnostic) sockets for immediate post-surgical or early-fitted prostheses are considered not medically necessary.
- Two test (diagnostic) sockets for an individual prosthetic are considered medically necessary.
- Additional documentation of medical necessity is required for more than 2 test sockets. No more than 2 of the same socket inserts per individual prosthesis at the same time are considered medically necessary.
- Socket replacements are considered medically necessary if there is adequate documentation of functional and/or physiological need, including but is not limited to: changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive weight or prosthetic demands of very active amputees.

X. **Accessories**:

- Stump stockings and harnesses (including replacements) are considered medically necessary when they are essential to the effective use of the artificial limb.
- Prosthetic sheaths/socks, including a gel cushion layer (prosthetic gel stockings; 6 in 6 months) are considered medically necessary.
- Prosthetic seals/gaskets, for use with prosthetic socket insert, are considered medically necessary.
- A prosthetic donning sleeve is considered not medically necessary.

XI. **Microprocessor-Controlled Lower Limb Prostheses:**
QualChoice considers microprocessor-controlled leg prostheses (e.g., Otto Bock C-Leg; OttoBock Genium Bionic Prosthetic System (Otto Bock HealthCare, Minneapolis, MN), Intelligent Prosthesis (Endoliete North America, Centerville, OH), and Ossur Rheo Knee (Ossur-Flexfoot, Aliso Viejo, CA)) medically necessary in otherwise healthy, active community ambulating adults (18 years of age or older) (functional level 3* or above) with a knee disarticulation amputation or a trans-femoral amputation from a non-vascular cause (usually trauma or tumor) for whom this prosthesis can be fitted and programmed by a qualified prosthetist trained to do so.

XII. Addition to lower extremity prosthesis, Endoskeletal knee-shin system, powered and programmable flexion/extension assist control includes any type of motor(s) is only considered medically necessary when the member meets all of the criteria below:

- Has a microprocessor (swing and stance phase type) controlled (electronic) knee; and K3 functional level only; and
- Weight greater than 110 lbs. and less than 275 lbs.; and
    - **i.** 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
    - **ii.** Is able to make use of a product that requires daily charging; and
    - **iii.** Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit.
- Note:
  With the exception of items described by specific HCPCS codes, there should be no separate billing and there is no separate payment for a component or feature of a microprocessorcontrolled knee, including but not limited to real time gait analysis, continuous gait assessment, or electronically controlled static stance regulator.

  QualChoice considers microprocessor-controlled leg prostheses (e.g., Otto Bock C-Leg, Otto-Bock Genium Bionic Prosthetic System, Intelligent Prosthesis, and Ossur Rheo Knee) experimental and investigational for gait management in

spinal cord injury because of insufficient evidence in the peer-reviewed literature.

XIII. **Prosthetic Shoe:**

QualChoice considers a prosthetic shoe medically necessary for a partial foot amputation when the prosthetic shoe is an integral part of a covered basic lower limb prosthetic device.

QualChoice considers microprocessor-controlled ankle-foot prostheses (e.g., PowerFoot BiOM, iWalk, Bedford, MA; Proprio Foot, Ossur, and Aliso Viejo, CA) experimental and investigational because there is inadequate evidence of their effectiveness.

QualChoice considers the Ossur Symbiotic Leg experimental and investigational because its clinical value has not been established.

*Note: Clinical assessments of a member's rehabilitation potential should be based on the functional classification levels listed in the table below.

Level 0:	Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
Level 1:	Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulatory.
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 ambulatory.
Level 3:	Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory 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.

Limits

- Prostheses have no proven value for persons whose potential functional level is 0.*
- Examples of devices that would not be covered include but is not limited to the following examples:
    - Dispensing of an enhanced prosthetic for a patient who has an adequate and serviceable prosthetic already in his/her possession.

- Devices designed to provide enhanced functionality above that needed to restore function.
- Services or equipment that are more costly when QualChoice determines that less costly, equally effective services or equipment are available.

- Powered Lower Limb Prosthesis:
  - QualChoice considers powered lower limb prosthesis (e.g., Power Knee, Ossur, Foothill Ranch, and CA) experimental and investigational because there is inadequate evidence of their effectiveness.
- Robotic Lower Body Exoskeleton Suits:
  - QualChoice considers robotic lower body exoskeleton suits (e.g., the ReWalk, Argo Medical Technologies Ltd, Marlborough, MA) experimental and investigational because there is inadequate evidence of their effectiveness.
  - QualChoice considers the C-Leg Protector experimental and investigational because its clinical value has not been established.
  - Codes for ultra-light materials may only be covered when materials such as carbon fiber, fiberglass, Kevlar, or other advanced composite lamination materials are used in the fabrication of a socket for Endoskeletal prosthesis. They are not covered for ultralight materials used in other components of prosthesis.

Background

1. A "prosthetic device" is defined by Arkansas law as:
   I. An external device that is intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and
   II. Custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.
2. Does not include:
   I. An artificial eye
   II. An artificial ear
   III. A dental appliance
   IV. A cosmetic device such as artificial eyelashes or wigs
   V. A device used exclusively for athletic purposes
   VI. An artificial facial device
   VII. Any other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

Coding Implications

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included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS CODES	Description
L5000	PART FT SHOE INSERT W/LONGITUDINAL ARCH TOE FILL
L5010	PART FT MOLD SOCKET ANKLE HT W/TOE FILLER
L5020	PART FT MOLD SOCKET TUBIAL TUBERCLE HT W/TOEFILL
L5050	ANKLE SYMES MOLD SOCKET SACH FT
L5060	ANKLE SYMES METAL FRAME MOLD LEATHER SOCKET
L5100	BELOW KNEE MOLD SOCKET SHIN SACH FT
L5105	BELOW KNEE PLAST SOCKET/JNTS THIGH LACER SACH FT
L5150	KNEE DISARTICULAT MOLD SOCKET EXT KNEE JNT SHIN
L5160	KNEE DISARTICULATE MOLD SOCKET BENT KNEE EXT JNT
L5200	ABOVE KNEE MOLD SOCK 1 AXIS CONSTANT FRICTION
L5210	ABOVE KNEE SHORT PROSTH W/O BLOCK NO ANKLE JNT
L5220	ABOVE KNEE SHORT PROS W/ARTIC ANKLE/FT DYNAMIC
L5230	ABOVE KNEE PROX FEMORAL DEFFICIENCY SACH FOOT
L5250	HIP DISARTIC CANADIAN TYPE MOLD SOCK HIP JNT
L5270	HIP DISARTIC TILT TABLE MOLD SOCK LOCK HIP JNT
L5280	HEMIPELVECTOMY CANADIAN TYPE MOLD SOCK HIP JNT
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM
L5312	KNEE DISART, SACH FT, ENDO
L5321	ABOVE KNEE MOLDED SOCKET, OPEN END
L5331	HIP DISARTICULATION, CANADIAN TYPE
L5341	HEMIPEL VECTOMY, CANADIAN TYPE
L5400	POST SURG APPLY RIGID DRESS W/1CHANGE BELOW KNEE
L5410	POST SURG APPLY RIGID DRESS EA ADD CAST/REALIGN
L5420	POST SURG APPLY RIGID DRESS 1 CHANGE AK KNEE
L5430	POST SURG APPLY RIGID DRESS AK KNEE EA ADD CAST
L5450	POST SURG APPLY NON WT BEAR RIGID BELOW KNEE
L5460	POST SURG APPLY NON WT RIGID ABOVE KNEE
L5500	INIT BK PTB SOCK NON-ALIGN DIRECT FORM
L5505	INIT AK/DISARTIC ISCHIAL LEVEL NON-ALIGN
L5510	PREP BK PTB NON-ALIGN MOLD TO MODEL
L5520	PREP BK PTB NON-ALIGN PLASTIC DIRECT FORM
L5530	PREP BK PTB NON-ALIGN THERMOPLASTIC MOLD-MODEL

HCPCS CODES	Description
L5535	PREP BK PTB PREFABRICATED ADJUS OPEN END
L5540	PREP BK PTB NON-ALIGN LAMINATED SOCK MOLD-MODEL
L5560	PREP AK/DISARTIC NON-ALIGN PLAST MOLD-MODEL
L5570	PREP AK/DISARTIC NON-ALIGN THERMOPLAS DIRECT
L5580	PREP AK/DISARTIC NON-ALIGN THERMOPLAS MOLD-MODEL
L5585	PREP AK/DISARTIC NON-ALIGN PREFAB ADJUS OPEN END
L5590	PREP AK/DISARTIC NON-ALIGN LAMINATED MOLD-MODEL
L5595	PREP HIP/HEMIPELVECTOMY THERMOPLASTIC MOLD MODEL
L5600	PREP HIP/HEMIPELVECTOMY LAMINATE MOLD MODEL
L5610	ADD LO EXTREM ENDO AK HYDRACADENCE SYST
L5611	ADD LO EXTREM ENDO AK 4-BAR W/FRICT SWING CONTRL
L5613	ADD LO EXTREM ENDO AK 4-BAR W/HYDRAULIC SWING
L5614	ADD LO EXTREM EXO AK 4-BAR W/PNEUMATIC SWING
L5615	ADD ENDOSKEL KNEE-SHIN SYS 4 BAR LINK/MULTIAXIAL
L5616	ADD LO EXTREM UNI ENDO MX SYST FRICTION SWING
L5617	ADD LO EXTREM, QUICK CHANGE, SELF-ALIGN, AK/BK
L5618	ADD LOW EXT TEST SOCKET SYMES
L5620	ADD LOW EXT TEST SOCKET BELOW KNEE
L5622	ADD LOW EXT TEST SOCKET KNEE DISARTICULATION
L5624	ADD LOW EXT TEST SOCKET ABOVE KNEE
L5626	ADD LOW EXT TEST SOCKET HIP DISARTICULATION
L5628	ADD LOW EXT TEST SOCKET HEMIPELVECTOMY
L5629	ADD LOW EXT BELOW KNEE ACRYLIC SOCKET
L5630	ADD LOW EXT SYMES TYPE EXPANDABLE WALL SOCKET
L5631	ADD LOW EXT ABOVE KNEE/DISARTICULATION ACRYLIC
L5632	ADD LOW EXT SYMES PTB BRIM DESIGN SOCKET
L5634	ADD LOW EXT SYMES TYPE POST OPEN CANADIAN SOCKET
L5636	ADD LOW EXT SYMES TYPE MEDIAL OPENIN SOCKET
L5637	ADD LOW EXT BELOW KNEE TOTAL CONTACT
L5638	ADD LOW EXT BELOW KNEE LEATHER SOCKET
L5639	ADD LOW EXT BELOW KNEE WOOD SOCKET
L5640	ADD LOW EXT KNEE DISARTICULATE LEATHER SOCKET
L5642	ADD LOW EXT ABOVE KNEE LEATHER SOCKET
L5643	ADD LOW EXT HIP DISARTIC FLEX INNER EXT FRAME
L5644	ADD LOW EXT ABOVE KNEE WOOD SOCKET
L5645	ADD LOW EXT BELOW KNEE FLEX INNER EXT FRAME
L5646	ADDITION TO LWR EXTRMTY, BLW KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET
L5647	ADD LOW EXT BELOW KNEE SUCTION SOCKET

HCPCS CODES	Description
L5648	ADDITION TO LWR EXTRMTY, ABOVE KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET
L5649	ADD LOW EXT ISCHIAL CONTAIN NARROW M-1 SOCKET
L5650	ADD LOW EXT TOTAL CONTACT ABOVE KNEE/DISARTIC
L5651	ADD LOW EXT ABOVE KNEE FLEX INNER EXT FRAME
L5652	ADD LOW EXT SUCTION SUSPEN ABOVE KNEE/DISARTIC
L5653	ADD LOW EXT KNEE DISARTIC EXPANDABLE WALL SOCKET
L5654	ADD LOW EXT SOCKET INSERT SYMES
L5655	ADD LOW EXT SOCKET INSERT BELOW KNEE
L5656	ADD LOW EXT SOCKET INSERT KNEE DISARTICULATION
L5658	ADD LOW EXT SOCKET INSERT ABOVE KNEE
L5661	ADD LOW EXT SOCKET INSERT MULTI-DUROMETER SYMES
L5665	ADD LOW EXT SOCKET INSERT MULTI-DUROMETER BELOW
L5666	ADD LOW EXT BELOW KNEE CUFF SUSPENSION
L5668	ADD LOW EXT BELOW KNEE MOLDED DISTAL CUSHION
L5670	ADD LOW EXT BELOW KNEE MOLD SUPRACONDYLAR SUSP
L5671	ADDITION TO LOWER EXTREMITY
L5672	ADD LOW EXT BELOW KNEE REMOVABLE MEDIAL BRIM
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABR
L5676	ADD LOW EXT BELOW KNEE KNEE JNTS 1 AXIS PAIR
L5677	ADD LOW EXT BELOW KNEE KNEE JNT POLYCENTRIC PAIR
L5678	ADD LOW EXT BELOW KNEE JOINT COVERS PAIR
L5679	ADDTN TO LWR EXTRITY, BLW KNEE/ ABOVE KNEE, CSTM/W LOCKING MECH
L5680	ADD LOW EXT BELOW KNEE THIGH LACER NON MOLDED
L5681	ADDTN TO LWR EXTRMTY, BELOW KNEE/ABOVE KNEE, CSTM SOCKET INSERT
L5682	ADD LOW EXT BELOW KNEE THIGH LACER GLUTEAL/ISCH
L5683	ADDTN TO LWR EXTRMTY, BELOW KNEE/ABOVE KNEE, CSTM SOCKET INSERT
L5684	ADD LOW EXT BELOW KNEE FORK STRAP
L5685	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA
L5686	ADD LOW EXT BELOW KNEE BACK CHECK (EXTENSION)
L5688	ADD LOW EXT BELOW KNEE WAIST BELT WEBBING
L5690	ADD LOW EXT BELOW KNEE WAIST BELT PADDED/LINED
L5692	ADD LOW EXT ABOVE KNEE PELV CONTROL BELT LIGHT
L5694	ADD LOW EXT ABOVE KNEE PELV CONT BELT PAD/LINED
L5695	ADD LOW EXT ABOVE KNEE PELV CONT NEOPRENE SLEEVE
L5696	ADD LOW EXT ABOVE KNEE/DISARTIC PELV JNT

HCPCS CODES	Description
L5697	ADD LOW EXT ABOVE KNEE/DISARTIC PELV BAND
L5698	ADD LOW EXT ABOVE KNEE/DISARTIC SILESIAN BANDAGE
L5699	ALL LOW EXT PROSTHESIS SHOULDER HARNESS
L5700	REPLAC SOCKET BELOW KNEE MOLDED PT MODEL
L5701	REPLAC SOCKET ABOVE KNEE/DISART INCL ATTACH PLAT
L5702	REPLAC SOCKET HIP DISARTIC INCL HIP JT
	ANKLE SYMS W/O SOLID ANKLE CUSHION HEEL SACH FOOT
L5703	REPLACE ONLY
L5704	REPLAC CUSTOM SHAPED COVER BELOW KNEE
L5705	REPLAC CUSTOM SHAPED COVER ABOVE KNEE
L5706	REPLAC CUSTOM SHAPED COVER KNEE DISARTIC
L5707	REPLAC CUSTOM SHAPED COVER HIP DISARTIC
L5710	ADD KNEE/SHIN 1 AXIS MANUAL LOCK
L5711	ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT MAT
L5712	ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE
L5714	ADD KNEE/SHIN 1 AXIS VARIABLE FRICTION SWING
L5716	ADD KNEE/SHIN POLYCENTRIC MECHANICAL STANCE LOCK
L5718	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE
L5722	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRIC STANCE
L5724	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL
L5726	ADD KNEE/SHIN 1 AXIS EXT JNTS FLUID SWING
L5728	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE
L5780	ADD KNEE/SHIN 1 AXIS (HYDRA)PNEUMATIC SWING CONT
L5781	ADD LW LIMB PROS LIMB MGMT SYS
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY
L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS
L5785	ADD BELOW KNEE ULTRA LIGHT MATERIAL
L5790	ADD ABOVE KNEE ULTRA LIGHT MATERIAL
L5795	ADD HIP DISARTIC ULTRA LIGHT MATERIAL
L5810	ADD KNEE/SHIN 1 AXIS MANUAL LOCK
L5811	ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT
L5812	ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE
L5814	ADD KNEE-SHIN SYST HYDRAUL CNTRL STNC PHASE LOCK
L5816	ADD KNEE/SHIN POLYCENTRIC MECH STANCE PHASE CONT
L5818	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE
L5822	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRICTION
L5824	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL
L5826	ADD KNEE/SHIN 1 AXIS HYDRO SWING PHASE CONTRL
L5827	ENDOSKEL KN SHIN SGL AX ELMCH SW AND ST PHS CNTRL
L5828	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE

HCPCS CODES	Description
L5830	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING PHASE CONT
L5840	ADD ENDOSKEL KNEE-SHIN SYST 4-BAR LINK/MULTI
L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW & ST PH CTRL
L5845	ADD, ENDO, KNEE-SHIN SYST, STANCE FLEX ADJUS
	ADDITION TO ENDOSKELETAL KNEE-SHIN SYST, FLUID STANCE
L5848	EXT, DAMPEN
L5850	ADD ABOVE KNEE/HIP DISARTIC KNEE EXTENSION ASST
L5855	ADD ENDOSKELETAL SYST HIP DISART MECH HIP EXTEN
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY
	ADDN TO LOWER EXTREM PROSTH ENDOSKELETAL KNEE SHIN
L5858	SYS STANCE PHASE ONLY
L5859	Knee-shin pro flex/ext cont
L5910	ADD BELOW KNEE ALIGNABLE SYSTEM
L5920	ADD ABOVE KNEE HIP DISARTIC ALIGNABLE SYSTEM
L5925	ADD ENDOSKELETAL SYST AK KNEE/HIP DISART MANUAL
L5926	ADD TO LE PROSTH ENDOSKEL KD AK HD ROT U ANY TYP
L5930	ADD, ENDO SYSTEM, HIGH ACTIVITY KNEE CNTRL FRAM
L5940	ADD BELOW KNEE ULTRA LIGHT MATERIAL
L5950	ADD ABOVE KNEE ULTRA LIGHT MATERIAL
L5960	ADD HIP DISARTIC ULTRA LIGHT MATERIAL
L5961	ENDO POLY HIP, PNEU/HYD/ROT
L5962	ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER
L5964	ADD ENDOSKELETAL SYST AK FLEX PROTECTIVE COVER
L5966	ADD ENDOSKELETAL SYST HIP DISARTIC FLEX COVER
L5968	ALL LOW EXTREM PROSTH ANKLE MULTIAXIAL SHOCK
L5969	AK/FT POWER ASST INCL MOTORS
L5970	ALL LOW EXT PROS FT EXTERNAL KEEL SACH FT
	ALL LOWER EXTREM PROSTH SOLID ANKLE CUSHION HEEL
L5971	SACH FOOT REPLACE ONLY
L5972	FLEXIBLE KEEL FOOT
l5973	ANK-FOOT SYS DORS-PLANT FLEX
L5974	ALL LOW EXT PROS FT SINGLE AXIS ANKLE/FT
L5975	ALL LOW EXTREM PROSTH COMB 1 AXIS ANKLE-KEEL FT
L5976	ALL LOW EXT PROS ENERGY STORING FT
L5978	ALL LO EXTREM PROSTH FT MULTI-AXIAL ANKLE/FT
L5979	ALL LO EXTREM PROSTH MULTI-AXAL ANKLE/FT DYNAMIC
L5980	ALL LOW EXT PROS FLEX FT SYSTEM
L5981	ALL LOW EXTREM PROSTH FLEX-WALK SYST/EQUAL
L5982	ALL EXO LOW EXT PROS AXIAL ROTATION UNIT

HCPCS CODES	Description
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT
L5985	ALL ENDO LO EXTREM PROSTH, DYN PROSTH PYLON
L5986	ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT
L5987	ALL LO EXTREM PROSTH SHANK FT SYST W/LOAD PYLON
L5988	ALL LOW EXTREM PROSTH VERT SHOCK/ROTATION PYLON
l5999	LOW EXT PROS NOS
L8417	PROSTH SHEATH SOCK INC GEL CUSH LAYER AK/BK-EA
L8470	PROSTH SOCK SINGLE PLY FITTING BELOW KNEE EACH
L8480	PROSTH SOCK SINGLE PLY FITTING ABOVE KNEE EACH
L8485	PROSTH SOCK SINGLE PLY FITTING UPPER LIMB EA
L5973	ANK-FOOT SYS DORS-PLANT FLEX
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT
L7600	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH
L7700	GKT/SEAL USE PROS SOC INS ANY TY EA

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	10-7-25	

References
Arkansas Code Annotated § 23-99-403 et seq.

Application to Products
This policy applies to all health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted

standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers,

members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.