

MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Myoelectric Lower Extremity Prosthetic Technology-MP-MM-1327	11/01/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clin

A. Subject

Myoelectric Lower Extremity Prosthetic Technology

B. Background

The policy addresses the computerized limb prosthesis that is a nonstandard, external prosthetic device incorporating a microprocessor for movement control. These devices are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds.

C. Definitions

- **Myoelectric Lower Extremity Prosthetic Technology** – Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type.
- **Classification Level** – Rehabilitation potential as described by Centers for Medicare & Medicaid Services:

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

- a. The individual does not have sufficient cognitive ability to safely use a prosthesis with or without assistance.
- b. The individual requires assistance from equipment or caregiver to transfer and use of a prosthesis does not

the child, active adult, or athlete.	d. Being a caregiver for another individual e. Home maintenance (e.g. repairs, cleaning)
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NOTE: Consideration is given to bilateral amputees who often cannot be strictly bound by the Classification Levels.

D. Policy

- I. CareSource considers myoelectric lower limb prosthetic technology medically necessary when the following criteria are met:
 - A. The member is 18 years of age or older.
 - B. Has a lower extremity prosthesis(es).
 - C. Documentation submitted supports medical necessity and includes the following:
 1. A written order/prescription from a treating practitioner for the additional technology;
 2. Sufficient documentation of the rehabilitation potential including, but not limited to clear documentation supporting the expected potential classification level of K3 or above; and
 3. The member
 - a. Is emotionally ready;
 - b. Is able and willing to participate in training;

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.



- Supplies (DMEPOS) Items and Services Having Special DME Review Considerations. Accessed June 20, 2023 from www.cms.gov.
3. Centers for Medicare & Medicare Services. (2020, January 10. Local Coverage Determination Lower Limb Prosthesis L33787). Accessed June 20, 2023.

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