

Prosthetic Limb - DME

Administrative Process

The following do not require prior approval:

- Prosthetic repairs, adjustments and/or modifications

The following requires prior approval:

- Prosthetic limb

Definitions

Prosthetic is the systematic pursuit of providing functional restoration of a limb.

Prosthesis is an artificial part of the body. In cases of an amputee, usually an arm or leg. There usually are a couple stages to prepare the limb for a permanent prosthesis.

Prosthesis/Temporary is a prosthesis usually made soon after an amputation and once the stitches are removed (about 2-6 weeks post amputation). The temporary prosthesis shrinks, toughens and desensitizes the limb to prepare it for the permanent prosthesis. A lower limb temporarily helps to regain balance, relearn walking and tightening of the muscles. An upper limb temporarily helps to increase range of motion, strengthen muscles and encourage the use of both hands, preventing an individual from becoming one handed.

Prosthesis/Preparatory is a prosthesis that prepares the limb for a permanent prosthesis. A preparatory prosthesis is used by individuals who are still undergoing changes to the residual limb. This prosthesis uses a transparent diagnostic test socket and special fitting techniques to accurately fit the prosthesis. As a result, fitting problems can be prevented before the prosthesis is cloned for the permanent prosthesis.

Prosthesis/Permanent is the final prosthesis once the limb has stabilized shape and size.

Coverage

Generally covered subject to the indications listed below and the following limits from your member contract:

- Durable medical equipment (DME) is limited by the following:
 - a. All covered DME items should be the acceptable standard model, considering the member's medical condition. If a member requests an additional item/part, which is safe and effective, HealthPartners may cover the cost up to the cost of the acceptable standard model.
 - b. Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary. Prosthetic benefits have some variation. Please see your member contract or specific medical coverage criteria for details.
 - c. We reserve the right to determine if an item will be approved for rental vs. purchase.
- DME items will not be approved which are primarily educational in nature or for hygiene, vocation, comfort, convenience or recreation.
- DME and supplies must be obtained from or repaired by approved vendors.
- Duplicate or similar items are not covered. Requests for replacement DME when existing DME is not broken, requires a physician statement documenting a change in the covered person's physical condition, and the medical reasons for the replacement DME.

Indications that are covered

1. The determination of medical necessity for a prosthesis is based on an individual's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist and ordering physician, considering factors including but not limited to:
 - A. Past history including prior prosthetic use.
 - B. Current medical condition including the status of the residual limb and the nature of other medical problems.
 - C. Motivation and desire to use the limb.
 - D. Ability to reach or maintain a defined functional state within a reasonable period of time.
2. Lower Limbs (Knees, Feet, and Ankles). The functional levels listed below are used to establish the specific type/design of prosthetic knees, feet and ankles. The determination of coverage for these selected prostheses and components with respect to functional level listed represents the usual case. An exception for medical necessity may be made when there is sufficient clinical documentation to demonstrate that the technologic or design feature of a prosthesis is needed to restore ambulation that will enable an individual to conduct standard activities of daily living.

LEVEL 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance the quality of life or mobility.

LEVEL 0 OPTIONS: Individual is not a candidate for a prosthesis.

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 1 OPTIONS: Limited restrictions on feet, knees and ankles. No restrictions on socket configuration, materials or suspension. Prosthetic design and components selected must fall under the Medicare guidelines for functional level 1 options such as sach foot or single axis ankle/foot, and simple function knees.

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 2 OPTIONS: Expanded access to knees, ankles and feet is allowed. No restriction on socket configuration, materials or suspension. Prosthetic design and components selected must fall under the Medicare guidelines for functional level 2 or 1 options, such as flexible keel foot, multiaxial ankle/foot, axial rotation ankle units and knees may be multi-plex frame or stance flex.

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 therapeutic or activity level that demands prosthetic utilization beyond simple locomotion. Ambulates at more than one speed.

LEVEL 3 OPTIONS: Prosthetic design and components selected must fall under the Medicare guidelines for functional level 3, 2, or 1 options. Feet may be flex foot system, energy storing, multiaxial ankle/foot, dynamic response or flex walking system or equal. Knees may be fluid, pneumatic, hydraulic or certain mechanical systems.

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.

LEVEL 4 OPTIONS: Same as functional level 3 options.

3. Upper Limbs (Arms). Listed below are the specific type/design of upper limb (arm) prosthesis eligible for coverage. For any myoelectric prosthetic design a detailed letter of medical necessity must be submitted by physician and prosthetist along with documentation stating the member had been pre tested and shows the ability to isolate and adequately contract specific muscle groups required to operate the prosthesis.
 - A. Body-powered: Hooks are usually body-powered and are operated by cables attached to a harness strapped around the shoulders. Movement of the shoulder opens and closes the hook.
 - B. Hybrid: This is the combination of any two systems (hooks, switch controlled electronics or myoelectric). This could be a hook that is switch controlled or frequently a system with a switch controlled elbow with myoelectric wrist and fingers.
 - C. Myoelectric: This type of prosthesis is muscle controlled. An electrode in the socket picks up electrical signals as the muscles in the residual limb contract, which in turn triggers operation. One muscle group initiates opening of the hand while another group closes the hand.
4. Sockets: No more than two test (diagnostic) sockets for an individual prosthesis are medically necessary without additional documentation. No more than two of the same socket inserts are allowed at the same time. Socket replacements are considered medically necessary if there is documentation of functional and/or physiological need. Explanation to include but is not limited to:
 - A. Changes in residual limb
 - B. Functional need changes
 - C. Irreparable damage
 - D. Wear and tear due to excessive weight
 - E. Prosthetic demands of a very active amputee
5. Accessories. Accessories are covered and do not require prior authorization when these appliances aid in or are essential to the effective use of the prosthesis, such as stump stocks, harnesses and batteries.
6. Adjustments. Adjustments and/or modifications to the prosthesis required by wear and tear or due to a change in individual's condition or to improve the function are eligible for coverage and do not require prior authorization.
7. Repairs. Repairs necessary to make the prosthetic functional are covered and do not require authorization. The expense for repairs is not to exceed the estimated expense of purchasing another prosthesis.

Indications that are not covered

1. A prosthesis will be denied as not medically necessary if the functional level is 0.

2. Duplicate or similar items are excluded from coverage therefore only one permanent prosthesis is covered unless a member requires bilateral prosthesis.
3. There will be no coverage for repairs, components, or prosthesis replacement if the plan determines that malicious damage, culpable neglect or wrongful disposition of the prosthesis has occurred.

Products

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

Vendor - Prosthetic

- Item is received from a prosthetic vendor.
- Prosthetic vendors provide the making and application of an artificial part, such as breast, eye or limb.

Number D055-04; Approved Medical Director Committee 01/01/98; Revised 2/11/03, 2-19-09; Annual Review 6/1/06, 8/1/07, 7/1/08, 2/19/09.