This guide is designed to help you strengthen your Medicare documentation. Following is Medicare’s criteria for coverage of a lower limb prosthesis. All criteria must be documented!

A lower limb prosthesis is covered when the beneficiary:

1. Will reach or maintain a defined functional state within a reasonable period of time; and
2. Is motivated to ambulate.

FUNCTIONAL LEVELS:

A determination of the medical necessity for certain components/additions to the prosthesis is based on the beneficiary’s potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetist, and treating physician, considering factors including, but not limited to:

- The beneficiary’s past history (including prior prosthetic use if applicable); and
- The beneficiary’s current condition including the status of the residual limb and the nature of other medical problems; and
- The beneficiary’s desire to ambulate.

Clinical assessments of beneficiary 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 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.

The records must document the beneficiary’s current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case.

It is recognized, within the functional classification hierarchy, that bilateral amputees often cannot be strictly bound by functional level classifications. [However the records must still document the beneficiary’s past history, current condition, and expected functional potential.]
For devices with K3 criteria requirements:

Use “K-Level” language in your documentation. Describe daily activities in great detail that require ambulation with variable cadence, environmental barriers that patient must traverse, and any vocational, therapeutic, or exercise activities demanding prosthetic utilization beyond simple locomotion. Describe why patient has potential or ability to perform these activities and what is involved (e.g. how far will the patient walk, how often will he/she need to change cadence, what types of barriers will be encountered, etc.). If the patient has other functional limitations (e.g. vascular/ cardiovascular disease, cognitive issues, osteoarthritis, etc.), explain why these issues will not limit the patient’s ability to use the device to perform the activities.

Per the Medicare LCD for LL Prosthetics, the following codes are covered for K3 and above:

<table>
<thead>
<tr>
<th>Feet</th>
<th>Knees</th>
<th>Hips</th>
</tr>
</thead>
<tbody>
<tr>
<td>L5973</td>
<td>MP Controlled ankle foot system, dorsiflex and/or plantarflex control</td>
<td>L5976</td>
</tr>
<tr>
<td>L5979</td>
<td>Dynamic response foot with multi-axial ankle</td>
<td>L5980</td>
</tr>
<tr>
<td>L5981</td>
<td>Flex-walk system or equal</td>
<td>L5987</td>
</tr>
<tr>
<td><strong>(Endoskeletal)</strong></td>
<td>L5610</td>
<td>L5613</td>
</tr>
<tr>
<td>L5613</td>
<td>Hydracadence system</td>
<td>L5814</td>
</tr>
<tr>
<td>L5814</td>
<td>L5828</td>
<td>L5824</td>
</tr>
<tr>
<td>L5824</td>
<td>Fluid and stance phase control</td>
<td>L5828</td>
</tr>
<tr>
<td>L5828</td>
<td>4-bar linkage or multiaxial, pneumatic swing phase control</td>
<td>L5840</td>
</tr>
<tr>
<td>L5856</td>
<td>MP control feature, swing and stance phase</td>
<td>L5857</td>
</tr>
<tr>
<td>L5858</td>
<td>MP control feature, stance phase only</td>
<td>L5859</td>
</tr>
<tr>
<td>L5961</td>
<td>Polycentric hip joint, pneumatic/hydraulic control, rotation control w/ w out flexion and/or extension</td>
<td></td>
</tr>
</tbody>
</table>

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DOCUMENTATION TIPS

JUSTIFYING FUNCTIONAL LEVEL

For devices with K2 criteria requirements:
Use “K-Level” language in your documentation. Describe daily activities in great detail that include low level environmental barriers that patient must routinely traverse (such as curbs, stairs, or uneven surfaces). Describe why patient has potential or ability to perform these activities and describe the environmental barriers. If patient has other functional limitations (e.g. vascular/cardiovascular disease, cognitive issues, osteoarthritis, etc.), explain why these issues will not limit the patient’s ability to use the device to perform the activities.

Per the Medicare LCD for LL Prosthetics, the following codes are covered for K2 and above:

<table>
<thead>
<tr>
<th>Feet</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>L5972 Flexible keel Foot</td>
<td>L5878 Multi-axial ankle/foot</td>
</tr>
<tr>
<td>Axial Rotation</td>
<td></td>
</tr>
<tr>
<td>L5984 Axial rotation unit, w/ without adjustability</td>
<td>L5985 Dynamic prosthetic pylon</td>
</tr>
<tr>
<td>L5986 Multi-axial rotation unit (MCP or equal)</td>
<td></td>
</tr>
</tbody>
</table>

Example – Changing from a Mechanical knee to a C-Leg

<table>
<thead>
<tr>
<th>Daily Activities</th>
<th>Current Prosthesis/ Component</th>
<th>Replacement Prosthesis/ Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>List daily activities in great detail, including those that require traversing environmental barriers, changes in gait speed, and prosthetic utilization beyond simple locomotion when applicable.</td>
<td>Describe current prosthesis (e.g. technologic design &amp; features).</td>
<td>Describe replacement prosthesis (e.g. technologic design &amp; features).</td>
</tr>
</tbody>
</table>

Activities (e.g. home, work, therapeutic, exercise, and recreational).
- Describe setting
- Current Responsibilities
- Problems with prosthesis
- Goals

How does the current prosthesis work for this activity?
- Can patient successfully execute the activity?
- Any falls or stumbles?
- Strain to sound side?
- Other issues?

How will the replacement prosthesis solve the problem?
- What feature will allow patient to execute the activity?
- Or do it better?
- Explain why

References for Medicare Lower Limb Prosthesis LCD’s and Articles