



# Louisiana

## Microprocessor-Controlled Prostheses for the Lower Limb

**Policy #** 00426

**Original Effective Date:** 07/16/2014

**Current Effective Date:** 09/14/2020

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Note: Myoelectric Prosthetic Components for the Upper Limb is addressed separately in medical policy 00443*

### When Services Are Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

### When Services May Be Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider a microprocessor-controlled knee in amputees who meet the following requirements to be **eligible for coverage:\*\***

#### Patient Selection Criteria

Coverage eligibility will be considered when all of the following criteria are met:

- Demonstrated need for long distance ambulation at variable rates (use of the limb in the home or for basic community ambulation is not sufficient to justify provision of the computerized limb over standard limb applications) OR demonstrated patient need for regular ambulation on uneven terrain or for regular use on stairs (use of the limb for limited stair climbing in the home or employment environment is not sufficient evidence for prescription of this device over standard prosthetic application); AND

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- Physical ability, including adequate cardiovascular and pulmonary reserve, for ambulation at faster than normal walking speed; AND
- Adequate cognitive ability to master use and care requirements for the technology.

### **When Services Are Considered Not Medically Necessary**

The use of a microprocessor-controlled knee in individuals who do not meet these criteria is considered to be **not medically necessary**.\*\*

### **When Services Are Considered Investigational**

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers a powered knee to be **investigational**.\*

Based on review of available data, the Company considers a microprocessor-controlled or powered ankle-foot to be **investigational**.\*

### **Policy Guidelines**

Amputees should be evaluated by an independent, qualified professional to determine the most appropriate prosthetic components and control mechanism. A trial period may be indicated to evaluate the tolerability and efficacy of the prosthesis in a real-life setting. Decisions about the potential benefits of microprocessor knees involve multiple factors including activity levels and the patient's physical and cognitive ability. A patient's need for daily ambulation of at least 400 continuous yards, daily and frequent ambulation at variable cadence or on uneven terrain (eg, gravel, grass, curbs), and daily and frequent use of ramps and/or stairs (especially stair descent) should be considered as part of the decision. Typically, daily and frequent need of two or more of these activities would be needed to show benefit.

### **Patient Selection and Identification**

For patients in whom the potential benefits of the microprocessor knees are uncertain, patients may first be fitted with a standard prosthesis to determine their level of function with the standard device.

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The following are guidelines from the Veterans Health Administration Prosthetic Clinical Management Program Clinical Practice Recommendations for Microprocessor Knees.

A. Contraindications for the use of the microprocessor knee should include the following:

- Any condition that prevents socket fitting, such as a complicated wound or intractable pain which precludes socket wear
- Inability to tolerate the weight of the prosthesis
- Medicare level K0-no ability or potential to ambulate or transfer
- Medicare level K1-limited ability to transfer or ambulate on level ground at fixed cadence
- Medicare level K2-limited community ambulator who does not have the cardiovascular reserve, strength, and balance to improve stability in stance to permit increased independence, less risk of falls, and potential to advance to a less restrictive walking device
- Inability to use swing and stance features of the knee unit
- Poor balance or ataxia that limits ambulation
- Significant hip flexion contracture (>20°)
- Significant deformity of remaining limb that would impair the ability to stride
- Limited cardiovascular and/or pulmonary reserve or profound weakness
- Limited cognitive ability to understand gait sequencing or care requirements
- Long distance or competitive running
- Falls outside of recommended weight or height guidelines of the manufacturer
- Specific environmental factors-such as excessive moisture or dust, or inability to charge the prosthesis
- Extremely rural conditions where maintenance ability is limited.

B. Indications for the use of the microprocessor knee should include the following:

- Adequate cardiovascular and pulmonary reserve to ambulate at variable cadence
- Adequate strength and balance in stride to activate the knee unit
- Should not exceed the weight or height restrictions of the device
- Adequate cognitive ability to master technology and gait requirements of the device
- Hemi-pelvectomy through knee-disarticulation level of amputation, including bilateral; lower-extremity amputees are candidates if they meet functional criteria as listed
- The patient is an active walker and requires a device that reduces energy consumption to permit longer distances with less fatigue

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- Daily activities or job tasks that do not permit full focus of concentration on knee control and stability-such as uneven terrain, ramps, curbs, stairs, repetitive lifting, and/or carrying
  - Medicare level K2-limited community ambulator, but only if improved stability in stance permits increased independence, less risk of falls, and potential to advance to a less restrictive walking device, and the patient has cardiovascular reserve, strength, and balance to use the prosthesis. The microprocessor enables fine-tuning and adjustment of the hydraulic mechanism to accommodate the unique motor skills and demands of the functional level K2 ambulator.
  - Medicare level K3-unlimited community ambulator
  - Medicare level K4-active adult, athlete who needs to function as a K3 level in daily activities
  - Potential to lessen back pain by providing more secure stance control, using less muscle control to keep the knee stable
  - Potential to unload and decrease stress on remaining limb
  - Potential to return to an active lifestyle.
- C. Physical and Functional Fitting Criteria for New Amputees:
- New amputees may be considered if they meet certain criteria as outlined above
  - Premorbid and current functional assessment important determinant
  - Requires stable wound and ability to fit the socket
  - Immediate postoperative fit is possible
  - Must have potential to return to an active lifestyle

## **Background/Overview**

### **Lower-Extremity Prosthetics**

More than 100 different prosthetic ankle-foot and knee designs are currently available. The choice of the most appropriate design may depend on the patient's underlying activity level. For example, the requirements of a prosthetic knee in an elderly, largely homebound individual will differ from those of a younger, active person. Key elements of a prosthetic knee design involve providing stability during both the stance and swing phase of the gait. Prosthetic knees vary in their ability to alter the cadence of the gait, or the ability to walk on rough or uneven surfaces. In contrast to more simple prostheses, which are designed to function optimally at one walking cadence, fluid and hydraulic-controlled devices are designed to allow amputees to vary their walking speed by matching

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the movement of the shin portion of the prosthesis to the movement of the upper leg. For example, the rate at which the knee flexes after “toe-off” and then extends before heel strike depends in part on the mechanical characteristics of the prosthetic knee joint. If the resistance to flexion and extension of the joint does not vary with gait speed, the prosthetic knee extends too quickly or too slowly relative to the heel strike if the cadence is altered. When properly controlled, hydraulic or pneumatic swing-phase controls allow the prosthetist to set a pace adjusted to the individual amputee, from very slow to a race-walking pace. Hydraulic prostheses are heavier than other options and require gait training; for these reasons, these prostheses are prescribed for athletic or fit individuals. Other design features include multiple centers of rotation, referred to as “polycentric knees.” The mechanical complexity of these devices allows engineers to optimize selected stance and swing-phase features.

### **FDA or Other Governmental Regulatory Approval**

#### **U.S. Food and Drug Administration (FDA)**

According to the manufacturers, microprocessor-controlled prostheses are considered a class I device by the U.S. FDA and are exempt from 510(k) requirements. This classification does not require submission of clinical data regarding efficacy but only notification of FDA prior to marketing. FDA product codes: ISW, KFX.

### **Rationale/Source**

Microprocessor-controlled prostheses use feedback from sensors to adjust joint movement on a real-time as-needed basis. Active joint control is intended to improve safety and function, particularly for patients who can maneuver on uneven terrain and with variable gait.

For individuals who have a transfemoral amputation who receive a prosthesis with a microprocessor-controlled knee, the evidence includes a number of within-subject comparisons of microprocessor-controlled knees vs non-microprocessor-controlled knee joints. Relevant outcomes are functional outcomes, health status measures, and quality of life. For K3- and K4-level amputees, studies have shown an objective improvement in function on some outcome measures, particularly for hill and ramp descent, and strong patient preference for microprocessor-controlled prosthetic knees. Benefits include a more normal gait, an increase in stability, and a decrease in falls. The evidence in Medicare level K2 ambulators suggests that a prosthesis with stance control only can improve activities that require balance and improve walking in this population. For these reasons, a microprocessor-

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controlled knee may provide incremental benefit for these individuals. The potential to achieve a higher functional level with a microprocessor-controlled knee includes having the appropriate physical and cognitive ability to use the advanced technology. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a transfemoral amputation who receive a prosthesis with a powered knee, the evidence includes limited data. Relevant outcomes are functional outcomes, health status measures, and quality of life. The limited evidence available to date does not support an improvement in functional outcomes using a powered knee prostheses with standard prostheses. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a tibial amputation who receive a prosthesis with a microprocessor-controlled ankle-foot, the evidence includes limited data. Relevant outcomes are functional outcomes, health status measures, and quality of life. The limited evidence available to date does not support an improvement in functional outcomes using microprocessor-controlled ankle-foot prostheses compared with standard prostheses. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have a tibial amputation who receive a prosthesis with a powered ankle-foot, the evidence includes no data. Relevant outcomes are functional outcomes, health status measures, and quality of life. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **Supplemental Information**

### **Practice Guidelines and Position Statements**

The Veteran's Affairs Prosthetic and Sensory Aids Strategic Healthcare Group established a Prosthetic Clinical Management Program to coordinate the development of clinical practice recommendations for prosthetic prescriptive practices. A subgroup of the Pre-Post National Amputation Workgroup met in 2004 to define the patient selection and identification criteria for microprocessor prosthetic knees. Their proposal was based on recommendations arising from the 2003 Microprocessor Prosthetic Knee Forum.

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### **Veterans Affairs/Department of Defense Clinical Practice Guideline for Rehabilitation of Individuals with Lower Limb Amputation**

In 2019, the Veterans Affairs/Department of Defense Clinical Practice Guideline for Rehabilitation of Individuals with Lower Limb Amputation made the following recommendations:

"We suggest offering microprocessor knee units over non-microprocessor knee units for ambulation to reduce risk of falls and maximize patient satisfaction. There is insufficient evidence to recommend for or against any particular socket design, prosthetic foot categories, and suspensions and interfaces.

### **U.S. Preventive Services Task Force Recommendations**

Not applicable.

### **Medicare National Coverage**

Durable medical equipment regional carriers are responsible for creating coverage policies for Medicare. There is no specific coverage policy on microprocessor-controlled knee prosthesis, in part because there is no specific HCPCS code describing this prosthesis. However, the durable medical equipment regional carriers document has noted that a determination of medical necessity for certain components and additions to the prosthesis is based on the patient'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:

- a. the beneficiary's past history....; and
- b. the beneficiary's current condition including the status of the residual limb and the nature of other medical problems;; and
- c. the beneficiary's desire to ambulate."

The document also has provided the following classification of rehabilitation potential:

"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 ambulatory.

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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 ambulator 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 demand of the child, active adult, or athlete."

### Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.

**Table 1. Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
<i>Ongoing</i>			
NCT03204513	Impact of Powered Knee-Ankle Prosthesis Leg on Everyday Community Mobility and Social Interaction	15	Apr 2021
<i>Unpublished</i>			
NCT02864693	Comparative Effectiveness of Microprocessor Controlled and Carbon Fiber Energy Storing and Returning Prosthetic Feet in Persons With Unilateral Transtibial Amputation	30	Apr 2018 (Results submitted, pending quality control review)

NCT: national clinical trial.

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## **Policy History**

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- |            |  |
|------------|--|
| 07/10/2014 | Medical Policy Committee review  |
| 07/16/2014 | Medical Policy Implementation Committee approval. New policy.            |
| 08/06/2015 | Medical Policy Committee review  |
| 08/19/2015 | Medical Policy Implementation Committee approval. No change to coverage. |
| 08/04/2016 | Medical Policy Committee review  |
| 08/17/2016 | Medical Policy Implementation Committee approval. No change to coverage. |
| 01/01/2017 | Coding update: Removing ICD-9 Diagnosis Codes                            |
| 08/03/2017 | Medical Policy Committee review  |
| 08/23/2017 | Medical Policy Implementation Committee approval. No change to coverage. |
| 08/09/2018 | Medical Policy Committee review  |

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08/15/2018 Medical Policy Implementation Committee approval. Added policy guidelines. And added “ankle-foot” to investigational statement.

08/01/2019 Medical Policy Committee review

08/14/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

08/06/2020 Medical Policy Committee review

08/12/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 08/2021

### **Coding**

*The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	L5856, L5857, L5858, L5973 Code added eff 1/1/2020: L2006
ICD-10 Diagnosis	S78.011A-S78.019A, S78.021A-S78.029A, S78.111A-S78.129A, S78.911A-S78.929A, S88.011A-S88.029A, S88.911A-S88.929

**\*Investigational** – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  - 1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
  - 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  - 3. Reference to federal regulations.

**\*\*Medically Necessary** (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;

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# Louisiana

## Microprocessor-Controlled Protheses for the Lower Limb

Policy # 00426

Original Effective Date: 07/16/2014

Current Effective Date: 09/14/2020

- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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**NOTICE:** If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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