

Power Knee™ Coverage Requirements



MEDICARE - LOCAL COVERAGE DETERMINATION

L5859 (ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)) is only covered when the beneficiary meets all of the criteria below:

1. Has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee
2. K3 functional level only
3. 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
4. Is able to make use of a product that requires daily charging
5. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit

If these coverage criteria for the knee component are not met, L5859 will be denied as not reasonable and necessary.*

AETNA, ANTHEM, CIGNA, KAISER, UNITED HEALTHCARE

LOWER LIMB: POWERED MICROPROCESSOR-CONTROLLED PROSTHETIC DEVICE

An endoskeletal knee-shin system (addition to a lower limb device) with powered and programmable flexion/extension assist control, including any type of motor(s) (HCPCS code L5859) (e.g. Össur Power Knee™) is considered medically necessary when ALL of the following criteria have been met:

1. Has a microprocessor (swing and stance phase type) controlled (electronic) knee; and
2. K3 functional level only; and
3. Weight greater than 110 lbs and less than 275 lbs; and
4. 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
5. Is able to make use of a product that requires daily charging; and
6. Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit

Note: Coverage of this device is limited to individuals who are Functional Level 3; the device is not intended for high impact activity, sports, excessive loading, or heavy-duty use.*

BCBS

A powered knee is considered experimental, investigational and/or unproven, including but not limited to the Power Knee™ (Össur).

**While the list is meant to be inclusive, individual policies may have limitations/exclusions that should be evaluated. The treating clinician is responsible for checking up to date medical coverage policies and assuring all criteria is appropriately documented.*

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