Proprio Foot
Coverage and Requirements by Payer – L5973

MEDICARE - LOCAL COVERAGE DETERMINATION

The code describing Proprio, L5973, is covered for patients who meet medical necessity requirements and are functional level K3 or above.

AETNA

Covers Proprio for patients who meet medical necessity requirements and are functional level K3 or above.

BCBS

Anthem and Western New York - Covers Proprio for patients when all the following criteria are met:

1. Individual has adequate cardiovascular reserve and cognitive learning ability to master the higher-level technology; and

2. Individual has a functional K-Level 3 or above; and

3. The provider has documented that there is a reasonable likelihood of better mobility or stability with the device instead of a mechanical foot or ankle prothesis; and

4. There is documented need for ambulation in situations where the device will provide benefit (for example, regular need to ascend/descend stairs, traverse uneven surfaces or ambulate for long distances [generally 400 yards or greater cumulatively]); and

5. Complete multidisciplinary assessment of individual including an evaluation by a trained prosthetic clinician. The assessment must objectively document that all of the above selection criteria have been evaluated and met.

North Dakota, Minnesota, and Highmark - Covers Proprio for patients who meet medical necessity requirements and are functional level K3 or above.

Kansas - Covers Proprio if all the following criteria are met:

1. Functional level of K3 or K4; and

2. Physical ability, including adequate cardiovascular and pulmonary reserve, for ambulation; and

3. Adequate cognitive ability to master use and care requirements for the technology.

Arkansas - Covers Proprio if all the following criteria are met:

1. Individual demonstrates need for ambulation at variable rates (speed) (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 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

2. Physical ability, including adequate cardiovascular and pulmonary reserve, for ambulation at faster than normal walking speed; and

3. Has the ability to navigate most environmental barriers; and

4. Adequate cognitive ability to master use and care requirements for the technology.

Arizona, Michigan, Rhode Island, Vermont, Wellmark, Carefirst, and HMSA - Medical Policy contains no restrictions on/ reference to L5973.

All other states/BCBS plans consider Proprio Foot investigational.*

An investigational/experimental denial is not a policy exclusion. You have the right to appeal denials on this basis.

CIGNA

Covers Proprio for transtibial patients only who meet medical necessity requirements and are functional level K3 or above ONLY IF patient's plan has benefit available for a microprocessor-controlled/computer-controlled lower limb prosthesis (this should be verified by reviewing policy exclusions in the beneficiary's Evidence of Coverage (EOC) and/or Benefit Plan Document).

HUMANA

Does not cover Proprio.

UHC

Medical Policy contains no restrictions on/reference to L5973. Policy states prosthetic coverage is based on InterQual® CP: Durable Medical Equipment Prosthetics, Lower Extremity. According to InterQual®, a microprocessor ankle is covered if the patient meets medical necessity requirements and is functional level K3 or above.

NOTE: These criteria are based on the standard Medical Policies for each plan, but actual coverage at an individual health plan level can vary from the standard Medical Policy. It is important to always confirm specific benefits for L5973 as part of the prior authorization process and review the benefit documents for that health plan.