ÖSSUR
LIFE WITHOUT LIMITATIONS

Power Knee™

Reimbursement Guide

V.062024

Coding and Coverage

CODING

The Power Knee is PDAC-verified for the following HCPCS codes:

L5856 - Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type

L5828 - Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control

L5845 - Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable

L5848 - Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability

L5859 - Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)

COVERAGE

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 Clinical Policy Bulletin 0578

Criteria identical to Medicare LCD

Anthem Clinical UM Guideline CG-OR-PR-08

Covered for transfemoral and knee disarticulation amputees when all the criteria below have been met:

- Individual has adequate cardiovascular reserve and cognitive learning ability to master the higher level technology; and
- Individual has a functional level K3 or above; and
- The provider has documented that there is a reasonable likelihood of better mobility or stability with the device instead of a mechanical knee prosthesis; and
- 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
- 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.

Cigna Medical Coverage Policy 0536
Criteria identical to Medicare LCD if the specific Cigna policy offers coverage for a powered lower-limb prosthesis.
Humana Medical Coverage Policy HUM-0331-036
Criteria identical to Medicare LCD
United Healthcare Medical Policy 2024T0645E
No specific criteria listed. UHC Medical Policy does state, however, that “If more than one prosthetic device can meet the member's functional needs, benefits are available only for the prosthetic device that meets the minimum specifications for the member's needs.”

In addition to satisfying the coverage criteria for the largest U.S. health plans listed above, you should always explain how unique Power Knee functions - i.e., functions that do not exist in any passive knee - solve specific clinical issues that limit your patient's mobility or safety. This will help establish that (1) no other prosthetic solution can meet your patient's clinical needs, and (2) the medical necessity of your recommended intervention.

Please note that you should always verify the exact medical policy that applies to your patient. The information in the above table is current as of March 15, 2024. ***This is not a representation of insurance coverage for your patient by Össur and should not be relied upon as such.*** *It is possible that your patient's medical policy may differ from those listed in the table above even if your patient is covered by one of the health plans in that table.*

Clinical Indications for Power Knee

Clinical Challenge	Supporting Research
Asymmetrical gait/sound-side comorbidities	Power Knee promotes longer/equal stance phase on prosthetic limb and reduces hip torque difference between sound side and prosthetic side, indicating more symmetrical gait in level ground walking[1] and stair ascent[1, 2] compared to passive MPKs.
Documented fall history	Power Knee provides stumble control in level ground walking and on ramps similar to passive MPKs.
Fatigue	Power Knee users report being able to walk longer distances compared to passive prosthetic knees.[3]
Inability to walk	Power Knee users report using less energy compared to passive prosthetic knees.[3]
Excessive impact on sound side and residual limb joints	Power Knee helps limit physiological loading forces during ramp descent in a manner comparable to able-bodied control group.[4]
Difficulty transitioning from sit to stand	When transitioning from sit to stand, Power Knee (a) generated significantly more prosthetic knee power than a passive MPK, (b) generated significantly more symmetrical knee power than a passive MPK, and (c) significantly reduced ground reaction forces on the sound limb compared to a passive MPK.[2] Power Knee indices during sit to stand were similar to those observed in non-amputee controls and improved compared to a passive MPK.[5]
Need for stability transitioning from stand to sit	Power Knee indices during stand to sit were similar to those observed in non-amputee controls and improved compared to a passive MPK.[5]
Reduce post-amputation rehabilitation time	Amputees using Power Knee as their first prosthesis reached mobility milestones faster than with a passive MPK.[3]

[1] Creylman V, Knippels I, Janssen P, Biesbrouck E, Lechler K, Peeraer L. *Assessment of transfemoral amputees using a passive microprocessor-controlled knee versus an active powered microprocessor-controlled knee for level walking.* Biomed Eng Online. 2016;15(Suppl 3):142. doi:10.1186/s12938-016-0287-6.

[2] Wolf EJ, Everding VQ, Linberg AL, Schnall BL, Czerniecki JM, Gambel JM. Assessment of transfemoral amputees using C-Leg and Power Knee for ascending and descending inclines and steps. J Rehabil Res Dev. 2012;49(6):831-842. doi:10.1682/JRRD.2010.12.0234. PMID: 23299255.

[3] Pasquina PF, Carvalho AJ, Murphy I, Johnson J, Swanson T, Hendershot B, Corcoran M, Ritland B, Miller M, Isaacson B. *Case Series of Wounded Warriors Receiving Initial Fit PowerKnee™ Prosthesis.* J Prosthet Orthot. 2017;29(1):1. doi:10.1097/JPO.0000000000000123.

[4] Morgenroth DC, Roland M, Pruziner AL, Czerniecki JM. *Transfemoral amputee intact limb loading and compensatory gait mechanics during down slope ambulation and the effect of prosthetic knee mechanisms.* Clin Biomech (Bristol, Avon). 2018 Jun;55:65-72. doi:10.1016/j.clinbiomech.2018.04.007. Epub 2018 Apr 12

[5] Lechler K. Biomechanics of sit-to-stand and stand-to-sit movements in unilateral transfemoral amputees using powered and non-powered prosthetic knees - Congress Lecture [5038] Abstract [1459]. 2014.

Required Physician Documentation

Medicare has issued guidance to physicians detailing the type of documentation that they must include in their medical records in order for a patient to receive prosthetic or orthotic care. Medicare requires physicians to document the following findings for people with limb loss/difference:

- The patient's *current* functional capabilities, *expected* functional potential, and an explanation for the *difference* between the two if there is one.

  NOTE: For individuals with limb loss, functional capabilities are described by 5 “K-levels.” The physician's notes must contain patient-specific information supporting K-level designation.

  K0: Cannot walk/transfer - would not benefit from a prosthesis

  K1: Ability or potential to use prosthesis for walking/transfers in the home only

  K2: Ability or potential to use prosthesis for limited community walking

  K3: Ability or potential to use prosthesis for variable cadence walking in the community without limitation

  K4: Ability or potential to use prosthesis beyond basic ambulation (e.g., child, active adult, or athlete).

- The patient's motivation to ambulate.
- Other ambulatory assistance currently used, if any
- Description of ADL's and how they are impacted by the identified deficits
- Musculoskeletal exam (arm and leg strength/ROM)
- Neurological exam
  - Gait
  - Balance and coordination

In addition, if the physician has reviewed the prosthetist's medical record for their mutual patient and is in agreement with his/her findings, a statement of concurrence with the prosthetist's findings is both appropriate and helpful in ensuring that their mutual patient receives timely and appropriate prosthetic care.

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