HCPCS Coding for Bio Leg™

Documented by BionicM

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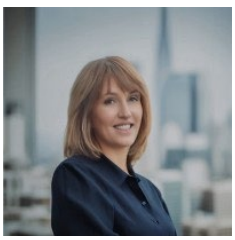
This coding guide was created under the supervision of Linda Collins.



Linda Collins

Coding, Coverage and Reimbursement Strategist with a specialty in training, documentation and appeals support for O&P professionals

Bio Leg™ PDAC verified

L-code	Descriptions	Evidence Overview
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Bio Leg is a single-axis powered MPK embedded with stance and swing phase control by several sensors and a microprocessor. Swing and stance phase controls are automatically adjusted, corresponding to user movements captured by several sensors.
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Bio Leg is embedded with self-adjusting stance flexion resistance. This function prevents the user from sudden knee buckling by producing resistance towards knee flexion movements.
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Bio Leg is embedded with fluid stance extension resistance and dampening features. For safety reasons, it is not adjustable.
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Bio Leg has a microprocessor and several electronic sensors to control the swing and stance phase. The microprocessor and sensors enable Bio Leg to provide safer and more comfortable walking in various situations.
L5859	addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Bio Leg has an electrical motor, enabling powered and programmable flexion/extension assist control. Flexion/extension assist control is automatically applied in the swing and stance phase in several situations, such as sit-to-stand, walking, and stair ascent.

When submitting claims, use the following modifiers: K level, LT or RT, and KX

Medical Necessity Coverage for Bio Leg™

LCD 33787 Lower Limb Prostheses

Policy Article A52496 Lower Limb Prostheses

Clinical evaluation to determine functional level

Documentation

- Patient's overall health
- Past medical history, activities, and prior prosthesis, if any
- Current medical status, comorbidities, residual limb evaluation
- Patient's desire to be mobile
- How the knee will improve functional outcomes (reduce falls, prevent injury, increase mobility)
- Patient's ADLs
- Lower-level knee systems have been ruled out due to the patient's functional and medical needs
- K3 functional level ONLY
- Documented comorbidity of the spine or sound side limb, which impairs mobility with the use of an MPK alone
- Cognitive ability to use and maintain the Bio Leg™

**Private payers may have different medical necessity coverage criteria. Be sure to check with the payer for detailed information.*

K2 Ambulator Functional Characteristics

Level 3: Has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

- Walk on variable terrain and at variable speeds
- Negotiate 3-7 steps
- Walk up/down ramps
- Open and close doors
- Walk through crowded areas
- Access public/private transportation
- Perform dual ambulation tasks

An AmpPro test may support the K-level indication but is not sufficient alone. The prosthetist's medical records must provide details about ambulation and activities of daily living.

Prosthetic Evaluation Checklist

•Patient's medical history, including date of amputation and reason
•Reference any comorbidities from medical records
•Past prosthetic device use, state of the previous device. If unusable, state the reasons. If a prosthesis is functioning but not meeting the patient's current mobility needs, explain why.
•Discuss current medical conditions that are not resolved using a microprocessor knee alone.
•Chronic problems with the spine, such as stenosis, spondylosis, degenerative disc disease, or arthritis.

OR

•Comorbidity of the sound side limb impacting hip extension or quadriceps function.
•Review the patient's previous and current levels of activity. If the patient is currently using a prosthesis, mention any restrictions in ADLs that may be resolved with a Bio Leg™. If this is the first prosthesis, list the patient's previous activities, including vocational and recreational tasks.
•List the patient's rehab goals.
•Note the patient's willingness to learn about the Bio Leg™ technology and ability to maintain the knee.

Physician Documentation Checklist

Corroborating physician documentation is required to support the prosthetic evaluation.

•Overall medical history, including history of amputation
•Cognitive, musculoskeletal, and neurological examination
•Patient’s experience with chronic back pain, such as degenerative disc disease, stenosis, etc, and what treatments have been tried with no relief in pain. **OR** comorbidity of the sound side limb impacting hip extension or quadriceps function.
•Previous prosthetic use, if any
•If using a prosthesis, provide details about how the device is not meeting the patient’s needs.
•Information about the patient’s activities of daily living, including work tasks, household responsibilities, and hobbies.
•Patient’s desire to continue mobility and willingness to learn about and maintain a prosthetic device.
•The plan to order a BioLeg™ for the patient, stating specifically that this prosthesis is needed to meet the patient's unique needs.

Prior Authorization

Medicare requires prior authorization for code L5856, included in the Bio Leg™ codes. To submit for prior authorization, follow the guidelines outlined on the DME MAC sites. You will receive a response within ten business days. You may obtain updated notes and resubmit if the initial request is denied.

Most private insurers will also require a prior authorization. Check with the insurance company to determine requirements.

In general, the following documents need to be submitted with the Prior Authorization request:

•Standard Written Order/Prescription signed by the treating physician
•Prosthetic Evaluation and Supporting Documentation
•Medical Records from Treating Physician

Be sure all records are signed, either handwritten or electronically.

If you need help, please contact the Bio Leg Sales & Marketing Team

Email your request to reimbursement@bionicm.com

BionicM Inc.
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