L-Code
L5673

Description
ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM.

Justification
Medically necessary to provide suspension while reducing shear forces on residual limb created by socket pistoning. Suspension is achieved by the inherent suction capabilities of the insert material against skin and a shuttle lock mechanism at the distal end of both liner and socket. 2 units are medically necessary for hygiene; patient cleans/swaps daily to prevent possible skin irritation from perspiration.

Reference

Excerpt
The socket utilizes a "silicone liner" either custom-made or prefabricated. This liner is worn directly against the skin and dramatically reduces shear forces created by socket pistoning. Suspension is achieved by the inherent suction capabilities of a silicone material against skin and a shuttle lock mechanism at the distal end of both liner and socket. The silicone liner is used strictly to provide suspension. It may be used with a hard socket or with a soft, lined socket depending on the amputee’s needs. Advantages: improved suspension, increased range of motion in flexion, decreased shear on residual limb.

Link
http://www.oandplibrary.org/alp/chap18-02.asp
L-Code
L5620

**Description**
ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE.

**Justification**
Medically necessary to evaluate socket fit and ensure a safe, comfortable socket fit. A clear test socket allows the prosthetist to evaluate and adjust the socket fit to provide maximum comfort and stability for the patient. A proper fitting socket reduces the risk of limb complications secondary to excessive motion or improper force distribution in the socket. Only the 1st unit will be billed if 2nd unit is not required.

**Reference**

**Excerpt**
Usually, the disorders that put people at risk of amputation (such as blood vessel disorders or diabetes, which decrease circulation to the limbs) also increase the risk of skin breakdown and infection after amputation. Some of these disorders (such as diabetes) and others (such as neurologic disorders) impair the ability to feel pain and other sensations. People with such disorders may not feel discomfort or pain when skin breaks down or infection develops and thus do not notice these problems. The skin next to the prosthesis tends to break down because the prosthesis puts pressure on and rubs against it; having an interface that fits well is important.

**Link**
http://www.merckmanuals.com/home/special_subjects/limb_prosthetics/skin_care_for_amputees.html
**L-Code**
L5624

**Description**
ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE.

**Justification**
Medically necessary to evaluate socket fit and ensure a safe, comfortable socket fit. A clear test socket allows the prosthetist to evaluate and adjust the socket fit to provide maximum comfort and stability for the patient. A proper fitting socket reduces the risk of limb complications secondary to excessive motion or improper force distribution in the socket. Only the 1st unit will be billed if 2nd unit is not required.

**Reference**

**Excerpt**
Usually, the disorders that put people at risk of amputation (such as blood vessel disorders or diabetes, which decrease circulation to the limbs) also increase the risk of skin breakdown and infection after amputation. Some of these disorders (such as diabetes) and others (such as neurologic disorders) impair the ability to feel pain and other sensations. People with such disorders may not feel discomfort or pain when skin breaks down or infection develops and thus do not notice these problems. The skin next to the prosthesis tends to break down because the prosthesis puts pressure on and rubs against it; having an interface that fits well is important.

**Link**
L-Code
L5671

Description
ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT.

Justification
Medically necessary to provide suspension. Suspension is achieved by the inherent suction capabilities of a silicone material against skin and a shuttle lock mechanism at the distal end of both liner and socket.

Reference

Excerpt
The socket utilizes a "silicone liner" either custom-made or prefabricated. This liner is worn directly against the skin and dramatically reduces shear forces created by socket pistoning. Suspension is achieved by the inherent suction capabilities of a silicone material against skin and a shuttle lock mechanism at the distal end of both liner and socket. The silicone liner is used strictly to provide suspension. It may be used with a hard socket or with a soft, lined socket depending on the amputee's needs. Advantages: improved suspension, increased range of motion in flexion, decreased shear on residual limb.

Link
http://www.oandplibrary.org/alp/chap18-02.asp
L-Code
L5637

Description
ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT.

Justification
Medically necessary to reduce skin shear, excessive limb pressure, and edema. A total contact socket helps distribute the ground reaction force throughout the residual limb to reduce high pressure areas, reduces edema, increases proprioception, and increases venous return.

Reference

Excerpt
From a biomechanical standpoint, the total contact design is generally preferable because it offers the following advantages: 1) It helps to prevent edema and aids venous return. 2) The total contact socket provides greater area over which to distribute the load. Even though the load supported by the end of a mid-leg or mid-thigh stump is not great, it does decrease to some extent the load that must be borne by the other areas of the stump. 3) Because it is in contact with a greater area of the stump, the total contact socket provides better sensory feedback to the wearer.

Link
**L-Code**
L5629

**Description**
ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET.

**Justification**
An acrylic laminated socket is medically necessary for structural stability and durability of the socket, to reduce the risk of structural failure that may cause patient to fall or alter fit and function of device that may cause residual limb or other musculoskeletal complications.

**Reference**
None found.

**Excerpt**
N/A

**Link**
N/A
**L-Code**
L5910

**Description**
ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM.

**Justification**
Medically necessary to allow proper alignment in sagittal, coronal, and transverse planes for safe ambulation. Allows prosthesis to be adjusted as patient's activity level, assistive device, and/or ability to ambulate change.

**Reference**

**Excerpt**
The results showed that angular alignment had significant effects on the foot pressure distribution and magnitude of prosthetic side. Peak pressure on prosthetic foot was 1.96 times larger than the one on sound foot, although only about 38% body weight was supported by prosthetic side on average. Adjustment of alignment angle in sagittal and frontal planes made the center of pressure on foot shift in A/P and M/L directions respectively.

**Link**
N/A
**L-Code**
L5940

**Description**
ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL).

**Justification**
Medically necessary to minimize energy expenditure. A below knee amputee who walks the same distance as a non-amputee will expend up to 20% more energy. Heavier weights placed peripherally toward the foot increases the rate of energy expenditure during ambulation. Ultra-light materials include carbon fiber, fiberglass, Kevlar®, or other advanced composite lamination materials that are used in the fabrication of a socket for an endoskeletal prosthesis.

**References**


**Excerpt**
(1) A below knee amputee who walks the same distance as a non-amputee will expend up to 20% more energy.

(2) Loading the body with weights increases the rate of energy expenditure depending on the location of the loads. Loads placed peripherally on the foot have a much greater effect than do loads placed over the trunk. Placement of a 20-kg load on the trunk of a male subject did not result in a measurable increase in the rate of energy expenditure. On the other hand, a 2-kg load placed on each foot increased the rate of oxygen uptake 30%. This finding is predictable since forward foot acceleration is much greater than trunk acceleration and, therefore, greater effort is required. These findings are of clinical significance for patients requiring lower-limb prostheses and indicate the importance of minimizing weight.

**Link**
N/A
L-Code
L5679

Description
ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM.

Justification
Medically necessary to reduce shear forces on the residual limb, and provide a comfortable and safe interface between the socket and residual limb. 2 units are medically necessary for hygiene; patient cleans/swaps daily to prevent possible skin irritation from perspiration.

Reference

Excerpt
The socket utilizes a "silicone liner" either custom-made or prefabricated. This liner is worn directly against the skin and dramatically reduces shear forces created by socket pistoning. Suspension is achieved by the inherent suction capabilities of a silicone material against skin and a shuttle lock mechanism at the distal end of both liner and socket. The silicone liner is used strictly to provide suspension. It may be used with a hard socket or with a soft, lined socket depending on the amputee's needs. Advantages: improved suspension, increased range of motion in flexion, decreased shear on residual limb.

Link
http://www.oandplibrary.org/alp/chap18-02.asp
Description
ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL).

Justification
A multiaxial rotation unit is medically necessary to provide inversion/eversion and plantarflexion/dorsiflexion to allow for safe ambulation on uneven surfaces. A multiaxial rotation unit allows the prosthetic foot to comply to the uneven surfaces, which improves prosthetic balance, and reduces excessive forces transferred to the residual limb and proximal joints and musculature, which may reduce the risk of residual limb and/or musculoskeletal complications.

Reference

Excerpt
The socket utilizes a "silicone liner" either custom-made or prefabricated. This liner is worn directly against the skin and dramatically reduces shear forces created by socket pistoning. Suspension is achieved by the inherent suction capabilities of a silicone material against skin and a shuttle lock mechanism at the distal end of both liner and socket. The silicone liner is used strictly to provide suspension. It may be used with a hard socket or with a soft, lined socket depending on the amputee’s needs. Advantages: improved suspension, increased range of motion in flexion, decreased shear on residual limb.

Link
N/A