



## **Medicare Expands Coverage for Micro-Processor Knees (MPKs) for K-2 Medicare Beneficiaries**

The ITEM Coalition is proud to announce that on July 18, 2024, the Centers for Medicare and Medicaid Services (“CMS”) and the Durable Medical Equipment Medicare Administrative Contractor (“DME MAC”) Medical Directors released the much-anticipated final Local Coverage Determination (“LCD”) [L33787 Lower Limb Protheses](#). They also published an updated [Policy Article](#) that offers additional details on this new coverage policy. The final LCD expands the coverage criteria for microprocessor-controlled prosthetic knees (“MPKs”)—including fluid and pneumatic knees—for Medicare Functional Classification Level (“MFCL”) 2 beneficiaries, individuals with lower limb loss who are considered limited community ambulators and require a prosthetic knee based on the best available evidence. The effective date for this final LCD is September 1, 2024.

ITEM Coalition members worked in conjunction with the orthotic and prosthetic organizations to submit extensive comments to the proposed LCD in March of this year, stressing the importance of this new coverage policy for Medicare beneficiaries with limb loss. This final LCD concludes that microprocessor-controlled prosthetic knees may be a viable therapeutic option for some limited community ambulating Medicare beneficiaries with lower limb amputations to prevent falls, limit the impact of the fear of falling, and to improve function.

The documentation to demonstrate medical necessity must include how the selected knee will improve the beneficiary’s functional health outcomes and help the beneficiary accomplish his or her activities of daily living. In addition, alternative lower-level knee options must be determined to have been considered and ruled out based on the beneficiary’s individual functional and medical needs. The LCD also addresses complimentary prosthetic foot options for Medicare beneficiaries who qualify under the new coverage policy.

In the past two years, CMS has set a new trend for expanding coverage of prosthetic, orthotics, and durable medical equipment. ITEM Coalition took the lead in helping to secure coverage of seat elevation in power wheelchairs to improve the ability of beneficiaries to reach for objects and perform Mobility Related Activities of Daily Living (MRADLs) in the home. CMS has also created a billing code for bone-anchored prostheses, paving the way for access to osseointegrated prostheses for Medicare beneficiaries who do not respond well to traditional socket technology. Last year, CMS determined that orthoses that employ the use of powered features are considered under the orthotic benefit category, leading to coverage of exoskeletons that assist beneficiaries with paralysis to stand and ambulate. This decision also established coverage of powered orthoses that assist beneficiaries with stroke and other conditions to perform upper extremity Activities of Daily Living (ADLs). The MPK coverage expansion is the latest improvement to the Medicare benefit package in this area and will likely have a ripple effect in how private health care plans and other insurance programs cover these benefits in the future.

This finalized coverage policy is a major improvement in lower limb prosthetic coverage for Medicare beneficiaries with limb loss and limb difference. It comes after 20 years of clinical research, eight years after CMS stated that the Medicare program should consider coverage of MPKs for MFCL-2 amputees, and major efforts by stakeholders to improve Medicare coverage in this manner. This LCD represents a significant advancement in the treatment of lower limb amputees to improve function and safety, specifically with respect to fall prevention.