Texas Children's	Prosthetics Guidelines	
Guideline # 6199	***Categories*** Clinical →Care Coordination, Care Coordination – Utilization management , TCHP Guidelines	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Lisa Fuller

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all prosthetics and accessories. This guideline applies to STAR, CHIP and STAR Kids.

This guideline does not apply to external breast prosthesis.

DEFINITIONS:

Prosthesis: An artificial replacement of a part of the body that restores all or part of the function of a permanently inoperative, absent, or malfunctioning body part.

Lower limb prostheses include, but are not limited to, the following:

- Partial foot, ankle, and knee disarticulation sockets
- Above-knee short prostheses
- Hip and knee disarticulation prostheses
- Postsurgical prostheses
- Preparatory prostheses
- Additions to lower extremity prostheses
- Replacement sockets
- A basic lower limb prosthesis consists of the following:
  - A socket or connection between the residual limb and the prosthesis
  - A suspension mechanism attaching the socket to the prosthesis
  - A knee joint that provides support during stance, smooth control during the swing phase, and unrestricted motion for sitting and kneeling
  - An exoskeleton or endoskeleton pylon (tube or shell) that attaches the socket to the terminal device
  - A terminal device (foot)

Upper limb prostheses include, but are not limited to, the following:

- Partial hand prostheses
- Wrist and elbow disarticulation prostheses
- Shoulder and interscapular thoracic prostheses
- Immediate postsurgical or early fitting prostheses
- Preparatory prostheses
- Terminal devices

- Replacement sockets
- Inner sockets-externally powered
- Electric hand, wrist, and elbow prostheses

Functional Levels: Throughout this guideline "Functional Levels" are used to guide the appropriateness of lower limb prosthesis. Provided below are definitions of these levels. Please note that within the functional classification hierarchy, bilateral amputees often cannot be strictly bound by functional level classifications. Advanced knee, ankle, and foot prosthesis must be submitted with the appropriate modifier corresponding to the member's functional level.

- **Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility. CPT modifier K0.

- **Level 1:** Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator. CPT modifier K1.

- **Level 2:** Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator. CPT modifier K2.

- **Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion. CPT modifier K3.

- **Level 4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete. CPT modifier K4.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for prosthetics are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours. Requests must include the following:
   - A completed CCP Prior Authorization Form signed and dated by the member's physician. Prostheses ordered by chiropractors are not a covered benefit.
   - Documentation that shows medical necessity for the device, either:
     - The prosthesis replaces all or part of the function of a permanently inoperative, absent, or malfunctioning part of the limb (and which limb is being replaced)
     - The prosthesis is required for ADLs or for rehabilitation purposes which must be described

2. The Utilization Management professional receiving the request evaluates coverage and benefit limitations for the requested service.
    2.1. Prosthetics are a benefit to members who are birth through 20 years of age.
    2.2. Prosthetics are not a benefit for members 21 and older per Texas Medicaid Limitations and Exclusions.
    2.3. The CHIP benefit for prosthetics is limited to $20,000 per 12-month period

3. Requests for prosthetics will be reviewed against the most current Texas Medicaid Provider Manual. In addition, replacement of a prosthesis or prosthetic component is considered medically necessary if the treating physician orders a replacement device or part because of any of the following:

    3.1. A change in the physiological condition of the individual or due to growth, Or
    3.2. Irreparable wear of the device or a part of the device, Or
    3.3. The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement device or of the part being replaced, When loss or irreparable damage has occurred, a copy of the police or fire report (if applicable) and the measures to be taken to prevent recurrence must be included with the request.

4. Lower Limb Prostheses (see definitions)
    - Requests must document the member's current and potential functional levels (see definitions)
    - The member's history, including prior use of a prosthesis
    - The member's motivation to ambulate and their ability to achieve independent transfers or ambulation with the use of a lower limb prosthesis

    4.1. Microprocessor-Controlled Lower Limb Prostheses are considered for members with a functional level of 3 or above that meet the following criteria:
    - The member ambulates faster with this device than with a standard prosthetic
    - The member has the fitness and cognitive learning ability to master the technology
    - The member has a demonstrated need for long distance ambulation (over 400 yards) on a daily basis—use of the prosthetic in the home or basic community ambulation is not sufficient to justify a computerized limb
    - The member has a demonstrated need for ambulation on uneven terrain or for regular use on stairs—limited stair use in the home is does not justify a computerized limb over a standard prosthetic device

    4.2. Foot Prostheses
    - The member must have a functional level 1 or above
    - A multi-axial ankle/foot is considered for members with functional level 2 or above
    - A flex foot, energy storing foot, flex-walk, or equivalent system is considered for members with functional level 3 or above.
    - A prosthetic shoe will be considered if it is an integral part of a prosthesis for members with a partial foot amputation.

    4.3. Ankle Prosthesis (axial rotation unit)

- For members with a functional level 2 or above

4.4. Knee Prosthesis
- For members with a functional level 1 or above
- A fluid, pneumatic, or electronic knee prosthesis is for functional level 3 or above
- A high-activity knee control frame is for functional level 4

5. Upper Limb Prostheses (see definitions)
   - Will be considered for prior authorization with all required documentation.

5.2. Myoelectric upper limb prostheses are considered when all of the following are met:
- The member has sufficient neurological, myocutaneous, and cognitive function to operate the prosthesis effectively
- The member is missing the limb at the wrist or above
- The member is free of comorbidities that could interfere with the function of the prosthesis
- Standard prostheses cannot be used or are insufficient to meet the functional needs (ADLs) of the member
- The member does not function in an environment that would cause the prosthesis to malfunction (e.g. a wet environment)

6. Craniofacial Prostheses
   - Includes, but not limited to, external nasal, ear, and facial prostheses
   - Will be considered with documentation that the device in necessary to correct an absence or deformity of the affected body part

6.2. Eyeball prostheses and facial quarter prosthesis will be considered, for members under age 21, on a case by case basis by the medical director.

7. Accessories to prostheses will be considered when the supporting documentation shows that they are essential to the effective use of the prosthetic device.

8. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service.

10. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Manual, Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Accessed February 5, 2025.

https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-02-TMPPM.pdf

Peer Reviewed Literature:

Cordella F, Ciancio AL, Sacchetti R, et al. Literature Review on Needs of Upper Limb Prosthesis Users. Front Neurosci. 2016;10:209. Published 2016 May 12. doi:10.3389/fnins.2016.00209

Maat B, Smit G, Plettenburg D, Breedveld P. Passive prosthetic hands and tools: A literature review. Prosthet Orthot Int. 2018;42(1):66-74. doi:10.1177/0309364617691622

Van der Linde, H; Hofstad, CJ; Postema, K; Geertzen, JHB. A systematic literature review of the effect of different prosthetic components on human functioning with a lower-limb prosthesis. In: Journal of Rehabilitation Research and Development. 2004; Vol. 41, No. 4. pp. 555-570.

Status	Date	Action
Approved	2/13/2025	Clinical & Administrative Advisory Committee Reviewed And Approved for Implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 2/07/2021	Effective/Publication Date: 03/08/2024