The Centers for Medicare & Medicaid Services (CMS) is committed to providing high quality care to all Medicare beneficiaries, including beneficiaries in need of a prosthesis. Having heard the public's concerns about access to prostheses for Medicare beneficiaries, CMS convened a multidisciplinary Lower Limb Prostheses Interagency Workgroup (Workgroup) in 2016. The Workgroup has issued their report as a consensus statement to inform Medicare coverage policy. Based on the Workgroup Consensus Document CMS is taking the following actions:

- Provide instruction to its Durable Medical Equipment Medicare Administrative Contractors
 (DME MACs) to remove the proposed/draft Local Coverage Determination (LCD):
 Lower Limb Prostheses. Coverage of lower limb prostheses continues under the current Local
 Coverage Determination (LCD): Lower Limb Prostheses, with no changes. If a new or revised LCD
 is required in the future, the LCD process established by 21st Century Cures Act will be followed
 which includes a summary of the evidence the CMS contractors considered during the
 development of the LCD, publication of a written explanation of the rationale for the LCD, and a
 public comment period.
- Collaborate with the National Center for Medical Rehabilitation Research of the National Institutes of Health to create a guidance document to promote research standards in the field of lower limb prostheses.
- Consider opening a National Coverage Determination to evaluate the use of microprocessor knees in those individuals utilizing their prostheses as a limited community ambulator, meaning they utilize the prosthesis in the home and to traverse low level community barriers such as curbs, stairs and uneven surfaces. (These activities are consistent with the K2 level of function defined in the current LCD). CMS welcomes external requests on this topic submitted according to the process described at:

https://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/FR08072013.pdf

Original Workgroup announcement