Coding Fusion 360 Covers L5704

Prosthetic cover code L5704 **does not require PDAC approval.** Code selection is at the discretion of the supplier who must follow Medicare's coding guidelines.

In 2013, CMS released an advisory article clarifying appropriate billing and coding for L5704- L5707 and are currently included within the CMS LCD. (see attached article and current Protective Cover usage description).

Suppliers are reminded to follow AOPA's Coding Guidelines:

- Select the code that **most closely** describes the product.
- Most code narratives are written broadly to be all-inclusive. You **may not find a** specific code that perfectly matches a product. Use the code that most closely describes the item **rather** than a NOC (not otherwise specified or miscellaneous code).
- Local coverage determination related Policy Articles often have information in the Coding Guidelines section. Coding guidelines provide additional information on the characteristics of products that meet the specific HCPCS code.

CMS - "lower limb prosthetic covers (L5704 – L5707) are complete products and afford shape, protection and waterproofing for normal daily usage of the prosthesis. They offer sufficient protection and weatherproofing for patients who require lower than prostheses."

Fusion 360 covers meet the updated guidelines synchronously - unlike traditional "foam shape" covers with nylons, or 3D printed covers with holes that do not provide waterproofing.

Fusion 360 covers are in review with AOPA for their recommendation in using L5704.

Medicare region D routinely reimburses for L 5704 for new or replacement prostheses.

Further justification:

L5704 most appropriately describes the fusion 360 Cover in function, purpose, and use. Here's why: CMS does not define "custom shaped" in their coding guidelines. The word custom is defined as "made to fit the needs or requirements of a particular person". It should be noted that fusion covers **DO** require custom fitting. They must be cut and fitted to the patient's specific needs based on the prosthetic type and to allow for proper component clearance to avoid interference with the foot and socket. It must be customized to fit on or around certain prosthetic feet, such as blade type. Again, Medicare defines "custom fitted" and it defines "custom fabricated" - but it does **not** define "custom shaped". It should be noted that "custom shaped" is not hyphenated "custom-shaped" so these can reasonably be interpreted as custom (fitted) and shaped (afford shape) per Medicare 2013 coding guidelines.