

The Centers for Medicare & Medicaid Services (CMS) is committed to providing high quality care to all Medicare beneficiaries, including any beneficiary in need of a prosthesis. Both CMS and its contractors have heard your concerns about access to prostheses for Medicare beneficiaries. The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) will not finalize the draft Lower Limb Prostheses Local Coverage Determination (LCD) (DL33787) at this time.

After a preliminary review of the public comments, CMS is convening a multidisciplinary Lower Limb Prostheses Interagency Workgroup (Workgroup) in 2016. The purpose of the Workgroup is to develop a consensus statement that informs Medicare policy by reviewing the available clinical evidence that defines best practices in the care of beneficiaries who require lower limb prostheses. The Workgroup will be comprised of clinicians, researchers, policy specialists, and patient advocates from different federal agencies. The Workgroup may also identify areas where evidence gaps exist related to the prescription of lower extremity prostheses, and make recommendations concerning the study designs and outcome measures that best inform patient oriented function, quality of life and service satisfaction in this realm. CMS will ensure there is opportunity for public comment and engagement on the Workgroup consensus statement and any related activities. CMS looks forward to working with the public to ensure appropriate access to prostheses.

For further information at this time, please contact Susan Miller, M.D. at 410-786-2118.

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