MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**External Prosthetic Devices**
Policy Number	**1.01.18**
Category	**Contract Clarification**
Original Effective Date	**07/25/02**
Committee Approval Date	**10/23/03, 05/27/04, 04/28/05, 04/27/06, 04/26/07, 02/26/09, 02/25/10, 06/24/11, 08/23/12, 06/27/13, 06/26/14, 02/26/15, 02/25/16, 02/16/17, 02/22/18, 02/28/19, 02/27/20, 02/25/21, 02/17/22, 02/16/23**
Current Effective Date	**02/16/23**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. External prosthetic devices that replace all or part of an internal organ or replace the function of a permanently inoperative or malfunctioning body part, are considered **medically appropriate.**

II. Supplies needed to make a covered, medically appropriate external prosthetic device functional are considered **medically appropriate**. Examples of covered supplies include tracheostomy kits, ostomy supplies, urine pouches, and batteries to operate an artificial larynx.

III. Custom prosthetic devices with enhanced features are considered **not medically necessary** if activities of daily living (ADLs) can be met with standard prosthetic devices. Precise clinical information demonstrating that ADLs cannot be performed with standard devices is required, when non-standard prosthetic devices (e.g., microprocessor-controlled lower limbs) are requested. *(Refer to Policy Guidelines regarding specific items.)*

IV. A preparatory prosthesis is considered **medically appropriate** after surgery, to prevent edema of the residual limb. Additions such as protective covers, ultralite material, nonstandard components (e.g., microprocessor knees), and flex foot systems (e.g., energy-storing) are considered **not medically necessary** for a preparatory prosthesis.

V. Lower limb prosthetic devices are considered **not medically necessary** for individuals with functional level 0. *(Refer to the Description section for definitions of functional levels.)*

VI. A prosthetic shoe, as a terminal device to supplement a substantially absent foot, is considered **medically appropriate**. The function of prosthetic shoes is quite distinct from that of non-covered orthopedic shoes and supportive foot devices, which are used by individuals whose feet, although impaired, are essentially intact.

VII. Replacement of a medically appropriate prosthetic is eligible for coverage when **ALL** of the following are met:
   A. The patient has experienced a change in his or her physiological condition (e.g., a change in the residual limb or in functional need).
   B. There has been irreparable change in the device's condition or in a part of the device, due to normal wear and tear.
   C. The required repairs would exceed the cost of a replacement device or the parts that must be replaced.

VIII. Replacement or repair needed due to misuse or neglect is **ineligible for coverage.**

IX. Necessary repairs and maintenance of covered prosthetic devices are **eligible for coverage**; unless covered by a manufacturer's warranty or purchase agreement. Adjustments to approved prosthetic devices are eligible for coverage when ordered by a physician and necessary due to normal wear, or when required by a change in the patient's condition.

X. Back-up prosthetic devices are considered **not medically necessary**; more than one prosthetic device is considered a matter of convenience for the member.

XI. Replacement or repair covered under a homeowner policy or similar insurance is **ineligible for coverage**.

XII. Devices or implants used primarily for cosmetic purposes are considered **not medically necessary**.

XIII. Synthetic wigs are covered when there is a severe hair loss due to injury, disease, or as a side effect of the treatment of a disease (e.g., chemotherapy and/or hormonal therapy for the treatment of breast cancer). Wigs made from human hair are not covered unless there is an allergy to all synthetic wig materials.

This policy does not address custom orthotic devices with enhanced features such as, those containing electronic features for stance control and powered exoskeletons. Please refer to the policy for orthotics referenced below.

This policy addresses external prosthetics only. Please refer to specific policies for implantable prosthetic devices.

Refer to Corporate Medical Policy # 1.01.00 Durable Medical Equipment –Standard and Non-Standard

Refer to Corporate Medical Policy # 1.01.25 Orthotics

Refer to Corporate Medical Policy # 7.01.30 Erectile Dysfunction

POLICY GUIDELINES

I. Coverage for external prosthetic devices is contract-dependent. Please contact your local Customer Care (Member/Provider) Department, to determine coverage under a member's subscriber contract.

II. To be eligible for coverage a prosthetic device must address a problem in which the device is needed for at least 90 days.

III. Coverage of ostomy equipment and supplies is required under the New York Insurance Law, subject to applicable cost-sharing (copayments, deductibles and/or coinsurance), when the equipment and/or supplies are prescribed by a physician or any other health care provider legally authorized to prescribe under Title VIII of the New York Education Law.

IV. Polishing and resurfacing of an eye prosthesis (V2624) may be performed up to two times per year.

Lower limb prosthesis

A basic preparatory or permanent (definitive) lower limb prosthetic device consists of the following components: 1) socket, 2) suspension mechanism, 3) knee joint, 4) pylon, and 5) terminal device (foot). Described below are definitions of each component and usual indications. The listing is not all-inclusive.

Component	Description	Recommendations
Socket; the interface between the residual limb and the prosthesis, functions to protect the residual limb and transmits the forces associated with ambulation and standing. Soft (made of foam, rubber or	Necessary to secure the safety of the residual limb. Provides as rigid as possible control of the prosthesis. Should cause minimal discomfort during its usage. Additions, such as liners, sleeves and	Not recommended for: Test sockets for immediate postsurgical or early-fitted prostheses. Up to two test sockets are allowed when fitting for a socket. Recommendations:

leather) Hard (made of acrylic, or thermoplastic).	socks to provide improved fit of the socket to the residual limb.	One socket per individual prosthetic Two of the same socket inserts per individual prosthesis at the same time are **medically appropriate.**

Component	**Description**	**Recommendations**
Suspension mechanism; method which holds the prosthesis to the body. Types: locking pin, TES belt, suspension sleeve, waist belt, suction, and vacuum.	1. A shuttle lock/pin comprised of a liner with a pin placed into the end and a locking mechanism. The liner improves contact between the limb and the prosthesis. The pin improves suspension from the deficient limb. 2. A Silesian belt fastens to the socket laterally, above the greater trochanter, and wraps around the opposite iliac crest. 3. The gel liner suction system uses a gel elastomeric liner and a pin may or may not be used. 4. Standard suction contains a one-way air valve in the distal end; air is expelled after the socket is donned creating a seal from the development of a small negative pressure. 5. Vacuum suspension is created between an airtight sleeve and a one-way air valve located in the bottom of the socket. The vacuum-assisted socket system (VASS) works by use of a vertical shock pylon that acts as a vacuum pump and continually withdraws air from the sealed socket during ambulation.	2. A Silesian belt is **medically appropriate** for the pediatric patient. 3. Gel liner suction system is **medically appropriate** for patients with a transfemoral or transtibial amputation. 4. Standard suction is a common suspension choice for transfemoral prostheses. 5. Vacuum is another transtibial suspension option There is insufficient evidence to support the efficacy of vacuum-assisted socket systems (VASS) over standard socket types. However, VASS may be considered **medically appropriate** for carefully selected patients when: A. There is a nonhealing skin breakdown on the stump from friction due to an ill-fitting socket; and B. The current socket can no longer be modified to adequately secure the limb to the prosthesis.
Knee joint: provides support during the stance phase of ambulation, produces smooth control during the swing phase, and maintains unrestricted motion for sitting and kneeling.	1. Single-axis knees. 2. Polycentric- axis knees. 3. Hydraulic knees - chosen by more	1. Single-axis knees - recommended for: classification level 1 or above. 2. Polycentric-axis knees - recommended for: classification level 3 or above. 3. Hydraulic knees - recommended

Component	Description	Recommendations
Single axis with a simple hinge and a single pivot point. Polycentric axis with multiple centers of rotation.	active amputees 4. Microprocessor-controlled knees (Otto Bock C-leg, Otto Bock Genium X3) Single- or multi-axial energy saving knee with onboard microprocessor. Allows the knee to adjust for variable gait cycles providing more natural movement during stair descent or while ambulating on uneven terrain.	for: classification level 3 or above. 4. A microprocessor-controlled knee may be considered **medically appropriate** for level 3 transfemoral amputees, when ALL of the following criteria are met: 1. The patient has the physical ability to use the device which includes: a. sufficient trunk control and adequate posture; and b. good upper body strength with static and dynamic balance; and c. adequate cardiovascular and pulmonary reserve which enable the patient to ambulate at a faster than normal walking speed; and 2. The patient has received additional training for use of this technology and has demonstrated adequate cognitive ability to master use and care requirements; and 3. The patient is able to perform ALL of the following ADLs at least daily: a. long distance ambulation at variable rates of at least 400 continuous yards; b. regular and frequent ambulation on uneven terrain (e.g., grass, gravel, or curbs); c. regular and frequent ambulation on stairs or ramps; d. lifting and carrying items; e. frequent bending, kneeling or stooping; and f. walking, standing or working in confined areas. Microprocessor-controlled knees are contraindicated when: 1. The patient's functional level is less than 3 or has limited ambulation due to poor balance or ataxia; or 2. The patient is unable to tolerate

Component	Description	Recommendations
		the weight of the prosthesis; or 3. The patient is unable to use the swing and stance features of the knee; or 4. The patients is unable to change the prosthesis or has a condition that would cause inadequate fitting; or 5. The patient has significant hip flexion contracture (over 20 degrees); or 6. The patient has significant deformity of the remaining limb that would impair ability to stride; or 7. The prosthesis will be used when the environmental conditions include excessive moisture or dust which invalidates the warranty.
Pylon; attaches the socket to the terminal device	Allows axial rotation and is able to absorb, store, and release energy.	
Terminal device (foot); functions to provide a stable, weight-bearing surface, absorb shock, replace lost muscle function, replicate the anatomic joint, and to restore cosmetic appearance. Non-energy: solid-ankle, cushioned-heel (SACH) foot and the single-axis foot. Energy-returning (energy storing): assist the body's natural biomechanics and allow for greater cadence or less oxygen consumption; multi-axis or dynamic-response Microprocessor-controlled ankle-foot system.	1. The SACH foot is low-cost and low-maintenance. 2. The single axis foot provides increased knee stability. Either SACH or single axis foot is used in sedentary patients 3. The multi-axis foot is useful for the individual with a minimal-to-moderate activity level 4. The dynamic-response foot is the top-of-the-line foot and is commonly used by young, active persons and by athletic individuals. Made from ultralight materials. Uses a sensor device (Terrain Logic), which enables the ankle prosthesis to respond appropriately and immediate to variations in ground surface and activity. Examples: Flex Foot Assure, and K2 Sensation, Genesis II and the Seattle Lite. Proprio-Foot with EVO (Ossur), Triton smart ankle (Ottobock)	SACH foot: **medically appropriate** for sedentary patients at classification level 1 or above. Multi-axis foot - recommended for classification level 3 or above. Literature is still emerging to support the benefits of the microprocessor-controlled ankle-foot system; ADLs can be met with standard prosthetic devices. A microprocessor-controlled ankle-foot system is considered **not medically necessary**.

<u>Upper Extremity Prosthesis</u>

All conventional body-powered, upper extremity prostheses have the following components: 1) socket, 2) suspension, 3) control-cable system, 4) terminal device, and 5) components for any interposing joints as needed according to the level of amputation. Described below are definitions of each component. The listing is not all-inclusive.

Upper extremity prosthesis		
Component	**Description**	**Recommendations**
Socket: fabricated from lightweight plastic or graphite composite materials.	Rigid inner socket: fitted to the residual limb. Fit of inner socket determines comfort and function. Outer wall: same length and contour as the opposite, sound limb.	
Suspension system: holds prosthesis securely to the residual limb; accommodates and distributes the forces associated with the weight of the prosthesis and any superimposed lifting loads.	1. Harness-based systems: most commonly used. 2. Self-suspending sockets: commonly utilized with an externally powered, myoelectrically controlled, transradial prosthesis. Suction sockets: similar to lower extremity options.	2. Self-suspension sockets limited to wrist or elbow disarticulations and to transradial amputations. 3. Suction sockets are **medically appropriate** for the patient with a transhumeral amputation.
Control system: There are 3 types of prosthesis: 1. Passive; 2. Body-powered; and 3. Myoelectric.	1. Passive: a. Lightweight; b. Must be repositioned manually, typically by moving it with the opposite arm; c. Cannot restore function. 2. Body-powered: a. Utilizes a body harness and cable system to provide functional manipulation of the elbow and hand; and b. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. 3. Myoelectric: a. Uses muscle activity from the remaining limb for the control of joint movement. b. Electromyographic signals from the limb stump are detected by surface electrodes, amplified, and then processed by a controller to drive battery-powered motors that move the hand, wrist, or elbow; and c. May be considered the most	3. Myoelectric upper arm prosthetic components may be considered **medically appropriate** when ALL of the following are met: a. Standard body-powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the individual in performing ADLs; and b. The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow

Upper extremity prosthesis		
Component	**Description**	**Recommendations**
	physiologically natural, but may be slow and limited to one joint a time.	operation of a myoelectric prosthetic device; and c. The patient is free of comorbidities that could interfere with function of the prosthesis (neuromuscular disease, etc.); and d. The patient has demonstrated sufficient physiological and cognitive function to allow effective operation of a myoelectric prosthetic device; and e. Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, and coordinating movement of the prosthesis) when performing ADLs. This evaluation should consider the patient's needs for control, durability (maintenance), function (speed, work capability), and usability.
Terminal devices: 1. Passive or active; 2. Voluntary opening (closed at rest); or 3. Voluntary closing (open at rest); 4. Myoelectric hand with individual control of digits.	1. Passive: more cosmetic than functional and more costly than active terminal devices. 2. Active: more functional than cosmetic and can be either a hook or a hand. Examples of passive terminal device: Child mitt to assist child with crawling. Examples of active terminal devices: Hand: can be powered by cable or external power and is more cosmetically pleasing than hook. Hook: provides active lateral pinch grip. Examples of myoelectric hands with individual control digits include the SensorHand by Advanced Arm Dynamics, ProDigits, i-digits quantum, i-limb quantum, i-limb ultra, Michelangelo hand, and AxonArm Ergo, and Select Myoelectric Hand.	Many different options are available for terminal devices depending on occupation, hobbies or sports. A myoelectric hand with individual control of digits is considered **investigational** because there is a lack of peer-reviewed literature to evaluate functional outcomes of these devices (e.g., Michelangelo hand [OttoBock], AxonArm Ergo [OttoBock]).

DESCRIPTION

External prosthetic devices, which are worn as anatomic supplements, are used to replace non-functioning or absent body parts. Examples of external prosthetic devices include artificial limbs, removable artificial eyes, external breast prostheses or prosthetic bras for post mastectomy patients, external pacemakers, and electronic speech aids for post-laryngectomy

patients. Some HCPCS "A" code items such ostomy bags for a patient with an artificial stoma, become prosthetic devices. Coverage for external prosthetic devices is contract-specific.

The design of lower limb prosthetic devices is based on the classification level of the individual as described by Medicare Guidelines.

I. Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance quality of life or mobility.
II. Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
III. 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.
IV. 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.
V. 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.

Lower limb prosthetic devices are either preparatory or permanent (definitive). A preparatory prosthesis is a temporary device fitted while the residual limb is still remolding after surgery. The preparatory prosthesis is used until the residual limb has reached its final shape and size, typically within three to six months. Once the residual limb is stabilized (e.g., the residual limb volume is unchanged and the socket fit is consistent for two to three weeks) a permanent or definitive prosthesis can be fitted.

Upper limb functional prostheses generally can be divided into two categories: body-powered prostheses or externally electrically powered prostheses. Body-powered prostheses are controlled by cables and require gross limb movement. Externally electrically powered prostheses use the electrical activity from select residual limb muscle contractions as a signal to activate the electric motor of the prosthesis using either a myoelectrically controlled or a switch-controlled prostheses. A hybrid system, which is a combination of body-powered and myoelectric components, may be used for high level amputations (at or above the elbow). Hybrid systems allow control of two joints at once (i.e., one body-powered and one myoelectric) and are generally lighter and less expensive than a prosthesis composed entirely of myoelectric components.

RATIONALE

There is minimal published data on vacuum-assisted-socket systems (VASS) and microprocessor-controlled knee prostheses in the peer-reviewed literature. The data is inadequate to define the improvement in health outcomes related to the increased sophistication of these prostheses and inadequate to suggest which patients may benefit. Although the availability of a myoelectric hand with individual control of digits has been widely reported in lay technology reports, video clips, and basic science reports, no peer-reviewed publications have been found that evaluate functional outcomes of individual digit control in amputees.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No code(s)	

HCPCS Codes

Code	Description
A4361-A4435	Ostomy supplies (code range)
A5051-A5093	Additional ostomy supplies (code range)
A9282	Wig, any type, each
L5615 (Effective 01/01/24) K1014 (Termed 12/31/23)	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control *(Effective 01/01/24) (Replacing code K1014)* Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5926 (Effective 01/01/24) K1022 (Termed 12/31/23)	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type *(Effective 01/01/24) (Replacing code K1022)* Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L5000-L5855	Lower limb prosthetic (code range)
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control knee feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5910-L5972/	Lower limb prosthetic (code range)
L5973 **(NMN)**	Endoskeletal ankle foot system, microprocessor-controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5974-L5999	Lower limb prosthetic (code range)
L6000-L6020	Upper limb prosthetic device (code range)

Code	Description
L6026 **(E/I)**	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
L6050-L6698	Upper limb prosthetic device (code range)
L6703-L6810	Terminal devices (hooks) (code range)
L6880 **(E/I)**	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
L6881 **(E/I)**	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882 **(E/I)**	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6890-L6915	Hand – gloves – hand restoration (code range)
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
L6925 **(E/I)**	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6930-L6975	External power (base devices) (code range)
L7259	Electronic wrist rotator, any type
L7360-L7368	Battery components (code range)
L7499	Upper extremity prosthesis, not otherwise specified
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8000–L8039	General prosthesis; breast (code range)
L8040-L8049	General prosthesis; face and ear (code range)
L8400-L8499	Prosthetic socks (shrinker, sheath, stump sock) (code range)
L8500–L8515	Larnyx and trachea prosthetics and accessories (code range)
L8701**(E/I)**	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L8702 **(E/I)**	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS “L” code

Code	Description
V2623-V2629	Prosthesis, ocular (code range)

ICD10 Codes

Code	Description
Numerous diagnosis codes	

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*Key Article

KEY WORDS

C-leg, Intelligent Prosthesis, microprocessor-controlled lower limbs, Ossur Rheo, Vacuum-assisted-socket system (VASS).

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently various National (NCD) and Local Coverage Determinations (LCD) for Prosthetics. Please refer to the following NCD or LCD website for Medicare Members:

Prosthetic Shoe (NCD): http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=208&ncdver=1&bc=AgAAgAAAAAAA&

External Breast Prostheses (LCD): https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33317&ver=29&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=1&bc=AAQAAAIAIAAA&

Eye Prosthesis (LCD): https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33737&ContrId=389&ver=20&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=1&bc=AAIAAACAAAAA&

Facial Prostheses (LCD): https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33738&ContrId=389&ver=18&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=1&bc=AAIAAACAAAAA&

Lower Limb Prostheses (LCD): https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33787&ContrId=389&ver=22&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=1&b armc=AAIAAACAAAAA&