

Upper Hand/Wrist/Elbow/Shoulder Prostheses (Standard/non-myoelectric)

Date of Origin: 12/2019

Last Review Date: 04/05/2024

Effective Date: 04/09/2024

Dates Reviewed: 02/26/2020, 03/2021, 03/2022, 03/2023, 04/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Prosthesis is an artificial replacement of a part of the body, such as tooth, a facial bone, the palate, or a joint. There are four main categories of prostheses, defined by the method used to control the device. A *passive prosthesis* allows for no active movement of the joints. They contain no motors and a few mechanical systems. The *body-powered prostheses* are moved by the individual's remaining body. They are lightweight and durable and provide feedback to the user based on the tension in the control cable. They require harnessing, and the user must have the strength and range of motion to pull the cable sufficiently to make the device work in all positions, particularly overhead. The externally powered prostheses are powered by batteries contained within the system.

An upper extremity is a high degree-of-freedom system allowing for great mobility to move the hand into a range of positions around the body. This complexity is illustrated by the massive proportion of space within the motor and sensory areas of the brain (the motor and sensory homunculi) dedicated to the motor control and sensation of the hand and fingers. Upper-extremity amputations are defined by the level at which they occur. The remaining part of the limb is referred to as the "stump" or "residual limb".

II. Criteria: CWQI HCS-0266

- A. Moda Health considers an **upper limb prosthetic device** medically necessary to anatomically replace an absent or nonfunctioning body part for an individual with an amputation or congenital lack of a portion of an arm when **ALL** the following criteria are met:
 - a. The patient does not have comorbidities that may interfere with the utilization/function of the prosthesis (such as a neuromuscular disease)
 - b. A functional evaluation by a certified prosthetist indicates that with training, the individual will successfully be able to use the prosthetic device to meet their needs. This evaluation should take into consideration the patient's need for control, maintenance, function, and usability
 - c. The member has the sufficient cognitive and musculoskeletal ability to successfully utilize the requested device to complete activities of daily living (ADL's)
- B. Supplies and accessories necessary for the effective functioning of the prescribed equipment are considered medically necessary

- C. Repairs or adjustments as a result of a change in anatomy, or normal wear and tear during normal usage are considered medically necessary
- D. Moda Health will not provide coverage for any of the following as they are considered **NOT** medically necessary
 - a. Duplication or upgrade of a functional prosthetic device
 - b. Prosthetic devices intended for activities such as sports or recreational purposes
 - c. Swim prosthesis
 - d. Shower prosthesis
 - e. Artificial limbs or parts thereof for cosmetic purposes only. These may include nonfunctional prostheses, nonfunctional prosthetic covers, and nonfunctional finger prostheses
 - f. Coverage is NOT available for repair or replacement of prosthetic devices due to misuse, gross neglect, or to replace lost or stolen items

III. Information Submitted with the Prior Authorization Request:

1. Physician’s order
2. Functional evaluation documentation to show prosthesis meets adequately the functional needs of the member
3. Chart notes or medical history related to the request

IV. CPT or HCPC codes covered:

Codes	Description
	Partial hand
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
	Wrist disarticulation
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
	Below elbow
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)
L6120	Below elbow, molded double wall split socket, step up hinges, half cuff
L6130	Below elbow, molded double wall split socket, step up hinges, stump activated locking hinge, half cuff
	Elbow disarticulation
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm

Codes	Description
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
	Above elbow
L6250	Above elbow, molded double wall socket, internal locking elbow
	Shoulder disarticulation
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)
	Interscapular thoracic
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6360	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration (shoulder cap only)
	Immediate and early post-surgical procedures
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	Immediate postsurgical or early fitting, application of rigid dressing only
	Molded socket
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Codes	Description
	Preparatory socket
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
L6582	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, humeral cuff, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6586	Preparatory, elbow disarticulation or above elbow, single wall, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6588	Preparatory, shoulder disarticulation or interscapular thoracic single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6590	Preparatory, shoulder disarticulation or interscapular thoracic single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
	Additions: Upper Limb
L6600	Upper extremity additions, polycentric hinge, pair
L6605	-single pivot hinge
L6610	-flexible metal hinge
L6615	-disconnect locking wrist unit
L6616	-additional disconnect insert locking wrist unit, each
L6620	-flexion/extension wrist unit, with or without friction
L6623	-spring assisted rotational wrist unit with latch release
L6624	-flexion/extension and rotation wrist unit
L6625	-rotation wrist unit with cable lock
L6628	-quick disconnect hook adapter, Otto Bock or equal
L6629	-quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	-stainless steel, any wrist
L6632	-latex suspension sleeve, each
L6635	-lift assist for elbow
L6647	-shoulder lock mechanism, body powered actuator
L6648	-shoulder lock mechanism, external powered actuator
L6650	-shoulder universal joint, each
L6655	-standard control cable, extra
L6660	-heavy-duty control cable
L6665	-Teflon, or equal cable lining
L6670	-hook to hand, cable adapter

Codes	Description
L6672	-harness, chest or shoulder, saddle type
L6675	-harness, (e.g. figure of eight type), single cable design
L6676	-harness, (e.g. figure of eight type), dual cable design
L6677	-harness, triple control, simultaneous operation of terminal device and elbow
L6680	-test socket, wrist disarticulation or below elbow
L6682	-test socket, wrist disarticulation or below above
L6684	-test socket, shoulder disarticulation or interscapular thoracic
L6686	-suction socket
L6687	-frame type socket, below elbow or wrist disarticulation
L6688	-frame type socket, above elbow or elbow disarticulation
L6689	-frame type socket, shoulder disarticulation
L6690	-frame type socket, interscapular-thoracic
L6691	-removable insert, each
L6692	-silicone gel insert or equal each
L6693	-locking elbow, forearm counterbalance
	Additions to upper extremity prosthesis
L6694	Below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6696	Below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6697	Below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698	Below elbow/above elbow, lock mechanism, excludes socket insert
	Terminal device
L6703	Terminal device, passive hand/mitt, any material, any size;
L6704	-sport/recreational/work attachment, any material, any size;
L6706	-hook, mechanical, voluntary opening, any material, any size, lined or unlined;
L6707	-hook, mechanical, voluntary closing, any material, any size, lined or unlined;
L6708	-hand, mechanical, voluntary opening, any material, any size;
L6709	-hand, mechanical, voluntary closing, any material, any size;
L6711	-hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric;
L6712	-hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric;
L6713	-hand, mechanical, voluntary opening, any material, any size, pediatric;
L6714	-hand, mechanical, voluntary closing, any material, any size, pediatric;

Codes	Description
L6721	-hook or hand, heavy duty, mechanical voluntary opening, any material, any size, lined or unlined;
L6722	-hook or hand, heavy duty, mechanical voluntary closing, any material, any size, lined or unlined
	Addition to terminal device
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
	Additions to upper extremity prosthesis
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7499	Upper extremity prosthesis, not otherwise specified
	Repairs
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes

V. CPT or HCPC codes NOT covered: ***D codes not applicable for these criteria**

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
2/26/2020	New criteria	7/20/2020
3/24/2021	Annual Review: No content change	4/1/2021
3/23/2022	Annual Review: no content change	4/1/2022
3/22/2023	Annual Review: no changes	4/1/2023
04/05/2024	Annual Review: No changes	4/9/2024

VII. References

1. William C. Shiel. Medical definition of prosthesis.
<https://www.medicinenet.com/script/main/art.asp?articlekey=5076>
2. The promise of assistive technology to enhance activity and work participation. Retrieved from
<https://www.ncbi.nlm.nih.gov/books/NBK453290/>
3. Fallahian et al (2017). Sensory feedback add-on for upper-limb prostheses
4. Geethanjali, P. Myoelectric control of prosthetic hands: state-of-the art review.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4968852/>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC