Myoelectric Prosthetic Components for the Upper Limb

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

Orthosis – Orthosis is an appliances or apparatus used to improve the function of movable body parts. This differs from a prosthetic device which are intended to replace or compensate for a missing limb or body part.

Policy Position

Prior Authorization is required.

A myoelectric upper limb prosthesis is used for amputations at any level from above the wrist to the shoulder. The primary goal of an upper limb prosthesis is to restore function.

A myoelectric hand prosthesis imitates the true movement and accuracy of the human hand. A myoelectric hand has powered digits that have the ability to open and close around objects.

Delaware Mandate, Title 18 of the Delaware Code §§ 3361, 3571E

Delaware law, which applies to risk (both individual and group policies) business only, requires insurers to cover certain custom orthotic and prosthetic devices. Coverage must be provided for the most appropriate model that "adequately meets the medical needs of the patient". Further, reimbursement for orthotic and prosthetic devices must be made at the same level as the "federal reimbursement rates." The federal reimbursement rates are defined as those rates routinely promulgated by the Centers for Medicare and Medicaid Services.

Myoelectric upper arm prosthetic components and myoelectric hand prostheses may be considered medically necessary when AL**L** of the following conditions are met:

- The individual has an amputation or missing limb at the wrist or above (forearm, elbow, etc.); and
- Standard body-powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the individual in performing activities of daily living; and
- Evaluation indicates that a myoelectric prosthesis meets the functional needs of the individual in performing activities of daily living and that the individual has demonstrated sufficient physiological and cognitive function to allow effective operation of a myoelectric prosthetic device; and
- The individual must be able to tolerate the weight of the upper extremity myoelectric prosthesis; and
- The individual retains sufficient microvolt threshold in the residual limb to allow proper function of the prosthesis or can utilize appropriate switch control; and
- The individual does not function in an environment that would inhibit function of the prosthesis (i.e., a wet environment) or a situation involving electrical discharges that would affect the prosthesis; and
- The individual is free of comorbidities that could interfere with the function of the prosthesis (neuromuscular disease, etc.)

Upper myoelectric prostheses and myoelectric hand prostheses are considered not medically necessary in EITHER of the following circumstances:

- Individuals that routinely lift heavy items; or
- Environmental exposure to dirt, dust, grease, water, and solvents.

Myoelectric upper limb prosthetic components not meeting the criteria as indicated in this policy are considered not medically necessary.

Because of expected normal growth and development, pediatric upper extremity amputees typically require upper extremity prosthesis replacement or refitting at 18-month intervals.

Amputees should be evaluated by an independent qualified professional (physiatrist or orthopedic surgeon with training and experience in providing rehabilitation of upper extremity amputees along with a prosthetist also with training and experience in fitting/fabrication of upper extremity myoelectric prosthetics) to determine the most appropriate prosthetic components and control mechanism. Consideration should be given to the amputee's needs for control, durability (maintenance), function (speed, work capability), and usability.

Reimbursement may be made only if there is sufficient documentation in the individual's medical record showing functional need for the myoelectric upper limb prosthesis. This information must be retained in the physician's or prosthetist's files and be available upon request.

High-definition silicone used to make a prosthesis resemble an individual's skin is considered cosmetic and therefore, noncovered.

~~A~~ Hand prosthesis with individually powered and independently controlled myoelectric digits, including but not limited to a partial hand prosthesis is considered experimental/investigational and, therefore, noncovered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

Terminal devices may be considered medically necessary for work and when essential to activities of daily living.

Terminal devices are considered not medically necessary when used solely for activities related to sports or recreation.

PROCEDURE CODES

CPT code	Description
L6026	Transcarpal/metacarpal Or Partial Hand Disarticulation Prosthesis External Power, Self-suspended, Innder Socket with Removable Forearm Section Electrodes and Cables, Two Batteries, Charger, Myoelectric Control of Terminal Device Excludes Terminal Device(s).
L6704	Terminal Device, Sport/recreational/work Attachment, Any Material, Any Size.
L6715	Terminal Device, Multiple Articulating Digit, Includes Motor(s), Initial Issue or Replacement.
L6880	Electric Hand, Switch or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern or Combination of Grasp Patterns Includes Motor(s).
L6890	Addition To Upper Extremity Prosthesis, Glove for Terminal Device, Any Material, Prefabricated, Includes Fitting and Adjustment.
L6895	Addition To Upper Extremity Prosthesis, Glove for Terminal Device, Any Material, Custom Fabricated.
L6925	Wrist Disarticulation, External Power, Self-suspended Inner Socket, Removable Forearm Shell, Otto Block or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device.
L6930	Below Elbow, 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.
L6935	Below Elbow, 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.
L6945	Humeral Shell, Outside Locking Hinges, Forearm, Otto Bock or Equal Electrodes Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device.

L6955	Above Elbow, External Power, Molded Inner Socket, Removable Humeral Shell, Internal Locking Elbow, Forearm, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control Of Terminal Device.
L6965	Shoulder Disarticulation, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device.
L6975	Interscapular-thoracic, External Power, Molded Inner Socket, Removable Shoulder Shell, Shoulder Bulkhead, Humeral Section, Mechanical Elbow, Forearm, Otto Bock or Equal Electrodes, Cables, Two Batteries and One Charger, Myoelectronic Control of Terminal Device.
L7007	Electric Hand, Switch or Myoelectric Controlled, Adult.
L7008	Electric Hand, Switch or Myoelectric Controlled, Pediatric.
L7009	Electric Hook, Switch or Myoelectric Controlled, Adult.
L7045	Electric Hook, Switch or Myoelectric Controlled, Pediatric.
L7180	Electric Elbow, Microprocessor Sequential Control of Elbow and Terminal Device.
L7181	Electric Elbow, Microprocessor Simultaneous Control of Elbow and Terminal Device.
L7190	Electric Elbow, Variety Village or Equal, Myoelectronically Controlled.
L7191	Electric Elbow Child, Variety Village or Equal, Myoelectronically Controlled.

Covered Diagnosis codes for L6890, L6925, L6930, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7180, L7181, L7190, and L7191

Codes				
Q71.00	Q71.01	Q71.02	Q71.03	Q71.10
Q71.11	Q71.12	Q71.13	Q71.20	Q71.21
Q71.22	Q71.23	Q71.40	Q71.41	Q71.42
Q71.43	Q71.50	Q71.51	Q71.52	Q71.53
Q71.90	Q71.91	Q71.92	Q71.93	Q71.811
Q71.812	Q71.813	Q71.819	Q71.891	Q71.892
Q71.893	Q71.899			
S48.011A	S48.011D	S48.011S	S48.012A	S48.012D
S48.012S	S48.019A	S48.019D	S48.019S	S48.021A
S48.012D	S48.021S	S48.022A	S48.022D	S48.022S
S48.029A	S48.029D	S48.029S	S48.111A	S48.111D
S48.111S	S48.112A	S48.112D	S48.112S	S48.119A
S48.119D	S48.119S	S48.121A	S48.121D	S48.121S
S48.122A	S48.122D	S48.122S	S48.129A	S48.129D
S48.129S	S48.911A	S48.911D	S48.911S	S48.912A

S48.912D	S48.912S	S48.922A	S48.922D	S48.922S
S48.919A	S48.919D	S48.919S	S48.921A	S48.921D
S48.921S				
S48.929A	S48.929D	S48.929S	S58.011A	S58.011D
S58.011S	S58.012A	S58.012D	S58.012S	S58.019A
S58.09D	S58.019S	S58.021A	S58.021D	S58.021S
S58.022A	S58.022D	S58.022S	S58.029A	S58.029D
S58.029S	S58.111A	S58.111D	S58.111S	S58.112A
S58.112D	S58.112S	S58.119A	S58.119D	S58.119S
S58.121A	S58.129D	S58.129S	S58.911A	S58.911D
S58.121D	S58.121S	S58.129A		
S58.911S	S58.912A	S58.912D	S58.912S	S58.919A
S58.919D	S58.919S	S58.921A	S58.921D	S58.921S
S58.922A	S58.922D	S58.922S	S58.929A	S58.929D
S58.929S	S68.411A	S68.411D	S68.411S	S68.412A
S68.412D	S68.412S	S68.419A	S68.419D	S68.419S
S68.421A	S68.421D	S68.421S	S68.422A	S68.422D
S68.422S	S68.429A	S68.429D	S68.429S	S68.711A
S68.711D	S68.711S	S68.712A	S68.712D	S68.712S
S68.719A	S68.719D	S68.719S	S68.721A	S68.721D
S68.721S	S68.722A	S68.722D	S68.722S	S68.729A
S68.729D	S68.729S	Z44.001	Z44.002	Z44.009
Z44.011	Z44.012			
Z44.019	Z44.021	Z44.022	Z44.029	Z89.111
Z89.112	Z89.119	Z89.121	Z89.122	Z89.129

NONCOVERED SERVICES

Experimental/investigational (E/I) services are not covered regardless of place of service.

The use of myoelectric upper arm prosthetic components and myoelectric hand prosthesis is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

References

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POLICY UPDATE HISTORY

11/30/2022	Approved in Medical Policy Committee
12/2022	Approved in QI/UM