CLINICAL MEDICAL POLICY	
Policy Name:	Myoelectric Upper Extremity Orthoses
Policy Number:	MP-075-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	01/01/2026; 12/01/2024; 02/01/2024; 12/01/2022; 11/19/2021; 12/21/2020; 02/17/2020; 02/18/2019
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Next Annual Review:	09/2026
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Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 14

Policy History

Date	Activity
03/01/2026	Provider Effective date
10/29/2025	PARP Approval
09/17/2025	QI/UM Committee review
09/17/2025	Annual Review: Policy changed from '*experimental/investigational*' stance to '*covered when medically necessary*'. Added medical necessity coverage criteria. Added the following covered HCPCS codes: L6031, L6700 , L6890, L6895, L7007, L7008, L7009, L7045, L7190, L7191, L7406, L7499 L6704, L6925, L6930, L6935, L6945, L6955, L6965, L6975, L7180, & L7181 and covered ICD-10 codes. The following HCPCS codes were added to the Noncovered code list: L6026, L6715, & L6880.
01/01/2024	Provider Effective date
10/31/2024	PARP Approval
09/18/2024	QI/UM Committee review
09/18/2024	Annual Review: No change to Experimental/Investigational stance. Updated 'Summary of Literature' and 'Reference Sources' sections.
03/01/2024	Provider Effective date
01/22/2024	PARP Approval
09/20/2023	QI/UM Committee review
09/20/2023	Annual Review: No changes to E/I stance. Updated 'Summary of Literature' and 'Reference Sources' sections.
01/01/2023	Provider Effective date

10/28/2022	PARP Approval
09/21/2022	QI/UM Committee review
09/21/2022	Annual Review: No changes to clinical criteria. Updated FDA guidance in 'Governing Bodies Approval' section. Updated 'Summary of Literature' and 'Reference Sources' sections.
12/20/2021	Provider effective date
10/07/2021	PARP approval
09/15/2021	QI/UM Committee review
09/15/2021	Annual Review: No clinical criteria changes. Updated Summary of Literature and Reference Sources sections.
01/18/2021	Provider effective date
10/15/2020	PARP approval
10/08/2018	Initial policy developed

Disclaimer

Highmark Wholecare℠ 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 Wholecare℠ does not provide coverage for the myoelectric powered upper-extremity orthotics under the Company's Medicaid products.

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.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) - A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Orthosis - an appliance 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.

Myoelectric Orthoses - Orthotic devices that combine the structure of a standard arm orthotic with microprocessors, muscle sensors and electric motors with an external power source.

Terminal Device – part of the upper limb prosthesis that allows the user to interact with their environment. The device can come in a variety of shapes and sizes, but are generally categorized as:

- **Prosthetic hand**: Prosthetic hands most closely resemble an anatomic hand shape. The hand can be passive (no movement) or parts of it can move for functional grasps.
- **Prosthetic hook**: The prosthetic hook is a common prosthetic terminal device as it allows for improved grip strength and for the user to better see the task they are working on as the tines or "fingers" of a prosthetic hook are smaller and curved compared to a prosthetic hand.
- **Activity-specific terminal device**: allow for participation in specific tasks.

Procedures

1. Myoelectric upper arm prosthetic components and myoelectric hand prostheses may be considered medically necessary when ALL of the following conditions are met:
   A. The individual has an amputation or missing limb at the wrist or above (forearm, elbow, etc.); AND
   B. 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
   C. 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
   D. The individual must be able to tolerate the weight of the upper extremity myoelectric prosthesis; AND
   E. The individual retains sufficient microvolt threshold in the residual limb to allow proper function of the prosthesis or can utilize appropriate switch control; AND
   F. 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
   G. The individual is free of comorbidities that could interfere with the function of the prosthesis (neuromuscular disease, etc.).

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

3. Amputees should be evaluated by an independent qualified professional (physiatrist or orthopedic surgeon with training 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.

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

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

A. Individuals that routinely lift heavy items; AND
B. Environmental exposure to dirt, dust, grease, water, and solvents.

High-definition silicone used to make a prosthesis resemble an individual's skin is considered cosmetic, and therefore considered not medically necessary.

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

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

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

5. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

6. Place of Service
   The proper place of service for myoelectric upper extremity orthoses is outpatient.

Governing Bodies Approval

On April 12, 2007, the FDA approved premarket notification 510(k) (K062631) for the Myomo Ee100. The product is a wearable, portable therapeutic modality designed to allow patients to self-initiate and control movement of partially paralyzed limbs using their own biological signals. By simultaneously engaging and reinforcing both neurological and motor pathways, the device helps people relearn how to move affected muscles. No electrical stimulation or invasive procedures are employed (Newswire, 2007).

The MyoPro 2, approved as an FDA Class-2, 510-K exempt device, is an upper limb orthosis, is a compensatory device to increase ability to perform functional tasks with the affected limb. The user voluntarily activates movement of the orthotic device with their remaining electromyography (EMG) muscle signal. The MyoPro 2 is indicated for use by adolescents and adults diagnosed with long-term muscle weakness OR partial paralysis. Users must meet physical size specifications and demonstrate capacity to use the device, including sufficient cognitive abilities, per user assessment and clinician evaluation (Myoma, 2022).

Summary of Literature

According to the Christopher & Dana Reeve Foundation reported that there are nearly 1 in 50 people in the United States living with paralysis, which is approximately 5.4 million people. The leading cause of paralysis is stroke (33.7%), followed by spinal cord injury (27.3%) and multiple sclerosis (18.6%). Treatment of upper extremity paralysis can include surgical procedures, occupational and/or physical therapy programs, medication, electrical stimulation, braces and orthotics (Christopher & Dana Reeve Foundation, 2022).

Myoelectric limb orthoses are powered devices that assist with specific motions in individuals with neuromuscular deficits or inadequate motor power. Myoelectric limb orthoses work is through myoelectric control wherein a weak electromyography (EMG) signal from the muscle of an impaired limb is detected, processed, and used to activate a motor within the orthosis. The motor then assists the user in producing the desired movement. The patient-directed "intentional" action of the device promotes patient engagement as the orthosis will only reward the patient with movement when they use the correct muscles to complete a task. While myolectrically-driven orthotic technology has been in development for many years, recent advances have made it more accessible and clinically deployable for rehabilitation (Pundik, McCabe, Kesner, et al., 2020).

Rationale

In an observational cohort study, Peters and Page (2016) reported outcomes on the use of a fabricated myoelectric elbow-wrist-hand orthosis in 18 subjects with chronic, moderate, stable impaired stroke survivors. Outcomes were measured with the upper extremity Fugi-Meyer Scale, a battery of functional tasks and the Box and Block test. Subjects exhibited significantly reduced upper extremity impairment using the orthosis such as increased quality in performing all functional tasks, increases in feeding and drinking as wall a decreases in time required to grasp a cup.

Willigenburg and colleagues reported on an 8 week randomized controlled trial of 12 subjects who were post-stroke survivors. The trial sought to compare behavioral and kinematic outcomes using either standard treatment of repetitive task-specific task practice compared to the use of the Myomo e100. The myoelectric orthotic group scored higher on the Stroke Impact Scale which included self-reported measurements on perception of recovery. The standard group scored higher on kinematic peak hand velocity outcomes. The authors concluded that the use of the myoelectric orthotic increased perceptual improvement but the orthotic was as effective as standard manual treatment when evaluating kinematics. The researchers concurred that further well-designed studies with larger sample and control groups are necessary.

Kim and colleagues (2015) reported the results of a small nonrandomized study on the use combined clinic-home base electromyography-controlled wearable robotic elbow brace in stroke patients. A total of eleven subjects were enrolled in this study with nine individuals completing the study. The participants received in-clinic training by an occupational therapist followed by a 6 week home program using the robotic device. The authors reported that Fugi-Meyer Assessment UE scores showed significant improvement from baseline to discharge and that the participants reported continued improvement in 3 month follow up.

In a study performed at the Department of Veterans Affairs rehabilitation research and development center (Lum et al. 2002), 27 subjects with chronic hemiparesis participated in robot-assisted movement

training compared to conventional techniques of rehabilitation. While the robot group had larger improvements during the 2 month study, the authors reported that at the 6 month follow-up, the groups no longer differed in terms of Fugi-Meyer testing. In conclusion it was stated that further research into the use of robotic manipulation for motor rehabilitation is necessary.

A case report published by the Journal of Rehabilitative and Assistive Technologies Engineering examined the use of a myoelectric upper limb orthosis for rehabilitation of the upper limb in traumatic brain injury (TBI). The study reported on a 42-year-old female, 29.5 years post-traumatic brain injury with diminished motor control/coordination, and learned nonuse of the right arm. She also had cognitive deficits and did not spontaneously use her right arm functionally. Study included three phases: baseline data collection/device fabrication (five weeks); in-clinic training (2×/week for nine weeks); and home-use phase (nine weeks). The orthosis was incorporated into motor learning-based therapy. During in-clinic training, active range of motion, tone, muscle power, Fugl-Meyer, box and blocks test, and Chedoke assessment score improved. During the home-use phase, decrease in tone was maintained and all other outcomes declined but were still better upon study completion than baseline. Despite long-standing traumatic brain injury, meaningful improvements in motor function were observed and were likely the results of high repetition practice of functional movement delivered over a long duration. Further assessment in a larger cohort is warranted (Pundik, McCabe, Kesner, et al., 2020).

The available data indicates that the use of the myoelectric upper extremity orthosis may offer perceptual improvement, however, it is not clear from the research that the device is any more effective compared to standard manual treatment. The majority of clinical trials revealed small sample sizes (the largest study was comprised of 18 participants), participants were primarily limited to stroke victims, performance on testing results were inconsistent, and trials were of limited duration. Results of these trials cannot be generalized to all other upper extremity monoplegia. Therefore, the evidence is insufficient to determine the effects of technology on health outcomes and an investigational coverage determination is warranted.

Coding Requirements

Procedure Codes

Myoelectric Upper Limb Prosthesis

HCPCS Code	Description
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
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
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
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled

L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system
L7499	Upper extremity prosthesis, not otherwise specified

Terminal Devices

HCPCS Code	Description
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6925	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	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	Elbow disarticulation, external power, molded inner socket, removable 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
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device

Non-covered Procedure Code
These procedure codes will not be reimbursed without Medical Director Approval.

HCPCS Code	Description
L6026	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)
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)

Diagnosis Codes

For Myoelectric Upper Limb Prosthesis

ICD-10 Code	Description
Q71.00	Congenital complete absence of unspecified upper limb
Q71.01	Congenital complete absence of right upper limb
Q71.02	Congenital complete absence of left upper limb
Q71.03	Congenital complete absence of upper limb, bilateral
Q71.10	Congenital absence of unspecified upper arm and forearm with hand present
Q71.11	Congenital absence of right upper arm and forearm with hand present
Q71.12	Congenital absence of left upper arm and forearm with hand present
Q71.13	Congenital absence of upper arm and forearm with hand present, bilateral
Q71.20	Congenital absence of both forearm and hand, unspecified upper limb
Q71.21	Congenital absence of both forearm and hand, right upper limb
Q71.22	Congenital absence of both forearm and hand, left upper limb
Q71.23	Congenital absence of both forearm and hand, bilateral
Q71.40	Longitudinal reduction defect of unspecified radius
Q71.41	Longitudinal reduction defect of right radius
Q71.42	Longitudinal reduction defect of left radius
Q71.43	Longitudinal reduction defect of radius, bilateral
Q71.50	Longitudinal reduction defect of unspecified ulna
Q71.51	Longitudinal reduction defect of right ulna
Q71.52	Longitudinal reduction defect of left ulna
Q71.53	Longitudinal reduction defect of ulna, bilateral
Q71.90	Unspecified reduction defect of unspecified upper limb
Q71.91	Unspecified reduction defect of right upper limb
Q71.92	Unspecified reduction defect of left upper limb
Q71.93	Unspecified reduction defect of upper limb, bilateral
Q71.811	Congenital shortening of right upper limb
Q71.812	Congenital shortening of left upper limb

Q71.813	Congenital shortening of upper limb, bilateral
Q71.819	Congenital shortening of unspecified upper limb
Q71.891	Other reduction defects of right upper limb
Q71.892	Other reduction defects of left upper limb
Q71.893	Other reduction defects of upper limb, bilateral
Q71.899	Other reduction defects of unspecified upper limb
S48.011A	Complete traumatic amputation at right shoulder joint, initial encounter
S48.011D	Complete traumatic amputation at right shoulder joint, subsequent encounter
S48.011S	Complete traumatic amputation at right shoulder joint, sequela
S48.012A	Complete traumatic amputation at left shoulder joint, initial encounter
S48.012D	Complete traumatic amputation at left shoulder joint, subsequent encounter
S48.012S	Complete traumatic amputation at left shoulder joint, sequela
S48.019A	Complete traumatic amputation at unspecified shoulder joint, initial encounter
S48.019D	Complete traumatic amputation at unspecified shoulder joint, subsequent encounter
S48.019S	Complete traumatic amputation at unspecified shoulder joint, sequela
S48.021A	Partial traumatic amputation at right shoulder joint, initial encounter
S48.021D	Partial traumatic amputation at right shoulder joint, subsequent encounter
S48.021S	Partial traumatic amputation at right shoulder joint, sequela
S48.022A	Partial traumatic amputation at left shoulder joint, initial encounter
S48.022D	Partial traumatic amputation at left shoulder joint, subsequent encounter
S48.022S	Partial traumatic amputation at left shoulder joint, sequela
S48.029A	Partial traumatic amputation at unspecified shoulder joint, initial encounter
S48.029D	Partial traumatic amputation at unspecified shoulder joint, subsequent encounter
S48.029S	Partial traumatic amputation at unspecified shoulder joint, sequela
S48.111A	Complete traumatic amputation at level between right shoulder and elbow, initial encounter
S48.111D	Complete traumatic amputation at level between right shoulder and elbow, subsequent encounter
S48.111S	Complete traumatic amputation at level between right shoulder and elbow, sequela
S48.112A	Complete traumatic amputation at level between left shoulder and elbow, initial encounter
S48.112D	Complete traumatic amputation at level between left shoulder and elbow, subsequent encounter
S48.112S	Complete traumatic amputation at level between left shoulder and elbow, sequela
S48.119A	Complete traumatic amputation at level between unspecified shoulder and elbow, initial encounter
S48.119D	Complete traumatic amputation at level between unspecified shoulder and elbow, subsequent encounter
S48.119S	Complete traumatic amputation at level between unspecified shoulder and elbow, sequela
S48.121A	Partial traumatic amputation at level between right shoulder and elbow, initial encounter
S48.121D	Partial traumatic amputation at level between right shoulder and elbow, subsequent encounter
S48.121S	Partial traumatic amputation at level between right shoulder and elbow, sequela
S48.122A	Partial traumatic amputation at level between left shoulder and elbow, initial encounter

S48.122D	Partial traumatic amputation at level between left shoulder and elbow, subsequent encounter
S48.122S	Partial traumatic amputation at level between left shoulder and elbow, sequela
S48.129A	Partial traumatic amputation at level between unspecified shoulder and elbow, initial encounter
S48.129D	Partial traumatic amputation at level between unspecified shoulder and elbow, subsequent encounter
S48.129S	Partial traumatic amputation at level between unspecified shoulder and elbow, sequela
S48.911A	Complete traumatic amputation of right shoulder and upper arm, level unspecified, initial encounter
S48.911D	Complete traumatic amputation of right shoulder and upper arm, level unspecified, subsequent encounter
S48.911S	Complete traumatic amputation of right shoulder and upper arm, level unspecified, sequela
S48.912A	Complete traumatic amputation of left shoulder and upper arm, level unspecified, initial encounter
S48.912D	Complete traumatic amputation of left shoulder and upper arm, level unspecified, subsequent encounter
S48.912S	Complete traumatic amputation of left shoulder and upper arm, level unspecified, sequela
S48.919A	Complete traumatic amputation of unspecified shoulder and upper arm, level unspecified, initial encounter
S48.919D	Complete traumatic amputation of unspecified shoulder and upper arm, level unspecified, subsequent encounter
S48.919S	Complete traumatic amputation of unspecified shoulder and upper arm, level unspecified, sequela
S48.921A	Partial traumatic amputation of right shoulder and upper arm, level unspecified, initial encounter
S48.921D	Partial traumatic amputation of right shoulder and upper arm, level unspecified, subsequent encounter
S48.921S	Partial traumatic amputation of right shoulder and upper arm, level unspecified, sequela
S48.922A	Partial traumatic amputation of left shoulder and upper arm, level unspecified, initial encounter
S48.922D	Partial traumatic amputation of left shoulder and upper arm, level unspecified, subsequent encounter
S48.922S	Partial traumatic amputation of left shoulder and upper arm, level unspecified, sequela
S48.929A	Partial traumatic amputation of unspecified shoulder and upper arm, level unspecified, initial encounter
S48.929D	Partial traumatic amputation of unspecified shoulder and upper arm, level unspecified, subsequent encounter
S48.929S	Partial traumatic amputation of unspecified shoulder and upper arm, level unspecified, sequela
S58.011A	Complete traumatic amputation at elbow level, right arm, initial encounter
S58.011D	Complete traumatic amputation at elbow level, right arm, subsequent encounter
S58.011S	Complete traumatic amputation at elbow level, right arm, sequela
S58.012A	Complete traumatic amputation at elbow level, left arm, initial encounter
S58.012D	Complete traumatic amputation at elbow level, left arm, subsequent encounter
S58.012S	Complete traumatic amputation at elbow level, left arm, sequela
S58.019A	Complete traumatic amputation at elbow level, unspecified arm, initial encounter

S58.019D	Complete traumatic amputation at elbow level, unspecified arm, subsequent encounter
S58.019S	Complete traumatic amputation at elbow level, unspecified arm, sequela
S58.021A	Partial traumatic amputation at elbow level, right arm, initial encounter
S58.021D	Partial traumatic amputation at elbow level, right arm, subsequent encounter
S58.021S	Partial traumatic amputation at elbow level, right arm, sequela
S58.022A	Partial traumatic amputation at elbow level, left arm, initial encounter
S58.022D	Partial traumatic amputation at elbow level, left arm, subsequent encounter
S58.022S	Partial traumatic amputation at elbow level, left arm, sequela
S58.029A	Partial traumatic amputation at elbow level, unspecified arm, initial encounter
S58.029D	Partial traumatic amputation at elbow level, unspecified arm, subsequent encounter
S58.029S	Partial traumatic amputation at elbow level, unspecified arm, sequela
S58.111A	Complete traumatic amputation at level between elbow and wrist, right arm, initial encounter
S58.111D	Complete traumatic amputation at level between elbow and wrist, right arm, subsequent encounter
S58.111S	Complete traumatic amputation at level between elbow and wrist, right arm, sequela
S58.112A	Complete traumatic amputation at level between elbow and wrist, left arm, initial encounter
S58.112D	Complete traumatic amputation at level between elbow and wrist, left arm, subsequent encounter
S58.112S	Complete traumatic amputation at level between elbow and wrist, left arm, sequela
S58.119A	Complete traumatic amputation at level between elbow and wrist, unspecified arm, initial encounter
S58.119D	Complete traumatic amputation at level between elbow and wrist, unspecified arm, subsequent encounter
S58.119S	Complete traumatic amputation at level between elbow and wrist, unspecified arm, sequela
S58.121A	Partial traumatic amputation at level between elbow and wrist, right arm, initial encounter
S58.121D	Partial traumatic amputation at level between elbow and wrist, right arm, subsequent encounter
S58.121S	Partial traumatic amputation at level between elbow and wrist, right arm, sequela
S58.122A	Partial traumatic amputation at level between elbow and wrist, left arm, initial encounter
S58.122D	Partial traumatic amputation at level between elbow and wrist, left arm, subsequent encounter
S58.122S	Partial traumatic amputation at level between elbow and wrist, left arm, sequela
S58.129A	Partial traumatic amputation at level between elbow and wrist, unspecified arm, initial encounter
S58.129D	Partial traumatic amputation at level between elbow and wrist, unspecified arm, subsequent encounter
S58.129S	Partial traumatic amputation at level between elbow and wrist, unspecified arm, sequela
S58.911A	Complete traumatic amputation of right forearm, level unspecified, initial encounter
S58.911D	Complete traumatic amputation of right forearm, level unspecified, subsequent encounter
S58.911S	Complete traumatic amputation of right forearm, level unspecified, sequela
S58.912A	Complete traumatic amputation of left forearm, level unspecified, initial encounter
S58.912D	Complete traumatic amputation of left forearm, level unspecified, subsequent encounter
S58.912S	Complete traumatic amputation of left forearm, level unspecified, sequela

S58.919A	Complete traumatic amputation of unspecified forearm, level unspecified, initial encounter
S58.919D	Complete traumatic amputation of unspecified forearm, level unspecified, subsequent encounter
S58.919S	Complete traumatic amputation of unspecified forearm, level unspecified, sequela
S58.921A	Partial traumatic amputation of right forearm, level unspecified, initial encounter
S58.921D	Partial traumatic amputation of right forearm, level unspecified, subsequent encounter
S58.921S	Partial traumatic amputation of right forearm, level unspecified, sequela
S58.922A	Partial traumatic amputation of left forearm, level unspecified, initial encounter
S58.922D	Partial traumatic amputation of left forearm, level unspecified, subsequent encounter
S58.922S	Partial traumatic amputation of left forearm, level unspecified, sequela
S58.929A	Partial traumatic amputation of unspecified forearm, level unspecified, initial encounter
S58.929D	Partial traumatic amputation of unspecified forearm, level unspecified, subsequent encounter
S58.929S	Partial traumatic amputation of unspecified forearm, level unspecified, sequela
S68.411A	Complete traumatic amputation of right hand at wrist level, initial encounter
S68.411D	Complete traumatic amputation of right hand at wrist level, subsequent encounter
S68.411S	Complete traumatic amputation of right hand at wrist level, sequela
S68.412A	Complete traumatic amputation of left hand at wrist level, initial encounter
S68.412D	Complete traumatic amputation of left hand at wrist level, subsequent encounter
S68.412S	Complete traumatic amputation of left hand at wrist level, sequela
S68.419A	Complete traumatic amputation of unspecified hand at wrist level, initial encounter
S68.419D	Complete traumatic amputation of unspecified hand at wrist level, subsequent encounter
S68.419S	Complete traumatic amputation of unspecified hand at wrist level, sequela
S68.421A	Partial traumatic amputation of right hand at wrist level, initial encounter
S68.421D	Partial traumatic amputation of right hand at wrist level, subsequent encounter
S68.421S	Partial traumatic amputation of right hand at wrist level, sequela
S68.422A	Partial traumatic amputation of left hand at wrist level, initial encounter
S68.422D	Partial traumatic amputation of left hand at wrist level, subsequent encounter
S68.422S	Partial traumatic amputation of left hand at wrist level, sequela
S68.429A	Partial traumatic amputation of unspecified hand at wrist level, initial encounter
S68.429D	Partial traumatic amputation of unspecified hand at wrist level, subsequent encounter
S68.429S	Partial traumatic amputation of unspecified hand at wrist level, sequela
S68.711A	Complete traumatic transmetacarpal amputation of right hand, initial encounter
S68.711D	Complete traumatic transmetacarpal amputation of right hand, subsequent encounter
S68.711S	Complete traumatic transmetacarpal amputation of right hand, sequela
S68.712A	Complete traumatic transmetacarpal amputation of left hand, initial encounter
S68.712D	Complete traumatic transmetacarpal amputation of left hand, subsequent encounter
S68.712S	Complete traumatic transmetacarpal amputation of left hand, sequela
S68.719A	Complete traumatic transmetacarpal amputation of unspecified hand, initial encounter
S68.719D	Complete traumatic transmetacarpal amputation of unspecified hand, subsequent encounter
S68.719S	Complete traumatic transmetacarpal amputation of unspecified hand, sequela

S68.721A	Partial traumatic transmetacarpal amputation of right hand, initial encounter
S68.721D	Partial traumatic transmetacarpal amputation of right hand, subsequent encounter
S68.721S	Partial traumatic transmetacarpal amputation of right hand, sequela
S68.722A	Partial traumatic transmetacarpal amputation of left hand, initial encounter
S68.722D	Partial traumatic transmetacarpal amputation of left hand, subsequent encounter
S68.722S	Partial traumatic transmetacarpal amputation of left hand, sequela
S68.729A	Partial traumatic transmetacarpal amputation of unspecified hand, initial encounter
S68.729D	Partial traumatic transmetacarpal amputation of unspecified hand, subsequent encounter
S68.729S	Partial traumatic transmetacarpal amputation of unspecified hand, sequela
Z44.001	Encounter for fitting and adjustment of unspecified right artificial arm
Z44.002	Encounter for fitting and adjustment of unspecified left artificial arm
Z44.009	Encounter for fitting and adjustment of unspecified artificial arm, unspecified arm
Z44.011	Encounter for fitting and adjustment of complete right artificial arm
Z44.012	Encounter for fitting and adjustment of complete left artificial arm
Z44.019	Encounter for fitting and adjustment of complete artificial arm, unspecified arm
Z44.021	Encounter for fitting and adjustment of partial artificial right arm
Z44.022	Encounter for fitting and adjustment of partial artificial left arm
Z44.029	Encounter for fitting and adjustment of partial artificial arm, unspecified arm
Z89.111	Acquired absence of right hand
Z89.112	Acquired absence of left hand
Z89.119	Acquired absence of unspecified hand
Z89.121	Acquired absence of right wrist
Z89.122	Acquired absence of left wrist
Z89.129	Acquired absence of unspecified wrist

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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