MEDICAL POLICY

POLICY TITLE	UPPER LIMB PROSTHESES
POLICY NUMBER	MP-6.052

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I. POLICY

Preparatory Prosthesis

A preparatory prosthesis may be considered **medically necessary** after surgery to prevent edema of the residual limb. Additions are not medically necessary for preparatory prosthesis since these have all initial components.

All other uses of preparatory prosthesis are considered **not medically necessary** as there is insufficient evidence to support a conclusion supporting the health outcomes or benefits associated with this item.

Passive Functional

Passive Functional prosthesis does not include any mechanical working parts. It is best used to provide functions such as opposition and dexterity. A passive functional prosthesis may be considered **medically necessary** only when there is clear documentation that the requested prosthesis is required to perform activities of daily living (ADL's).

All other uses of passive functional prosthesis are considered **not medically necessary** as there is insufficient evidence to support a conclusion supporting the health outcomes or benefits associated with this item.

Body-Powered Prostheses

A body-powered prostheses will consist of a socket or interface, suspension system, harness, wrist unit, terminal device, and possibly a triceps cuff (below elbow), hinges (below elbow), elbow (above elbow) and a shoulder (if a shoulder disarticulation or higher).

Body-powered upper extremity prostheses may be considered **medically necessary** when ALL the following are met:

- The member has history of upper limb amputation or absence of upper limb(s);
- A certified prosthetist determines a body-powered upper extremity prostheses is appropriate to meet the member's functional needs.

Sockets and Suspension Systems:

No more than two test (diagnostic) sockets may be considered **medically necessary** for an individual prosthesis without additional documentation of medical necessity. No more than two of the same socket inserts are allowed at the same time. Socket and socket insert replacements may be considered **medically necessary** if there is documentation of functional and/or physiological need. Explanation to include but is not limited to:

- Changes in residual limb
- Functional need changes
- Irreparable damage due to wear and tear
- Wear and tear due to excessive weight
- Prosthetic demands of a very active amputee

Terminal Devices (Above and Below Elbow, Shoulder, Hand)

Terminal devices may be considered **medically necessary** for work and when essential to ADLs. Terminal devices are considered **not medically necessary** when used solely for activities related to sports or recreation.

All other uses of body-powered prostheses are considered **not medically necessary** as there is insufficient evidence to support a conclusion supporting the health outcomes or benefits associated with this item.

Electric/ Myoelectric Prostheses

Electric and Myoelectric upper limb prosthetic components may be considered **medically necessary** when the following conditions are met:

- The patient 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 ADLs; and
- The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device; and
- The patient has demonstrated neurological and cognitive function to operate the prosthesis effectively; and
- The patient is free of co-morbidities that could interfere with function of the prosthesis (neuromuscular disease, etc.); and
- 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.

A prosthesis with individually powered digits, including but not limited to, a partial hand prosthesis, is considered **investigational**. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these item(s).

Myoelectric upper limb prosthetic components are considered **not medically necessary** under all other conditions, as there is insufficient evidence to support a conclusion supporting the health outcomes or benefits associated with this item.

Additions and Accessories

Accessories such as sheaths, socks, hinges, switches, extensions, adaptors, cables for residual limbs, etc. may be considered **medically necessary** when these appliances aid in or are essential to the effective use of the prosthetic limb. Additions should be billed on the same claim as the base procedure when supplied at the same time as the base procedure.

Adjustments

Adjustments and/or modifications to the prosthesis required by wear and tear or due to a change in individual's condition (such as growth in a child) or to improve the function may be considered **medically necessary**.

Repairs

Repairs necessary to make the prosthetic functional may be considered **medically necessary**. The expense for repairs may not exceed the estimated expense of purchasing another prosthesis.

Replacement

The life of a prosthesis is approximately 5-years. A replacement prosthesis may be considered **medically necessary** only if the previous prosthesis is no longer functional. Requests for upgrades/newer technology will be reviewed for medical necessity.

Cross-references:

MP-6.018 Prosthetics and Accessories
MP-6.042 Lower Limb Prostheses

II. PRODUCT VARIATIONS TOP

This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual MP-1.04.04, Myoelectric Prostheses Components for the Upper Limb. The FEP Medical Policy Manual can be found at:

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https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND

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Myoelectric prostheses are powered by electric motors with an external power source. The joint movement of an upper limb prosthesis (e.g., hand, wrist, and/or elbow) is driven by microchip-processed electrical activity in the muscles of the remaining limb stump.

Upper limb prostheses are used for amputations at any level from the hand to the shoulder. The need for a prosthesis can occur for a number of reasons, including trauma, surgery, or congenital anomalies. The primary goals of the upper limb prosthesis are to restore natural appearance and function. Achieving these goals also requires sufficient comfort and ease of use for continued acceptance by the wearer. The difficulty of achieving these diverse goals with an upper limb prosthesis increases with the level of amputation (digits, hand, wrist, elbow, and shoulder), and thus the complexity of joint movement, increases.

Upper limb prostheses are classified into three categories depending on the means of generating movement at the joints: passive, body-powered, and electrically powered movement. All three types of prostheses have been in use for more than 30 years; each possesses unique advantages and disadvantages.

- The passive prosthesis is the lightest of the three types and is described as the most comfortable. Since the passive prosthesis must be repositioned manually, typically by moving it with the opposite arm, it cannot restore function.
- The body-powered prosthesis uses a body harness and cable system to provide functional manipulation of the elbow and hand. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. Prosthetic hand attachments, which may be claw-like devices that allow good grip strength and visual control of objects or latex-gloved devices that provide a more natural appearance at the expense of control, can be opened and closed by the cable system. Patient complaints with body-powered prostheses include harness discomfort, particularly the wear temperature, wire failure, and the unattractive appearance.
- Myoelectric prostheses use muscle activity from the remaining limb for the control of joint movement. Electromyographic (EMG) 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. Although upper arm movement may be slow and limited to 1 joint at a time, myoelectric control of movement may be considered the most physiologically natural. Patient dissatisfaction with myoelectric prostheses includes the increased cost, maintenance (particularly for the glove), and weight.
- Myoelectric hand attachments are similar in form to those offered with the body-powered prosthesis but are battery-powered. An example of recently available technology is the SensorHand™ by Advanced Arm Dynamics, which is described as having an AutoGrasp

feature, an opening/closing speed of up to 300 mm/second, and advanced EMG signal processing. The i-LIMB™ hand (Touch Bionics), sometimes referred to as the bionic hand, is the first commercially available myoelectric hand prosthesis with individually powered digits. ProDigits™, also from Touch Bionics, are prosthetic digits for one or more fingers in patients with amputation at a transmetacarpal level or higher. These may be covered by LIVINGSKIN™, a high-definition silicone prosthesis created to resemble a patient's natural skin.

- A hybrid system, 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.

Technology in this area is rapidly changing, driven by advances in biomedical engineering and by the U.S. Department of Defense Advanced Research Projects Agency (DARPA), which is funding a public and private collaborative effort on prosthetic research and development. Areas of development include the use of skin-like silicone elastomer gloves, "artificial muscles," and sensory feedback. Smaller motors, microcontrollers, implantable myoelectric sensors, and re-innervation of remaining muscle fibers are being developed to allow fine movement control. Lighter batteries and newer materials are being incorporated into myoelectric prostheses to improve comfort.

The DEKA Arm System, developed in a joint effort with DARPA, is the first commercially available myoelectric upper limb that can perform complex tasks with multiple simultaneous powered movements (eg, movement of the elbow, wrist, and hand at the same time). In addition to the EMG electrodes, the DEKA Arm System contains a combination of mechanisms including switches, movement sensors, and force sensors. The DEKA Arm System is the same shape and weight as an adult arm.

Regulatory Status

Manufacturers must register prostheses with the restorative devices branch of the U.S. Food and Drug Administration (FDA) and keep a record of any complaints, but do not have to undergo a full FDA review.

Available myoelectric devices include ProDigits™ and i-LIMB™ (Touch Bionics), the Otto Bock myoelectric prosthesis (Otto Bock), the LTI Boston Digital Arm™ System (Liberating Technologies Inc.), and the Utah Arm Systems (Motion Control).

In 2014, FDA cleared the DEKA Arm System (DEKA Integrated Solutions) for marketing. FDA reviewed the DEKA Arm System through its de novo classification process, a regulatory pathway for some novel low- to moderate-risk medical devices that are first-of-a-kind.

IV. RATIONALE

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Summary of Evidence

For individuals who have a missing a missing limb at the wrist or above who receive myoelectric upper limb prosthesis components at the wrist or proximal to the wrist, the evidence includes cohort studies and survey data. Relevant outcomes are functional outcomes and quality of life. The goals of upper-limb prostheses relate to restoration of both appearance and function while maintaining sufficient comfort for continued use. The identified literature focuses primarily on patient acceptance and reasons for disuse; detailed data on function and functional status, and direct comparisons between body-powered and newer model myoelectric prostheses are limited or lacking. The limited evidence suggests that, compared with body-powered prostheses, myoelectric components may improve range of motion to some extent, have similar capability for light work, but may have reduced performance under heavy working conditions. The literature also indicates that the percentage of amputees who accept use of a myoelectric prosthesis is approximately the same as those who prefer to use a body-powered prosthesis, and that self-selected use depends at least in part on the individual's activities of daily living. Appearance is most frequently cited as an advantage of myoelectric prostheses, and for patients who desire a restorative appearance, the myoelectric prosthesis can provide greater function than a passive prosthesis, with equivalent function to a body-powered prosthesis for light work. Nonuse of any prosthesis is associated with lack of functional need, discomfort (excessive weight and heat), and impediment to sensory feedback. Because of the differing advantages and disadvantages of currently available prostheses, myoelectric components for persons with an amputation at the wrist or above may be considered when passive or body-powered prostheses cannot be used or are insufficient to meet the functional needs of the patient in activities of daily living. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a missing limb distal to the wrist who receive a myoelectric prosthesis with individually powered digits, no peer-reviewed publications evaluating functional outcomes in amputees were identified. Relevant outcomes are functional outcomes and quality of life. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

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NA

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are

different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

ICD-10-CM Diagnosis Codes	Description
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
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, stump activated locking hinge, half cuff
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm

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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)
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)
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, in7cluding soft prosthetic tissue shaping
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 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, fair lead cable control, usmc or equal pylon, no cover, molded to patient model
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, 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 socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615	Upper extremity addition, disconnect locking wrist unit

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L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition, flexion/extension and rotation wrist unit
L6625	Upper extremity addition, rotation wrist unit with cable lock
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630	Upper extremity addition, stainless steel, any wrist
L6632	Upper extremity addition, latex suspension sleeve, each
L6635	Upper extremity addition, lift assist for elbow
L6637	Upper extremity addition, nudge control elbow lock
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6640	Upper extremity additions, shoulder abduction joint, pair
L6641	Upper extremity addition, excursion amplifier, pulley type
L6642	Upper extremity addition, excursion amplifier, lever type
L6645	Upper extremity addition, shoulder flexion-abduction joint, each
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator
L6650	Upper extremity addition, shoulder universal joint, each
L6655	Upper extremity addition, standard control cable, extra
L6660	Upper extremity addition, heavy duty control cable
L6665	Upper extremity addition, Teflon, or equal, cable lining
L6670	Upper extremity addition, hook to hand, cable adapter
L6672	Upper extremity addition, harness, chest or shoulder, saddle type
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686	Upper extremity addition, suction socket

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L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6693	Upper extremity addition, locking elbow, forearm counterbalance
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, 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	Addition to upper extremity prosthesis, 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	Addition to upper extremity prosthesis, 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	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined

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L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
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
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
L6915	Hand restoration (shading, and measurements included), replacement glove for above
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	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
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch 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

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L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch 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
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch 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
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch 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
L7040	Prehensile actuator, switch controlled
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7170	Electronic elbow, hosmer or equal, switch controlled
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled
L7186	Electronic elbow, child, Variety Village or equal, switch controlled
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7259	Electronic wrist rotator, any type
L7360	Six volt battery, each
L7362	Battery charger, six volt, each
L7364	Twelve volt battery, each
L7366	Battery charger, twelve volt, each

L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight 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
L8415	Prosthetic sheath, upper limb, each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8465	Prosthetic shrinker, upper limb, each
L8485	Prosthetic sock, single ply, fitting, upper limb, each

Investigational; **there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these item(s).**

ICD-10-CM Diagnosis Codes	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)

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13. *Peters HT, Page SJ, Persch A. Giving them a hand: wearing a myoelectric elbow-wrist-hand orthosis reduces upper extremity impairment in chronic stroke. Ann Rehabil Med. Sep 2017; 98(9):1821-1827. PMID 28130084.*
14. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 1.04.04, Myoelectric Prosthetic and Orthotic Components for the Upper Limb March 2019.*

X. POLICY HISTORY

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MP 6.052	**CAC 8/28/12 – New policy**. Adopt BCBSA. Policy criteria were previously in MP- 6.042 Upper and Lower Limb Prosthetics. A statement was added that a prosthesis with individually powered digits, including but not limited to a partial hand prosthesis, is considered investigational. Policy coded.
	CAC 7/30/13 Consensus. No change to policy statements. References updated. No coding changes
	CAC 3/25/14 Consensus. Added statement "Myoelectric upper limb prosthetic components are considered not medically necessary under all

	other conditions." Changed title to Myoelectric Prosthetic Components for the Upper Limb. Formerly Myoelectric Prosthesis for the Upper Limb. Added rationale section. No coding changes
	01/2015-New 2015 codes added to policy.
	CAC 7/21/15 Consensus review. No changes to the policy statements. Background, reference and rationale update**.**
	CAC 7/26/2016 Consensus review. No changes to policy statements. Rational and references reviewed. Coding reviewed. ICD 9 codes removed
	Admin Update 11/9/16 Variation reformatting.
	CAC 7/25/17 Consensus review. No changes to the policy statements. Rationale updated. Coding reviewed.
	5/2/2018 Minor review. Updated policy to include direction for all upper extremity prosthetics with coding in policy statements. Title changed. References added and updated.
	3/22/2019 Consensus review. Policy statement unchanged. References updated.
	3/18/2020 Consensus Review. Policy statement unchanged. References updated. HCPC coding tables inserted.

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