# PROVIDER POLICIES & PROCEDURES

## BODY-POWERED AND MYOELECTRIC UPPER ARM PROSTHESES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for a body-powered and myoelectric upper arm prosthesis. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

An upper arm prosthesis is a device intended to replace or compensate for a missing arm or part of an arm. An upper arm prosthesis includes the hand, wrist, elbow, and/or shoulder and typically consists of a socket, method of suspension, a power source, and elbow and/or shoulder joints depending on the level of amputation. An upper arm prosthesis is classified and defined based on the amputation level and the method or power source used to the control the device. This policy will address the non-standard types of an upper arm prosthesis: body-powered and myoelectric.

A body-powered upper arm prosthesis uses body movements, harnessed with control snaps and cables, to mobilize a terminal device, e.g., hook or hand.

A myoelectric upper arm prosthesis uses surface electrodes embedded in the socket of the prosthesis. When the electrodes meet the skin, they detect and amplify the electrical activity of the muscles in the residual limb which facilitates movement.

**HUSKY Health primarily uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of body-powered and myoelectric upper arm prosthetics. HUSKY Health will use this policy to review requests for body powered and myoelectric upper arm prosthetics for which InterQual® Criteria are not available.**

Note: Coverage guidelines for standard/non-myoelectric upper limb orthoses and prosthesis are available **here**.

### CLINICAL GUIDELINE

Coverage guidelines for body-powered and myoelectric upper arm prosthetics are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

A body-powered upper arm prosthesis may be considered medically necessary when the following criteria are met:

A. The individual has a traumatic or surgical amputation, or congenital absence or defect of an upper extremity and the prosthesis will replace all or part of the missing limb;
B. The prosthesis is ordered by the individual's treating physician; advanced practice registered nurse (APRN), or physician assistant (PA);
C. All surgical revisions have been completed and the residual arm is fully healed (typically 6 months post amputation or last surgical revision) and can support the requested prosthesis/components;
D. The individual has been evaluated by an independent qualified professional, e.g., prosthetist, to determine the most appropriate prosthesis, prosthetic components, and control mechanism;
E. A functional evaluation indicates that with training, use of a body-powered prosthesis is likely to meet the functional needs of the individual when performing ADLs;
F. The individual is willing to participate in training on the safe use of the prosthesis, is motivated to use the device, and understands the physical limitations of the prosthesis/component(s); and
G. For children who are still growing, the requested prosthesis/component(s) is designed to allow for growth adjustments.

A myoelectric upper arm prosthesis may be considered medically necessary when the following criteria are met:

A. The individual has a traumatic or surgical amputation, or congenital absence or defect of an upper extremity and the prosthesis will replace all or part of the missing limb;
B. The prosthesis is ordered by the individual's treating physician, APRN, or PA;
C. All surgical revisions have been completed and the residual arm is fully healed (typically 6 months post amputation or last surgical revision) and can support the requested prosthesis/component(s);
D. The individual has been evaluated by an independent qualified professional, e.g., prosthetist, to determine the most appropriate prosthesis, prosthetic components, and control mechanism;
E. A standard or body-powered prosthesis cannot be used or is insufficient to meet the functional needs of the individual in performing activities of daily living (ADLs);
F. There is documentation that the remaining muscles of the arm can tolerate the weight of the requested myoelectric prosthesis (through manual muscle testing and/or documented simulation);
G. The individual is free of comorbidities that could interfere with function of the prosthesis (e.g., neuromuscular disease);
H. The individual is able to operate the simulator or microprocessor of the computerized prosthetic;
I. A functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual when performing ADLs; and
J. The individual is willing to participate in training on the safe use of the prosthesis, is motivated to use, and understands its physical limitations.

**Repair and Replacement of Prosthetic Components**

Repair and replacement of components necessary for the normal and effective functioning of a body-powered or myoelectric upper arm prosthesis are typically considered medically necessary when the above criteria are met. An updated evaluation may be requested if it is determined the individual's medical condition or their ability to functionally perform ADLs has changed since receiving the current upper arm prosthesis.

**Not Medically Necessary**

Custom fabricated gloves (HCPCS code L6895) for a body-powered or myoelectric upper arm prosthesis are considered not medically necessary because they are primarily not medical in nature and/or not used to treat a medical condition.

The following myoelectric upper arm prosthetics and/or components are considered investigational and therefore not medically necessary as there is insufficient published evidence in peer-reviewed literature supporting clinical validity or utility:

- Prosthetic whole hand attachment with individually powered (multi-articulating) fingers, that uses full or partial myoelectric power (HCPCS code L6880)
- Myoelectric partial hand with individually powered fingers (1 or more fingers/digits), e.g., i-limb digits, Pro-Digits, i-Digits, Vincent partial hand, and Vincent finger (HCPCS code L6026)
- Advanced upper limb prosthetic components with both sensor and myoelectric controls (HCPCS code L7499)
- Myoelectric controlled upper limb orthoses, e.g., MyoPro, LUKE Arm (HCPCS codes L8701, L8702)

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

**PROCEDURE**
Prior authorization of a body-powered or myoelectric upper arm prosthesis is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

**The following information is needed to review requests for a body-powered and myoelectric upper arm prosthesis:**

1. Fully completed authorization request via on-line web portal;
2. A signed prescription, written within the past 12 months, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP);
3. A progress note, written within the past 6 months, from the treating physician, APRN, or PA documenting the following:
   a. The affected limb's current status;
   b. The individual's current cognitive status and ability to safely and independently use the requested prosthesis;
4. Clinical documentation from a qualified professional, e.g., prosthetist, supporting medical necessity of the prosthesis as outlined in the *Clinical Guideline* section of this policy; and
5. For items that require manual pricing only: a detailed product description including manufacturer, model/part number, product description, HCPCS code and units(s), actual acquisition cost (ACC), and manufacturer's suggested retail pricing (MSRP) including documentation disclosing any discounts per the *DSS Pricing Policy for MEDS Items*.

**EFFECTIVE DATE**
This policy for the prior authorization for a body-powered and myoelectric upper arm prosthesis for individuals covered under the HUSKY Health Program is effective February 1, 2025.

**LIMITATIONS**
Not Applicable

**CODES:**

**Codes Reviewed Using Policy**

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| **Upper Limb Prosthesis – Wrist, Hand, and/or Finger** | |
| L6000 | Partial hand prosthesis, thumb remaining |
| L6010 | Partial hand prosthesis, little and/or ring finger remaining |
| L6020 | Partial hand prosthesis, no finger remaining |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad |
| L6055 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges |
| **Upper Limb Prosthesis – Elbow or Shoulder Area** | |
| 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 with expandable interface, outside locking |
| L6250 | Above elbow, molded double wall socket, internal locking elbow, forearm |
| 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) |
| L6684 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic |
| L6693 | Upper extremity addition, locking elbow, forearm counterbalance |
| **Upper Limb Prosthesis – Terminal Devices** | |
| 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 |
| L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined |
| L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric |
| L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric |
| L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement |
| L6721 | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material |

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| L6722 | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material |
| L6805 | Addition to terminal device, modifier wrist unit |
| L6810 | Addition to terminal device, precision pinch device |
| **Upper Limb Prosthesis – External Power** | |
| L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch |
| L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch |
| L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch |
| L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch |
| L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch |
| 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, myoelectric 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 |
| 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, myoelectric control of terminal device |
| **Upper Limb Prosthesis – Switch-controlled** | |
| L7040 | Prehensile actuator, switch controlled |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled |
| **Upper Limb Prosthesis - Unspecified** | |
| L7362 | Battery charger, six volt each |
| L7499 | Upper extremity prosthesis, not otherwise specified |
| L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s) |
| L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger with single or double upright(s) |

**Codes Reviewed Using InterQual Criteria**

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| **Upper Limb Prosthesis – Additions/Replacements** | |
| L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist, with or without friction, for use with external powered terminal device |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece |
| L6632 | Upper extremity addition, latex suspension sleeve, each |
| 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 |

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.



To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on “For Providers” followed by “Benefit Grids”. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

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| L6686 | Upper extremity addition, suction socket |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation |
| 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 |
| 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 |
| L6698 | Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism |
| 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 |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model |
| L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralightweight material (titanium, carbon fiber or equal) |
| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultralightweight 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 |
| **Upper Limb Prosthesis – External Power** | |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric 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, myoelectric 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, myoelectric 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, myoelectric control of terminal device |
| **Upper Limb Prosthesis – Electronics and Terminal Devices** | |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits |
| 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 |

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| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device |
| 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 |
| **Upper Limb Prosthesis - Batteries** | |
| L7360 | Six volt battery, each |
| L7362 | Battery charger, six volt, each |
| L7364 | Twelve volt battery, each |
| L7366 | Battery charger, twelve volt, each |
| L7367 | Lithium ion battery, rechargeable, replacement |
| L7368 | Lithium ion battery charger, replacement only |

**DEFINITIONS**

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or

initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## ADDITIONAL RESOURCES AND REFERENCES


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- Noridian Healthcare Solutions. JA DME. Policies. Medical Director Articles. 2021. Articulating Digit(s) and Prosthetic Hands-Correct Coding-Revised. November 17, 2021. Available at: https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2021/articulating-digits-and-prosthetic-hands-correct-coding-revised. Accessed on August 14, 2024.


## PUBLICATION HISTORY

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