



PROVIDER POLICIES & PROCEDURES

UPPER LIMB ORTHOSES AND PROSTHESES (STANDARD/NON-MYOELECTRIC)

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for upper limb orthoses and 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 orthotic is an external device that attaches to the affected area or joint to assist with gait, reduce pain, control movement, minimize weight bearing, and correct or prevent worsening progression of deformity. A prosthetic is an artificial replacement for an absent body part and is used to restore function or may be cosmetic. Upper limb prosthetics include the hand, wrist, elbow, and shoulder. Prosthetic limbs for the upper extremity are typically classified and defined based on the amputation level and the power source utilized for limb functionality.

Passive or restorative prostheses do not move on their own. They enable movement of the adjacent joint without directly controlling motion within the prosthesis itself. The motion of a passive prosthesis is not driven by external forces or bodily power.

The functionality of body powered prostheses depends on a system of mechanisms, including cable linkage and anchor points. Through coordinated contraction of muscles, these mechanisms generate movement in the joints of the prosthetic limb controlled by the individual.

Externally powered prostheses are controlled by electric signals from the body. These signals are translated and amplified through battery power and are used to operate the prosthetic components.

HUSKY Health primarily uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of most upper limb orthotics and prosthetics. HUSKY Health will use this policy to review requests for upper limb orthotics and prosthetics for which InterQual® Criteria are not available.

- Coverage guidelines for *Body Powered and Myoelectric Upper Arm Prostheses* are available [here](#)

CLINICAL GUIDELINE

Coverage guidelines for upper limb orthoses and prostheses will be 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 his or her 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:

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1

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Upper Limb Orthoses (HCPCS Code L3891)

An addition to an upper limb orthoses may be considered medically necessary when the individual:

- A. Has a medical condition that requires the requested addition;
- B. Has or will have the custom fabricated equipment that is compatible with the requested addition; and
- C. The requested addition is used to aid in joint stability, allow for controlled movement and support, and improve function and comfort.

Upper Limb Prosthesis

An upper limb prosthesis may be considered medically necessary when:

- A. The individual has a traumatic or surgical amputation, or a congenital absence or defect of an upper limb;
- B. The prosthesis replaces all or part of a limb;
- C. The prosthesis helps the individual to regain function of the missing limb;
- D. The individual has the cognitive and musculoskeletal ability to successfully utilize the prescribed prosthesis; and
- E. The individual is expected to have improved limb function with the prosthesis.

Supplies, additions, and accessories are considered medically necessary when there is documentation supporting that it will aid in the function of the prescribed prosthesis.

Repairs and adjustments of a prosthesis are considered medically necessary for changes in the anatomy of the site and for normal wear and tear during typical usage.

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

Requests for coverage of upper limb prosthesis will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for lower limb orthoses and prosthesis:

1. Fully completed authorization request via 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. Clinical documentation, written within the past 12 months, from a qualified professional, e.g., prosthetist, supporting medical necessity of each item as outlined in the *Clinical Guideline* section of this policy;

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4. Results of a device trial/simulation and functional evaluation demonstrating the requested item(s) will meet the individual's functional needs and improve movement; 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 and all discounts per the [Connecticut Department of Social Services \(DSS\) Pricing Policy](#).

EFFECTIVE DATE

This Clinical Guideline is effective for prior authorization requests for individuals covered under the HUSKY A, B, C, and D programs on or after February 1, 2025.

LIMITATIONS

N/A

CODES:

Codes Reviewed Using Policy

Wrist-hand-finger Orthotics	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
Upper Limb Prosthesis- Shoulder	
L6120	Below elbow molded double wall split socket step-up hinges half cuff
Upper Limb Prosthesis- Interscapular Thoracic	
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)
Upper Limb- Immediate and early post-surgical procedures	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384	Immediate postsurgical or early fitting application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	Immediate postsurgical or early fitting, application of rigid dressing only
Upper Limb Endoskeletal- Elbow or Shoulder Area	
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

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Upper Limb- Endoskeletal- Interscapular Thoracic	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including 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
Upper Limb Prostheses- Additions/Replacements	
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
L6615	Upper extremity addition, disconnect locking wrist unit
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction
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
L6630	Upper extremity addition, stainless steel, any wrist
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

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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
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
L6805	Addition to terminal device, modifier wrist unit
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, Custom fabricated
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
Terminal Devices- Hand Restoration Procedures	
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

Codes Reviewed Using InterQual Guidelines

L6611	L6621	L6629	L6632	L6677	L6680	L6682
L6686	L6687	L6688	L6694	L6695	L6696	L6697
L6698	L6880	L6881	L6882	L6883	L6884	L6890
L6925	L6935	L6945	L6955	L7007	L7008	L7009
L7045	L7180	L7181	L7190	L7191	L7259	L7360
L7364	L7366	L7367	L7368	L7400	L7401	L7403
L7404	L9900					

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.

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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. prescription.
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:

- Biddiss EA, Chau TT. Upper limb prosthesis use and abandonment: a survey of the last 25 years. *Prosthet Orthot Int.* 2007 Sep;31(3):236-57. doi: 10.1080/03093640600994581. PMID: 17979010.
- Maat B, Smit G, Plettenburg D, Breedveld P. Passive prosthetic hands and tools: A literature review. *Prosthet Orthot Int.* 2018;42(1):66-74. doi:10.1177/0309364617691622
- National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments; Flaubert JL, Spicer CM, Jette AM, editors. *The Promise of Assistive Technology to Enhance Activity and Work Participation.* Washington (DC): National Academies Press (US); 2017 May 9. 4, Upper-Extremity Prostheses. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453290/>
- "Upper Limb Prostheses - Correct Coding - Ja DME - Noridian." *JA DME*, 31 Mar. 2022, med.noridianmedicare.com/web/jadme/policies/dmd-articles/2022/upper-limb-prostheses-correct-coding.
- UptoDate. Midshaft humerus fractures in adults. Last updated September 20, 2024.
- UptoDate. Upper extremity amputation. Last updated March 6, 2024.
- Solarz MK, Thoder JJ, Rehman S. Management of Major Traumatic Upper Extremity Amputations. *Orthop Clin North Am.* 2016;47(1):127-136. doi:10.1016/j.ocl.2015.08.013
- Wallny T, Westermann K, Sagebiel C, Reimer M, Wagner UA. Functional treatment of humeral shaft fractures: indications and results. *J Orthop Trauma.* 1997;11(4):283-287. doi:10.1097/00005131-199705000-00011

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