

Medical Policy

Prostheses - Upper Limb

Policy Number: 047

	Commercial and Qualified Health Plans	MassHealth
Authorization required Upper Limb Prosthesis/Component(s)	X	X
No Prior Authorization		
Not covered		

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness of upper limb prostheses.

Coverage Guidelines

Mass General Brigham Health Plan provides coverage for an upper limb prosthesis/component(s) when it is medically necessary for the treatment of illness or injury in order to improve functioning and when it is within the member's applicable benefit.

Coverage includes but is not limited to: the purchase of the prosthetic/component(s) or replacement parts and repairs when it is no longer under warranty.

To obtain an upper limb prosthesis/component(s) for a member, the treating physical medicine and rehabilitation physician should contact a contracted Mass General Brigham Health Plan prosthetics provider directly. This provider must have a prosthetist on staff that is currently certified by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics Inc. (ABC), or the Board of Certification/Accreditation, International (BOC). The prosthetist needs to evaluate the member and coordinate with the treating provider the gathering and submitting to Mass General Brigham Health Plan all of the necessary clinical information for determining the benefit coverage and medical necessity of the requested prosthesis/component(s).

Body Powered Upper Limb Prosthesis Criteria

Mass General Brigham Health Plan covers a medically necessary FDA-approved body powered upper limb prosthesis/component(s) for a member¹ when all of the following are met:

1. The request is for replacement of a missing limb or part of a limb;
2. There is member-specific clinical documentation including: prior medical and surgical history, co-morbid conditions, BMI, prior functional status, and prior treatment plans and outcomes, as well as documentation supporting the functional need of the technology or design feature of a given type of prosthesis/component(s) being requested;
3. The remaining limb can support the requested prosthesis/component(s) to allow its effective use;
4. For a permanent prosthesis/component(s) request, all known surgical revisions are completed and the residual limb is fully mature, generally 6 months post amputation or last significant revision;

¹ If the member is a child, there must be social and clinical supports in place to assist in proper care and safe keeping of the prosthesis/component(s) and maintaining adherence. In the case of children, the burden of day-to-day management also rests with the caregivers, and every effort must be made to ensure that they are motivated and clearly committed to having the child gain the maximum benefit from the prosthesis/component(s).

5. The requested prosthesis/component(s) has a specific and detailed HCPCS definition;
6. The member¹ will reach or maintain a predicted improved functional state, with the use of the prescribed prosthesis/component(s) within a reasonable and predictable period of time;
7. The requested prosthesis or component(s) is the most appropriate, least intensive, medically necessary model that adequately meets the medical needs of the member;
8. The requested prosthesis/component(s) can be safely and effectively managed by the member re: the prosthesis' weight, stability, and power;
9. The member has sufficient cognitive and physical capabilities to allow proper and independent functioning of the prosthesis/component(s) and to gain maximum functional benefit from the prosthesis/component(s);
10. The member¹ is highly motivated and able to gain the maximum benefit from the requested prosthesis/component(s);
11. The member¹ is expected to be highly adherent in the use of the prosthesis/component(s);
12. The member¹ understands the prosthesis/component(s) functional limits and physical limitations, and understands and can demonstrate and ensure proper care, use, and safekeeping of the prosthesis/component(s);
13. For children who are still growing, the requested prosthesis/component(s) is designed to optimize use over time by optimally adjusting to growth; and
14. If a socket is being requested, the member does not have any condition that would prevent socket fitting or preclude socket wearing; and for a permanent socket request, the residual limb is fully mature; generally, 6 months post amputation with stabilization of the stump circumference and socket fit for a period of at least 2-3 weeks.

Note: Mass General Brigham Health Plan will cover up to two test (diagnostic) sockets for an individual definitive prosthesis. Additional documentation of medical necessity is required for more than two test sockets.

Myoelectric Upper Limb Prosthesis Criteria

Medical necessity for upper limb prostheses is determined through InterQual[®] criteria, which Mass General Brigham Health Plan has customized. To access the criteria, log in to Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual[®] Criteria Lookup link under the Resources Menu.

Exclusions

1. It will not improve or stabilize the member's condition or improve functioning, or it is suboptimal in producing the desired results and other acceptable options that can produce the desired outcome
2. There is a more appropriate, less intensive model that adequately meets the medical needs of the member and/or allows the performance of activities of daily living
3. The DME or DME features/accessories would be principally used for convenience or would provide a non-medically necessary attribute (e.g. swim prostheses, shower prostheses, artificial limbs or parts for cosmetic purposes only)
4. The DME or DME features/accessories is/are primarily for recreational or avocational use
5. The DME or DME features/accessories is/are considered experimental and investigational per the Mass General Brigham Health Plan Experimental and Investigational Medical Policy

Definitions

Basic Activities of Daily Living: Basic activities of daily living (ADL) are routine activities that people tend to do every day without needing assistance. Generally, there are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.



Codes

Code	Description
L6000	PARTIAL HAND THUMB REMAINING
L6010	PART HAND LITTLE &/ RING FINGER REM
L6020	PARTIAL HAND NO FINGER REMAINING
L6026	TRANSCARPL/MC/PART HAND DISART PROS
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG
L6110	BELOW ELBOW MOLDED SOCKET
L6120	BELW ELB STEP-UP HINGES HALF CUFF
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM
L6310	SHLDR DISART PASS REST COMPL PROSTH
L6320	SHLDR DISART PASS REST SHLDR CAP
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM
L6360	INTERSCAPULAR THOR COMPLT PROSTH
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC
L6382	IMMED POSTSURG RIGD DRSG ELB DSRTC
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL
L6550	SHLDR DISARTIC MOLD SOCKET ENDOSKEL
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD
L6582	PREP WRST DISARTIC ELB SCKT DIR FORM
L6584	PREP ELB DISARTIC PLASTIC SOCKT MOLD
L6586	PREP ELB DISARTIC SOCKET DIR FORM
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL



L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP
L6707	TERMINAL DEVC HOOK MECH VOL CLOSING
L6709	TERMINAL DEVC HAND MECH VOL CLOSING
L6712	TERM DVC HOOK MECH VOL CLOS PED (Not covered for MassHealth members)
L6713	TERM DVC HAND MECH VOL OPN PED (Not covered for MassHealth members)
L6714	TERM DEVC HAND MECH VOL CLOS PED (Not covered for MassHealth members)
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL (Not covered for MassHealth members)
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN (Not covered for MassHealth members)
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS (Not covered for MassHealth members)
L6880	ELEC HND SW/MYOELEC CNTRL ARTC DIG
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT
L6900	HND REST PART W/GLOV THUMB/1 FNGR
L6905	HND REST PART HND W/GLOV MX FNGR
L6910	HND REST PART HND W/GLOV NO FNGR
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL
L6970	INTERSCAP-THOR OTTO BOCK/=SWITCH
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT
L7040	PREHENSILE ACTUATOR SWITCH CONTROL
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL



L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE
L7499	UPPER EXTREMITY PROSTHESIS NOS

Relevant Regulation

MassHealth MCO Contract §2.6D

The General Laws of Massachusetts. Chapter 176G: Section 4S. Coverage for prosthetic devices and repairs: <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section4S>

MassHealth Provider Regulations and Provider Manuals for DME and Prosthetics at <http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-manual/>

MassHealth 130 CMR 428.000: Prosthetics Services. <https://www.mass.gov/regulations/130-CMR-428000-prosthetics-services>

Related Policies

- [Durable Medical Equipment \(DME\)](#)

Effective

August 2022: Annual update.

August 2021: Annual update.

August 2020: Annual update.

July 2019: Annual update. Exclusions added.

June 2018: Annual update

April 2018: Added codes.

February 2017: Changes reflect the addition of InterQual® myoelectric upper limb prosthesis criteria.

July 2016: New medical policy.

References:

Fryer, CM. Upper-Limb Prosthetics: Harnessing and Controls for Body-Powered Devices. In Atlas of Limb Prosthetics: Surgical, Prosthetic, and Rehabilitation Principle; 2002: Chapter 6B.

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Hayes Medical Technology Search and Summary. Myoelectric Mobility Systems (Myomo Inc.) for the Upper Extremity, Oct 26, 2013. Accessed June 2015, 2018

Hayes Medical Technology Search and Summary. Myoelectric Prosthetic Devices for Hand Replacement following Amputation, August 21, 2014. June 2015, 2018

