

Medical Policy

Prostheses – Upper Limb

Policy Number: 047

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization required Upper Limb Prosthesis/ Component(s)	X	X	X	X	X
No Prior Authorization					
Not payable		X (L6712, L6713, L6714, L6721, L6722)			

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 medical necessity criteria for FDA-approved body powered upper limb prosthesis/component(s) is determined through a custom subset accessible through InterQual®. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu, or see below:

1. The request is for replacement of a missing limb or part of a limb; and
2. There is member¹-specific clinical documentation including: medical and surgical history, co-morbid conditions, BMI, prior functional status, prior treatment plans and outcomes, and documentation supporting the functional need of the technology or design feature of a given type of prosthesis/component(s) being requested; and

3. The remaining limb can support the requested prosthesis/component(s) to allow its effective use; and
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; and
5. The requested prosthesis/component(s) has a specific and detailed HCPCS definition; and
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; and
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; and
8. The requested prosthesis/component(s) can be safely and effectively managed by the member re: the prosthesis' weight, stability, and power; and
9. The member has sufficient cognitive and physical capabilities to allow proper and independent functioning of the prosthesis/component(s) and gain maximum functional benefit from the prosthesis/component(s); and
10. The member¹ is highly motivated and able to gain the maximum benefit from the requested prosthesis/component(s); and
11. The member¹ is expected to be highly adherent in the use of the prosthesis/component(s); and
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); and
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 add exclusions. To access the criteria, log into 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 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 protheses, shower protheses, 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.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, CMS did not have any NCDs or LCDs for upper limb prostheses.**

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth did not have medical necessity guidance for upper limb prostheses.**

OneCare and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

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 DISRTC
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 DISARTC MOLD SOCKET ENDOSKEL
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD
L6582	PREP WRST DISARTC ELB SCKT DIR FORM
L6584	PREP ELB DISARTC 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
L6713	TERM DVC HAND MECH VOL OPN PED
L6714	TERM DEVC HAND MECH VOL CLOS PED
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN



L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS
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 CNTRL 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

Summary of Evidence

Limb prostheses include body-powered and myoelectric prosthetic devices. In the 2002 Atlas of Limb Prosthetics, Fryer (Chapter 6B) and Fryer and Michael (Chapter 6A) detail the mechanics of body-powered prosthetics, highlighting their distinctive features. These devices utilize a harnessing system with Dacron straps and stainless-steel cables, allowing users to control prosthetic components through minimal body motion. For



below-elbow prosthetics, a single-control system enables terminal device operation through shoulder movements, with prehension force adjustable by rubber bands (approximately 0.45 kg per band).

The primary advantages of body-powered prosthetics include low cost, high reliability, and mechanical simplicity. The absence of electronic components reduces initial and maintenance expenses, but high-quality analyses of cost-effectiveness of body-powered versus myoelectric prostheses are not available. Durable materials used in body-powered prostheses ensure longevity. Body-powered prosthetics also provide a high degree of sensory feedback. The efficacy of these devices depends critically on socket fit and harness design, which determine control efficiency and secure attachment.

Myoelectric prosthetic devices, in contrast, use electrical signals from residual muscles to control limb movement, offering enhanced functionality. Compared to body-powered alternatives, myoelectric devices provide superior grip strength, finer motor control, and better cosmesis though at a higher cost and with increased maintenance requirements. Myoelectric prosthetic use has also been associated with reduced intensity of phantom-limb pain. Users reported improved independence in daily tasks, with significant gains in grip strength and ability to perform complex motor activities. Some users dislike myoelectric prostheses because of their greater weight and lack of proprioception (Carey 2015; Hayes 2014).

The literature has not established either technology as providing clearly superior functionality. Depending on the user's functional needs, familiarity, and preferences, either body-powered or myoelectric devices may be more advantageous. See the InterQual subset "Prosthetics, Myoelectric, Upper Extremity" for additional literature supporting InterQual medical necessity criteria for myoelectric prostheses.

Relevant Regulation

EOHHS Accountable Care Partnership Plan Contract

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

January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members.

August 2025: Annual update. Simplified wording in myoelectric upper limb prosthesis criteria. Clarified Medicare variation. Updated code disclaimer.

April 2025: Ad hoc update. Summary of Evidence added. References updated.

November 2024: Ad hoc update. Added language under Body Powered Upper Limb Prosthesis Criteria pointing to custom subset in InterQual®. Added language under Myoelectric Upper Limb Prosthesis Criteria stating exclusions in customized InterQual® subset. MassHealth variation language added.

August 2024: Annual update. Code L6715 covered for MassHealth members.

August 2023: Annual update. Medicare Advantage added to table. Medicare variation language added.

August 2022: Annual update.

August 2021: Annual update.



August 2020: Annual update.

July 2019: Annual update. Exclusions added.

June 2018: Annual update.

April 2018: Ad hoc update. Added codes.

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

July 2016: Effective date.

References:

Carey SL, Lura DJ, Highsmith J. Differences in myoelectric and body-powered upper-limb prostheses: systematic literature review. J Rehab Res Dev. 2015;52(3):247-262.

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.

Fryer CM, JW Michael. Upper-Limb Prosthetics: Body-Powered Components. In Atlas of Limb Prosthetics: Surgical, Prosthetic, and Rehabilitation Principle; 2002: Chapter 6A.

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

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

