Upper Limb Prostheses

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Upper limb prosthesis requires precertification.

National Coverage Determination Policy	None
Local Coverage Determination Policy	None
Effective Date	For services performed on or before 11/10/2008
Revision/Review Date	01/19, 11/18, 06/07/18, 04/01/18, 07/01/17, 09/28/16, 01/01/15, 01/01/14
The Health Plan	Commercial plans will follow The Health Plan guidelines unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents Medicare plans will follow Medicare guidelines where applicable unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents West Virginia Medicaid will follow West Virginia Medicaid guidelines unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents

DESCRIPTION STANDARD/NONELECTRIC PROSTHESIS

A prosthesis is a fabricated substitute for a body part that has been surgically removed due to disease, injury or the result of traumatic amputation. It replaces the body part, for cosmetic purposes and/or to replace the function of the missing body part. For the purposes of this policy, we will be discussing prostheses that replace the function of the missing body part, and aid the member in resuming normal activities of daily living that may have been restricted or eliminated due to the loss of the body part.

COVERAGE GUIDELINES FOR STANDARD/NONELECTRIC PROSTHESIS

An upper limb prosthesis, either passive or mechanical (body powered), is covered for member's w/congenital limb deficiencies and for member's with amputations, when the prosthesis is required in order for a member to complete activities of daily living (ADL's). For a mechanical (body powered device), the member must also have the necessary strength and cognitive ability to operate the prosthesis. It must be documented that the member will reach and maintain a defined functional state within a reasonable time-frame, and is motivated to exercise the functional abilities of the prosthesis.

DESCRIPTION MYOELECTRIC/MICROPROCESSOR UPPER LIMB PROTHESIS

Myoelectric control is used to operate an electric motor-driven hand, wrist and elbow. The electric components are powered by rechargeable batteries. There are no external harnesses or cables. Surface electrodes embedded in the prosthesis socket make contact with the skin and detect and amplify muscle action potentials from voluntarily contracting muscle(s) in the residual limb. The amplified electrical signal turns on an electric motor to provide power for the functions of the device (e.g., terminal device operation, wrist rotation, elbow flexion). This allows for operation by muscle contraction versus gross body movement.

Myoelectric hand prostheses can be used for member's w/congenital limb deficiencies and for members with amputations. The device is appropriate for both above-the-elbow and below-the-elbow amputees, and both unilateral and bilateral amputees.

Myoelectric hand prostheses are indicated for persons at least one year of age or older. Children w/congenital absence of the forearm(s) and hand(s) are not usually fitted w/a conventional passive prosthesis until about the age of 12 to 16 months.

Available myoelectric devices include the Dynamic Mode Control hand, the Liberty Mutual Boston Elbow prosthetic device, the LTI Boston Digital Arm System, 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).

HYBRID PROSTHESIS

A hybrid prosthesis uses a combination of myoelectric and body powered components to enhance overall functionality, depending on level and location of the amputation. It is generally indicated for amputations at or above the elbow and consists of a body powered device to control shoulder and elbow movement and a myoelectric device to control the wrist and hand motion, thus allowing for the control of two joints at the same time. Generally, the hybrid prosthesis is lighter weight and less expensive than a prosthesis comprised totally of myoelectric components.

THE DEKA ARM SYSTEM OTHERWISE KNOWN AS THE LUKE ARM

The LUKE arm was developed in a joint effort between the U. S. Department of defense Advanced Research Projects Agency (DARPA), and the DEKA Research and Development Corp. The prosthetic is being offered commercially thru Mobius Bionics LLC. It has multiple powered joints, increased degrees of freedom, and can carry out several movements at the same time. It uses an array of sensors and switches and has wireless control. The wrist and fingers adjust into six different grips, enabling users to perform a range of everyday functions: picking up a grape or a glass, holding a tube of toothpaste, turning a key in a lock, using a power tool. These updated innovations has termed it the first "mind controlled" prosthesis. The latest model has internal batteries with longer life, to improved control systems and more reliable components. It is also wireless and waterproof, and has improved external appearance. It is the same shape and weight as an adult arm. It is made out of aluminum and may be covered in LIVINGSKIN™. The arm does require a harness as the skeleton can no longer be used as a means for attachment.

Note- both hybrid and myoelectric prosthesis use tractors – a small motor secured against the skin that vibrates to get the muscle contraction desired or muscle rennervation surgery which is under investigation but safety and efficacy of this surgery have not yet been established.

COVERAGE GUIDELINES FOR MYOELECTRIC/MICROPROCESSOR UPPER LIMB PROTHESIS

The myoelectric/microprocessor upper limb prosthetic is covered if all of the following conditions are met:

1. The member has sufficient neurological, myocutaneous and cognitive function to operate the device, **and**
2. The member has an amputation or missing limb at the wrist or above, **and**
3. The member is free of comorbidities that could interfere with maintaining function of the device, (i.e., a neuromuscular disease); **and**
4. The member retains sufficient microvolt threshold in the residual limb to allow proper functioning of the prosthesis, **and**
5. Standard body powered prosthetic devices cannot be used or are insufficient to meet the function and needs of the member in performing activities of daily living (ADL), **and**
6. The member does not function in an environment that would inhibit the performance of the prosthesis. For example: a wet environment or situation involving electrical discharges would adversely affect the performance of the device, **and**
7. If requesting a total myoelectric prosthesis, sufficient documentation has been submitted to show that a hybrid device would be insufficient to meet the requirements for the activities of daily living, **and**
8. Children age 2 or older must have documentation submitted showing 6 months or more successful use of a passive prosthetic device and a EMG signal of 6µV threshold or better**, and**
9. The member has coverage for myoelectric /microprocessor devices, as many myoelectric upper limb prosthesis are not covered for West Virginia Medicaid or other commercial plans. Self-funded coverage is based on member's Specific Plan Document.

SOCKETS AND ACCESSORIES

More than two test (diagnostic) sockets for an individual prosthesis are not medically necessary.

No more than two of the same socket inserts are allowed per individual prosthesis at the same time.

Socket replacements are considered medically necessary if there is adequate documentation of functional and/or physiological need. Examples of these are changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to excessive individual's weight or prosthetic demands of very active amputees.

Socket replacements will be considered the responsibility of the provider if the socket change is required in less than six months due to ill fit and there is no clinical evidence of change in medical condition of the member…such as change in residual limb, change in prosthetic demand, change in member weight, etc.…

Socket replacements will be considered the responsibility of the provider when change is required within 90 days of last socket change. May be reviewed if there is compelling clinical documentation that the issue was not caused by ill-fit or normal wear and tear, but by an unforeseen change in a member's medical condition that could not be addressed by any other means than a socket replacement.

Stump socks, harnesses, and batteries are only covered when they aid in or are required for the effective use of the prosthetic

NONCOVERAGE STATEMENT

Any type of upper limb prosthesis (body powered, hybrid, myoelectric) requested for cosmetic reasons is not covered.

Implantable myoelectric sensors are considered investigational.

Secondary or duplicate prosthesis

Enhancements/additions for vocational, recreational, convenience, or cosmetic reasons.

Many myoelectric upper limb prostheses are not covered under WV Medicaid plans.

Myoelectric prostheses are not covered if all of the guidelines (1-7) are not met.

A prosthesis with individually powered digits, including but not limited to a partial hand prosthesis is considered investigational.

Myoelectric prostheses are contraindicated for use with ADL frequency of picking up objects 16 pounds or greater, and environments where frequent involvement with dirt, dust, grease, water, or solvent occur.

LIVINGSKIN™ and other high definition silicon used to give the appearance of natural skin is not covered as it is considered cosmetic and not medical in nature.

The Luke Arm- Hayes gives D rating 2018.

REPAIR AND REPLACEMENT

The myoelectric hand generally comes with a one-year warranty for parts and labor. The motor and drive mechanism typically lasts two to three years, and may need replacement after this period. When used for a child, the sockets may need replaced every 12-18 months due to growth.

Reasonable lifetime for the entire prosthesis is three to five years.

Replacement or Repair is not covered in instances of misuse or neglect and/or not following manufactures instructions on proper care and maintenance.

Manufactures warranties for myoelectric components must be submitted with request for repair and or replacement.

Sockets may be replaced d/t anatomical change prior to the reasonable useful lifetime (RUL).

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENT SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
LT	LEFT SIDE
RT	RIGHT SIDE
LTRT	FOR BILATERAL APPLICATION THE CODE SHOULD BE BILLED ONCE (ON ONE LINE) WITH THE MODIFIER AND 2 IN THE UNITS FIELD
RP	REPLACEMENT AND/OR REPAIR

HCPCS CODES

HAND

L6000	PARTIAL HAND, THUMB REMAINING
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING
L6020	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF SUSPENDED, INER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL
L7007	ELECTRIC HAND, ADULT
L7008	ELECTRIC HAND, PEDIATRIC
L7009	ELECTRIC HOOK, ADULT

L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED
L7045	ELECTRIC HOOK, PEDIATRIC
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTORS
L6881	AUTOMATIC GRASP FEATURE, ADDITION TOUPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE

WRIST DISARTICULATION

L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD
L6055	WRIST DISARTICULATION, MOLDED SOCKET, W/ EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD
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
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE
L6883	REPLACEMENT SOCKET, BELOW ELBOW, WRIST DISARTICULATION, MOLDED TOPATIENT MODEL, FOR USE W/ OR W/O EXTERNAL POWER

BELOW ELBOW

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
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 SELF POWER, SELF SUSPENDED INNER SOCKET, REMOVABLE FORARM SHELL, OTTO BLOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE

ELBOW DISARTICULATION

L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BLOCK 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, OTTOBLOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE
L7070	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED
L7180	ELECTRONIC ELBOW, BOSTON OR UTAH OR EQUAL, 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, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED, ADOLESCENT
L7191	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED, CHILD

ABOVE ELBOW

L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BLOCK 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 BLOCK OR EQUAL ELECTRODES, CABLES, BATTERIES AND ONE CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE

SHOULDER DISARTICULATION

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)
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION /INTERSCAPULAR –THORACIC, MOLDED TO PATIENT MODEL, FOR USE W/ OR W/O EXTERNAL POWER
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BLOCK OR EQUAL SWITCH, CABLES, TWO BATTERIESAND ONE CHARGER, SWITCH CONTROL DEVICE
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER , MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BLOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE

INTERSCAPULAR THORACIC

L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM
L6360	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL LOCKING ELBOW, FOREARM
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)
L6970	INTERSCAPULAR –THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BLOCK 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 BLOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE

Immediate and Early Postsurgical Procedures: These items/codes (L6380 - L6388) are for devices usually applied while the member is still in the inpatient setting. As such, they would be part of the facility bill and would not be separately reimbursable. The permanent prosthesis is applied at a later date and is separately reimbursable.

ENDOSKELETAL BELOW ELBOW

L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING

ENDOSKELETAL ELBOW DISARTICULATION

L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

ENDOSKELETAL ABOVE ELBOW

L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

ENDOSKELETAL SHOULDER DISARTICULATION

L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

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, *SAME AS ABOVE,* NO COVER, DIRECT FORM
L6584	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, MOLDED TO PATIENT MODEL
L6586	PREPARATORY, *SAME AS ABOVE,* NO COVER, DIRECT FORMED
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL
L6590	PREPARATORY, *SAME AS ABOVE,* NO COVER, DIRECT FORM

TERMINAL DEVICES

L6703	TERMINAL DEVICES, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE
L6704	TERMINAL DEVICES, SPORT/RECREATION/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 UNLINES, 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
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATIING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINES OR UNLINED
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINES OR UNLINED
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE
L6882	MICROPROCESSOR CONTROL FEATURE,ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE

GLOVES FOR ABOVE HAND

L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L6895	ADDITIONAL TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED

HAND RESTORATION

L6900	HAND RESTORATION (CASTS, SHADING & MEASUREMENTS INCLUDED) PARTIAL HAND W/GLOVE, THUMB OR ON FINGER REMAINING
L6905	HAND RESTORATION (CASTS, SHADING & MEASUREMENTS INCLUDED) PARTIAL HAND, W/GLOVE, MULTIPLE FINGERS REMAINING
L6910	HAND RESTORATION (CASTS, SHADING & MEASUREMENTS INCLUDED) PARTIAL HAND W/GLOVE, NO FINGERS REMAINING
L6915	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED) REPLACEMENT GLOVE FOR THE ABOVE CODES

ADDITIONS

Additions to Upper Limb Prosthetics (L6600 to L6698) may be added to the above base procedures. These items reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original/initial order. Additions should be billed on the same claim as the base procedure when supplied at the same time as the base procedure, and require authorization and documentation. See THP DME POS Authorization and Compensation Guide for descriptions and quantity limits.

Additions to Upper Limb Prosthesis (L7400-L7499): For these codes which are referring to the composite materials, please refer to THP DME POS Authorization and Compensation Guide for descriptions and precertification requirements.

Upper Extremity Prosthesis, not otherwise specified (L7499-) requires precertification and appropriate documentation submitted for review.

MISCELLANEOUS

NOTE	**SOME OF THESE CODES ARE NOT SEPARETELY PAYABLE WITH INITIAL PROSTHESIS**
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
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS

L7520	REPAIR OF PROSTHETIC DEVICE, LABOR COMPONEMT, PER 15 MINUTES
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH
L8435	PEROSTHETIC SOCK, MULTY PLY, UPPER LIMB, EACH
L8465	PROSTHETIC SHRINKER, UPPER LIMB,EACH
L8485	PROSTHETIC SOCK , SINGLE PLY, UPPER LIMB, EACH

ICD-10 CODES

Q74.9-Q71.30	REDUCTION DEFORMITIES OF UPPER LIMB
S68.019A, S68.029A, S68.519A, S68.019A, S68.029A, S68.519A, S68.529A	COMPLETE OR PARTIAL TRAUMATIC AMPUTATION OF RIGHT OR LEFT THUMB INITIAL ENCOUNTERS. FOR REPLACEMENT OR SUBSEQUENT ENCOUNTERS PROVIDERS ARE TO USE THE CORRECT 7TH DIGIT.
S48.911A, S48.912A, S68.119A, S68.129A, S68.619A	TRAUMATIC AMPUTATION OF FINGER(S), ARM AND/OR HAND, COMPLETE OR PARTIAL. FOR REPLACEMENT OR SUBSEQUENT ENCOUNTERS PROVIDERS ARE TO USE THE CORRECT 7TH DIGIT.
Q71.0A-Q71.93	REDUCTION OF DEFECTS OF UPPER LIMB(S)
Z89.209- Z89.239	AQUIRED ABSENCE OF UPPER LIMB UP THROUGH THE SHOULDER. FOR REPLACEMENT OR SUBSEQUENT ENCOUNTERS PROVIDERS ARE TO USE THE CORRECT 7TH DIGIT.

The diagnoses and ICD-10 codes that support medical necessity indicated above is not an all- inclusive list.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports. This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date
    c. Description of item. The medical record must contain information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code

    e. Physician signature - with date. Date stamps are not appropriate
2. The member's medical records must reflect the need for the item(s) requested.
    1. Reason for amputation
    2. Date of amputation
    3. Clinical course
    4. Therapeutic interventions
    5. Response to treatment
    6. Which ADL's are affected by deficit
    7. How are the ADL's impacted
    8. Functional capabilities before and after amputation
    9. Expected outcomes
    10. Status of current limb
    11. Physical exam - cardiovascular, respiratory, neurological, musculoskeletal.
    12. Description of exact prosthetic being provided. (manufacturer, brand, model number)
    13. There must be medical justification for each item being provided

The assessment form may be submitted with the request for authorization for myoelectric/microprocessor prosthesis.

For replacement prosthesis:

1. When was initial prosthesis originally provided
2. Current functional capabilities
3. Reason for replacement
4. Description of new prosthesis (manufacturer, brand, model)
5. Medical justification for each item being provided

UPPER LIMB PROSTHESIS PROVIDED WHILE MEMBER IN A PART A COVERED STAY

Reimbursement for upper limb prosthesis provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility.

BILLING GUIDELINES

There must be an order on file prior to dispensing prosthesis.

Two new codes were released by the CMS as part of the Healthcare Common Procedure Coding System (HCPCS) 2012 Annual Release. These codes are effective for dates of service on or after January 1, 2012. The new codes are:

- **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).

HCPCS code L6715 describes multiple articulating digit(s) (fingers and/or thumb) which are used on initial issue when paired with a partial hand base procedure code (L6000, L6010, L6020). The articulating

digit(s) can also be used as a "replacement digit(s)" with the use of the RB modifier as part of a prosthetic repair. The following base procedure codes include a custom fabricated socket.

- **L6000** PARTIAL HAND, THUMB REMAINING
- **L6010** PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING
- **L6020** PARTIAL HAND, NO FINGER REMAINING

HCPCS code 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) describes a complete prosthesis. This base procedure code includes all necessary components. This base procedure codes includes a custom fabricated socket. The use of L6715 on initial issue will be denied as unbundling.

HCPCS code L6880 describes a complete hand prosthesis, which consists of the terminal device, all articulating digits and motors. This base procedure code does not include a custom fabricated socket. This base procedure code includes all necessary components. The use of L6715 on initial issue will be denied as unbundling.

HCPCS code L7499 (UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED) must not be used for the billing of any additional features or components, programming, adjustment, etc. with L6026 or L6880 as these codes are considered all-inclusive. The use of L7499 on initial issue will be denied as unbundling.

Correct billing for upper limb prosthesis with L6895 instead of L7499.

The DME MAC, have discovered suppliers billing health care common procedure coding system, Healthcare Common Procedure Coding System (HCPCS) L7499, [upper extremity prosthesis, not otherwise specified] for upper limb prosthetic cosmetic features such as; coloring, veins, hair, etc. Suppliers should be billing L6895 [addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated].

HCPCS L6895 is the appropriate code to bill for a prosthetic cosmetic glove including matching color, hair, skin, and wrinkles. Suppliers should NOT bill using HCPCS L7499 for the cost of the additional cosmetic features. The long narrative description for the L6895 indicates "any material" and therefore includes all of these cosmetic features.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or Advanced Beneficiary Notification (ABN) to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

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