Upper Extremity Myoelectric Prosthetic Devices~~, Specialized, Microprocessor or Myoelectric Limbs~~ (for Louisiana Only)

Policy~~Guideline~~ Number: ~~CS104LA.I~~ **CS360LA.A**
Effective Date: ~~October 1, 2021~~ **TBD**

➲ Instructions for Use

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Application

This ~~Coverage Determination Guideline~~ **Medical Policy** only applies to the state of Louisiana.

Coverage Rationale

An upper extremity Myoelectric Prosthetic for amputations above the wrist is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to InterQual® CP: Durable Medical Equipment Prosthetics, Myoelectric, Upper Extremity, Above the Wrist (Custom) - UHG.

Click here to view the InterQual® criteria.
~~Indications for Coverage~~

~~**Implantable devices/prostheses, such as**~~**An upper extremity Myoelectric Prosthetic hand, partial-hand, or artificial digit(s) for amputations below the wrist is medically necessary when the following criteria**~~heart valves,~~ are met:**

- **Member has** ~~not prosthetics. If covered, these devices would be covered as~~ a **traumatic or** surgical **amputation below the wrist or a congenital missing or dysfunctional hand or finger; and** ~~service.~~
- **Prosthetic replaces all or part of a missing limb; and**
  - ~~o~~
  - ~~o Artificial face, eyes, ears, and nose~~

~~o Breast prosthesis as required by the *Women's Health and Cancer Rights Act of 1998*. Benefits include mastectomy bras~~

~~• The prosthetic device is ordered by or under the direction of a physician; and~~
~~• The prosthetic device is Medically Necessary; and~~
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~~For limb prosthetics, the coverage determination must be made in light of the member's functional needs or potential functional abilities. Member's potential functional abilities are based on reasonable expectations of the Prosthetist, and treating physician, considering factors including, but not limited to:~~
~~• The member's past history (including prior prosthetic use if applicable); and~~
~~• The member's current condition including the status of the residual limb and the nature of other medical problems~~

~~*Computerized Prosthetic Limbs*~~

~~For the purposes of this policy, the terms computerized, bionic, microprocessor, or myoelectric prostheses are considered the same.~~

~~Computerized Prosthetic limbs are a covered health care service when all of the following criteria are met:~~

- ~~Each of the criteria in the~~ Prosthetic **will help the member regain or maintain function; and** ~~Devices section are met; and~~
- Member is evaluated for his/her individual needs by a healthcare professional with the qualifications and training to make an evaluation under the supervision of the ordering physician~~; (documentation should accompany the order);~~ and
~~• Ordering physician signs the final prosthetic proposal; and~~
~~• The records must document the patient's current functional capabilities and his/her expected functional rehabilitation potential, including an explanation for the difference, if that is the case. (It is recognized within the functional classification hierarchy that bilateral amputees often cannot be strictly bound by functional level classifications); and~~
~~• Prosthetic replaces all or part of a missing limb; and~~
~~• Prosthetic will help patient regain or maintain function; and~~
- Member is willing and able to participate in the training for the use of the prosthetic~~; (especially important in use of a computerized upper limb);~~ and
- Member is able to **operate the stimulator of the** ~~physically function at a level necessary for a~~ computerized prosthetic or microprocessor**; and**~~, e.g., hand, leg, or foot~~

• Functional assessment (including activities of daily living (ADLs) and Instrumental ADLs (IADLs)) evaluation and expected rehabilitation potential; and
• Remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized hand), no external switch; and
• Ordering physician authorizes the final prosthetic proposal

Myoelectric prosthetic components for hand, partial-hand, and artificial digits below the wrist are considered not medically necessary in members who do not meet the criteria above.

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- **Note:** A supplier-produced record, even if signed by a physician, does not establish Medical Necessity.
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- Lower Limbs (Computerized and/or Specialized)
- Coverage of computerized and specialized lower limb prostheses is based on maximum prosthetic function level of the patient (see Lower Limb Rehabilitation Classification Levels 1-4).
- Member meets each criteria for computerized prosthetic limbs; and
- Member has or is able to gain Lower Limb Rehabilitation Classification Levels 2-4 for prosthetic ambulation
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• The remaimusculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized arm/hand), no external switch; and • The remaimusculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized arm/hand), no external switch; and • HCPCS Code	• Description
• Ankles	
• L5982	• Lower limb rehabilitation classification is 2 or above

• ~~L5984~~	• ~~Lower limb rehabilitation classification is 2 or above~~
• ~~L5985~~	• ~~Lower limb rehabilitation classification is 2 or above~~
• ~~L5986~~	• ~~Lower limb rehabilitation classification is 2 or above~~
• ~~Hips~~	
• ~~L5961~~	• ~~Functional level is 3 or above~~
• ~~Knees~~ • ~~**Note:** Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification~~	
• ~~K1022~~	• ~~Functional level is 3 or above~~
• ~~L5930~~	• ~~Functional level is 4~~
• ~~L5610~~	• ~~Functional level is 3 or above~~
• ~~L5613~~	• ~~Functional level is 3 or above~~
• ~~L5614~~	• ~~Functional level is 3 or above~~
• ~~L5722~~	• ~~Functional level is 3 or above~~
• ~~L5724~~	• ~~Functional level is 3 or above~~
• ~~L5726~~	• ~~Functional level is 3 or above~~
• ~~L5728~~	• ~~Functional level is 3 or above~~
• ~~L5780~~	• ~~Functional level is 3 or above~~
• ~~L5814~~	• ~~Functional level is 3 or above~~
• ~~Knees~~ • ~~**Note:** Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification~~	
• ~~L5822~~	• ~~Functional level is 3 or above~~
• ~~L5824~~	• ~~Functional level is 3 or above~~
• ~~L5826~~	• ~~Functional level is 3 or above~~
• ~~L5828~~	• ~~Functional level is 3 or above~~
• ~~L5830~~	• ~~Functional level is 3 or above~~
• ~~L5840~~	• ~~Functional level is 3 or above~~
• ~~L5848~~	• ~~Functional level is 3 or above~~
• ~~L5856~~	• ~~Functional level is 3 or above~~
• ~~L5857~~	• ~~Functional level is 3 or above~~
• ~~L5858~~	• ~~Functional level is 3 or above~~
• ~~L5859~~	• ~~Meets all of the criteria below:~~ • ~~Has a microprocessor [swing and stance phase type (L5856)] controlled (electronic) knee~~ • ~~K3 functional level only~~ • ~~Weight greater than 110 lbs. and less than 275 lbs.~~ • ~~Has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K-3 level function with the use of a microprocessor-controlled knee alone~~ • ~~Is able to make use of a product that requires daily charging~~ • ~~Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit~~
• ~~Microprocessor or Specialized Foot or Feet~~	

• ~~**Note:** A user adjustable heel height feature (L5990) will be denied as not meeting criteria for coverage.~~	
• ~~L5972~~	• ~~Functional level is 2 or above~~
• ~~L5973~~	• ~~Functional level is 3 or above~~
• ~~L5976~~	• ~~Functional level is 3 or above~~
• ~~L5978~~	• ~~Functional level is 2 or above~~
• ~~L5979~~	• ~~Functional level is 3 or above~~
• ~~L5980~~	• ~~Functional level is 3 or above~~
• ~~L5981~~	• ~~Functional level is 3 or above~~
• ~~L5987~~	• ~~Functional level is 3 or above~~
• ~~Sockets~~ • ~~Note:~~ • ~~Exception: A test socket is not indicated for an immediate prosthesis (L5400-L5460).~~ • ~~Socket replacements are indicated if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes but is not limited to:~~ • ~~Changes in the residual limb;~~ • ~~Functional need changes;~~ • ~~Or irreparable damage or wear/tear due to excessive member weight or prosthetic demands of very active amputees.~~	
• ~~L5618~~	• ~~More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~
• ~~L5620~~	• ~~More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~
• ~~Sockets~~ • ~~Note:~~ • ~~Exception: A test socket is not indicated for an immediate prosthesis (L5400-L5460).~~ • ~~Socket replacements are indicated if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes but is not limited to:~~ • ~~Changes in the residual limb;~~ • ~~Functional need changes;~~ • ~~Or irreparable damage or wear/tear due to excessive member weight or prosthetic demands of very active amputees.~~	
• ~~L5622~~	• ~~More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~
• ~~L5624~~	• ~~More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~
• ~~L5626~~	• ~~More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~

~~• L5628~~	~~• More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need~~
~~• L5654~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
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~~• L5658~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5661~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5665~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5673~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5679~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5681~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~
~~• L5683~~	~~• No more than two of the same socket inserts are allowed per individual prosthesis at the same time~~

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- ~~Myoelectric Upper Limbs (Arms, Joints, and Hands)~~
- ~~Myoelectric upper limbs (arms, joints, and hands) are eligible for coverage and are Medically Necessary when the following criteria are met:~~
- ~~Member meets all the criteria for computerized prosthetic limbs above; and~~
- ~~Member has a congenital missing or dysfunctional arm and/or hand; or~~
- ~~Member has a traumatic or surgical amputation of the arm (above or below the elbow); and~~
- ~~A standard passive or body-powered Prosthetic Device cannot be used or is insufficient to meet the functional needs of the individual in performing activities of daily living (ADL's); and~~
- ~~The medical records must indicate the specific need for the technologic or design features~~

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Definitions

Activities of Daily Living (ADLs): basic tasks people need to do to function and interact such as bathing, grooming, dressing, toilet use, eating, and physical ambulation. (Mlinac and Feng, 2016, Edemekong et al., 2022)

Instrumental Activities of Daily Living (IADLs): a higher cognitive and complex activity related to independent living such as shopping, transportation, meal preparation, housecleaning, managing finances and managing medications. (Mlinac and Feng, 2016, Edemekong et al., 2022)

~~**Check the definitions within the member benefit plan document that supersede the definitions below.**~~

~~**Lower Limb Rehabilitation Classification Levels: A clinical assessment of patient rehabilitation potential must be based on the following classification levels:**~~

- ~~**K-Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.**~~
- ~~**K-Level 1: Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.**~~
- ~~**K-Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.**~~
- ~~**K-Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.**~~
- ~~**K-Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.**~~

Medically Necessary: **health** ~~Health~~ care services that are all of the following as determined by **us** ~~UnitedHealthcare~~ or our designee:

- · In accordance with Generally Accepted Standards of Medical Practice.
- · Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for **your** ~~the member's~~ Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- · Not mainly for **your** ~~the member's~~ convenience or that of **your** ~~the member's~~ doctor or other health care provider.
- · Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms~~.~~

(Certificate of Coverage 2018)

Myoelectric Prosthetic: A prosthetic device operated by battery-powered electric motors that are activated through electrodes by the myoelectric potentials provided by muscles (Medical Dictionary).

Prosthesis: a man-made substitute for a missing body part (American Cancer Society®).

Prosthetist: a healthcare professional who makes and fits artificial limbs (prostheses) for people with disabilities. This includes artificial legs and arms for people who have had amputations due to conditions such as cancer, diabetes, or injury (John Hopkins Medicine).

~~Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.~~

~~If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. UnitedHealthcare has the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by UnitedHealthcare.~~

~~UnitedHealthcare develops and maintains clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting UnitedHealthcare's determinations regarding specific services. These clinical policies (as developed by UnitedHealthcare and revised from time to time), are available to Covered Persons through myuhc.com or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on UHCprovider.com.~~

~~**Microprocessor Controlled Ankle Foot Prosthesis:** (E.g., Proprio Foot) is able to actively change the ankle angle and to identify sloping gradients and ascent or descent of stairs as the result of microprocessor-control and sensor technology.~~

~~**Microprocessor Controlled Lower Limb Prostheses:** Microprocessor controlled knees offer dynamic control through sensors in the device. Microprocessor controlled knees attempt to simulate normal biological knee function by offering variable resistance control to the swing or stance phases of the gait cycle. The swing-rate adjustments allow the knee to respond to rapid changes in cadence. Microprocessor controlled knee flexion enhances the stumble recovery capability. Prosthetic knees such as the microprocessor controlled knee that focus on better control of flexion abilities without reducing stability have the potential to improve gait pattern, wearer confidence, and safety of ambulation. Available devices include but are not limited to Otto-Bock C-Leg device®, the Ossur RheoKnee® or the Endolite Intelligent Prosthesis®.~~

~~**Myoelectric Prosthetic:** A myoelectric prosthesis uses electromyography signals or potentials from voluntarily contracted muscles within a person's residual limb via the surface of the skin to control the movements of the prosthesis, such as elbow flexion/extension, wrist supination/pronation or hand opening/closing of the fingers. Prosthesis of this type utilizes the residual neuro-muscular system of the human body to control the functions of an electric powered prosthetic hand, wrist or elbow. This is as opposed to a traditional electric switch prosthesis, which requires straps and/or cables actuated by body movements to actuate or operate switches that control the movements of prosthesis or one that is totally mechanical. It has a self-suspending socket with pick up electrodes placed over flexors and extensors for the movement of flexion and extension respectively.~~

~~**Prosthetic Device:** An external device that replaces all or part of a missing body part.~~

~~**Prosthetist:** A person, who measures, designs, fabricates, fits, or services a prosthesis as prescribed by a licensed physician, and who assists in the formulation of the prosthesis prescription for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences. A Prosthetist is a person that has been certified to fit prostheses to residual limbs of the upper and lower extremities.~~

~~**Upper Limb Prosthetic Categories:** Upper limb prostheses are classified into 3 categories depending on the means of generating movement at the joints: passive, body-powered, and electrically powered movement.~~

- **Body-powered prosthesis** utilizes a body harness and cable system to provide functional manipulation of the elbow and hand. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. Prosthetic hand attachments, which may be claw-like devices that allow good grip strength and visual control of objects or latex-gloved devices that provide a more natural appearance at the expense of control, can be opened and closed by the cable system.
- **Hybrid system**, a combination of body-powered and myoelectric components, may be used for high-level amputations (at or above the elbow). Hybrid systems allow control of two joints at once (i.e., one body-powered and one myoelectric) and are generally lighter and less expensive than a prosthesis composed entirely of myoelectric components.
- **Myoelectric prostheses** use muscle activity from the remaining limb for the control of joint movement. Electromyographic (EMG) signals from the limb stump are detected by surface electrodes, amplified, and then processed by a controller to drive battery-powered motors that move the hand, wrist, or elbow. Although upper arm movement may be slow and limited to one joint at a time, myoelectric control of movement may be considered the most physiologically natural. Myoelectric hand attachments are similar in form to those offered with the body-powered prosthesis, but are battery powered. Patient dissatisfaction with myoelectric prostheses includes the increased lack of proprioception, cost, maintenance (particularly for the glove), and weight.
- **Passive prosthesis** is the lightest of the three types and is described as the most comfortable. Since the passive prosthesis must be repositioned manually, typically by moving it with the opposite arm, it cannot restore function.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

CPTCDT/HCPCS Code	Description
Additions to Upper Limb ProstheticsExtremity	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight 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

CPT~~CDT/HCPCS~~ Code	Description
~~L7405~~	~~Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material~~
~~L7499~~	~~Upper extremity prosthesis, not otherwise specified~~
~~**Breast Prosthesis**~~ ~~The codes listed under "breast prosthesis" are always covered even when an exclusion for prosthetic devices exists. Coverage is required for these codes per the Women's Health and Cancer Rights Act of 1998.~~	
~~A4280~~	~~Adhesive skin support attachment for use with external breast prosthesis, each~~
~~L8000~~	~~Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type~~
~~**Breast Prosthesis**~~ ~~The codes listed under "breast prosthesis" are always covered even when an exclusion for prosthetic devices exists. Coverage is required for these codes per the Women's Health and Cancer Rights Act of 1998.~~	
~~L8001~~	~~Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type~~
~~L8002~~	~~Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type~~
~~L8010~~	~~Breast prosthesis, mastectomy sleeve~~
~~L8015~~	~~External breast prosthesis garment, with mastectomy form, post mastectomy~~
~~L8020~~	~~Breast prosthesis, mastectomy form~~
~~L8030~~	~~Breast prosthesis, silicone or equal, without integral adhesive~~
~~L8031~~	~~Breast prosthesis, silicone or equal, with integral adhesive~~
~~L8032~~	~~Nipple prosthesis, prefabricated, reusable, any type, each~~
~~L8033~~	~~Nipple prosthesis, custom fabricated, reusable, any material, any type, each~~
~~L8035~~	~~Custom breast prosthesis, post mastectomy, molded to patient model~~
~~L8039~~	~~Breast prosthesis, not otherwise specified~~
~~S8460~~	~~Camisole, postmastectomy~~
~~**Ear Prosthesis**~~	
~~D5914~~	~~Auricular prosthesis~~
~~D5927~~	~~Auricular prosthesis, replacement~~
~~L8045~~	~~Auricular prosthesis, provided by a nonphysician~~
~~**External Power: Upper Limb Prosthetics**~~	
~~L6920~~	~~Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device~~

CPT~~CDT/HCPCS~~ Code	Description
~~L6925~~	~~Wrist disarticulation, external power, self suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device~~
~~L6930~~	~~Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device~~
~~L6935~~	~~Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device~~
~~L6940~~	~~Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch 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, 2 batteries and one charger, myoelectronic control of terminal device~~
~~L6950~~	~~Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 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 Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device~~
~~L6960~~	~~Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device~~
~~**External Power: Upper Limb Prosthetics**~~	
~~L6965~~	~~Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic 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, cables, 2 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 Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device~~

CPT~~CDT/HCPCS~~ Code	Description
~~L7007~~	~~Electric hand, switch or myoelectric controlled, adult~~
~~L7008~~	~~Electric hand, switch or myoelectric, controlled, pediatric~~
~~L7009~~	~~Electric hook, switch or myoelectric controlled, adult~~
~~L7040~~	~~Prehensile actuator, switch controlled~~
~~L7045~~	~~Electric hook, switch or myoelectric controlled, pediatric~~
~~L7170~~	~~Electronic elbow, Hosmer or equal, switch controlled~~
~~L7180~~	~~Electronic elbow, 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, adolescent, Variety Village or equal, myoelectronically controlled~~
~~L7191~~	~~Electronic elbow, child, Variety Village or equal, myoelectronically controlled~~
~~L7259~~	~~Electronic wrist rotator, any type~~
~~**Eye Prosthesis**~~	
~~D5915~~	~~Orbital prosthesis~~
~~D5916~~	~~Ocular prosthesis~~
~~D5923~~	~~Ocular prosthesis, interim~~
~~D5928~~	~~Orbital prosthesis, replacement~~
~~L8042~~	~~Orbital prosthesis, provided by nonphysician~~
~~L8610~~	~~Ocular implant~~
~~V2623~~	~~Prosthetic eye, plastic, custom~~
~~V2624~~	~~Polishing/resurfacing of ocular prosthesis~~
~~V2625~~	~~Enlargement of ocular prosthesis~~
~~V2626~~	~~Reduction of ocular prosthesis~~
~~V2627~~	~~Scleral cover shell~~
~~V2628~~	~~Fabrication and fitting of ocular conformer~~
~~V2629~~	~~Prosthetic eye, other type~~
~~**Facial Prosthesis**~~	
~~D5911~~	~~Facial moulage (sectional)~~
~~D5912~~	~~Facial moulage (complete)~~
~~D5919~~	~~Facial prosthesis~~
~~D5929~~	~~Facial prosthesis, replacement~~
~~L8041~~	~~Midfacial prosthesis, provided by a nonphysician~~

CPT~~CDT/HCPCS~~ Code	Description
~~**Facial Prosthesis**~~	
~~L8043~~	~~Upper facial prosthesis, provided by a nonphysician~~
~~L8044~~	~~Hemi-facial prosthesis, provided by a nonphysician~~
~~L8046~~	~~Partial facial prosthesis, provided by a nonphysician~~
~~L8048~~	~~Unspecified maxillofacial prosthesis, by report, provided by a nonphysician~~
~~L8049~~	~~Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician~~
~~**Lower Limb Prosthetics**~~	
~~K1022~~	~~Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type~~
~~L5000~~	~~Partial foot, shoe insert with longitudinal arch, toe filler~~
~~L5010~~	~~Partial foot, molded socket, ankle height, with toe filler~~
~~L5020~~	~~Partial foot, molded socket, tibial tubercle height, with toe filler~~
~~L5050~~	~~Ankle, Symes, molded socket, SACH foot~~
~~L5060~~	~~Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot~~
~~L5100~~	~~Below knee, molded socket, shin, SACH foot~~
~~L5105~~	~~Below knee, plastic socket, joints and thigh lacer, SACH foot~~
~~L5150~~	~~Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot~~
~~L5160~~	~~Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot~~
~~L5200~~	~~Above knee, molded socket, single axis constant friction knee, shin, SACH foot~~
~~L5210~~	~~Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each~~
~~L5220~~	~~Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each~~
~~L5230~~	~~Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot~~
~~L5250~~	~~Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot~~
~~L5270~~	~~Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot~~
~~L5280~~	~~Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot~~
~~L5301~~	~~Below knee, molded socket, shin, SACH foot, endoskeletal system~~
~~L5312~~	~~Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5321~~	~~Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee~~
~~L5331~~	~~Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot~~
~~L5341~~	~~Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot~~
~~L5400~~	~~Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee~~
~~L5410~~	~~Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment~~
~~**Lower Limb Prosthetics**~~	
~~L5420~~	~~Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation~~
~~L5430~~	~~Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment~~
~~L5450~~	~~Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee~~
~~L5460~~	~~Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee~~
~~L5500~~	~~Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed~~
~~L5505~~	~~Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed~~
~~L5510~~	~~Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model~~
~~L5520~~	~~Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed~~
~~L5530~~	~~Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model~~
~~L5535~~	~~Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket~~
~~L5540~~	~~Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model~~
~~L5560~~	~~Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5570~~	~~Preparatory, above knee – knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed~~
~~L5580~~	~~Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model~~
~~L5585~~	~~Preparatory, above knee – knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket~~
~~L5590~~	~~Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model~~
~~L5595~~	~~Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model~~
~~L5600~~	~~Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model~~
~~L5610~~	~~Addition to lower extremity, endoskeletal system, above knee, hydracadence system~~
~~L5611~~	~~Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control~~
~~L5613~~	~~Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control~~
~~L5614~~	~~Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control~~
~~L5616~~	~~Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control~~
~~L5617~~	~~Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each~~
~~L5618~~	~~Addition to lower extremity, test socket, Symes~~
~~**Lower Limb Prosthetics**~~	
~~L5620~~	~~Addition to lower extremity, test socket, below knee~~
~~L5622~~	~~Addition to lower extremity, test socket, knee disarticulation~~
~~L5624~~	~~Addition to lower extremity, test socket, above knee~~
~~L5626~~	~~Addition to lower extremity, test socket, hip disarticulation~~
~~L5628~~	~~Addition to lower extremity, test socket, hemipelvectomy~~
~~L5629~~	~~Addition to lower extremity, below knee, acrylic socket~~
~~L5630~~	~~Addition to lower extremity, Symes type, expandable wall socket~~
~~L5631~~	~~Addition to lower extremity, above knee or knee disarticulation, acrylic socket~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5632~~	~~Addition to lower extremity, Symes type, PTB brim design socket~~
~~L5634~~	~~Addition to lower extremity, Symes type, posterior opening (Canadian) socket~~
~~L5636~~	~~Addition to lower extremity, Symes type, medial opening socket~~
~~L5637~~	~~Addition to lower extremity, below knee, total contact~~
~~L5638~~	~~Addition to lower extremity, below knee, leather socket~~
~~L5639~~	~~Addition to lower extremity, below knee, wood socket~~
~~L5640~~	~~Addition to lower extremity, knee disarticulation, leather socket~~
~~L5642~~	~~Addition to lower extremity, above knee, leather socket~~
~~L5643~~	~~Addition to lower extremity, hip disarticulation, flexible inner socket, external frame~~
~~L5644~~	~~Addition to lower extremity, above knee, wood socket~~
~~L5645~~	~~Addition to lower extremity, below knee, flexible inner socket, external frame~~
~~L5646~~	~~Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket~~
~~L5647~~	~~Addition to lower extremity, below knee, suction socket~~
~~L5648~~	~~Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket~~
~~L5649~~	~~Addition to lower extremity, ischial containment/narrow M-L socket~~
~~L5650~~	~~Additions to lower extremity, total contact, above knee or knee disarticulation socket~~
~~L5651~~	~~Addition to lower extremity, above knee, flexible inner socket, external frame~~
~~L5652~~	~~Addition to lower extremity, suction suspension, above knee or knee disarticulation socket~~
~~L5653~~	~~Addition to lower extremity, knee disarticulation, expandable wall socket~~
~~L5654~~	~~Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)~~
~~L5655~~	~~Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)~~
~~L5656~~	~~Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)~~
~~L5658~~	~~Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)~~
~~L5661~~	~~Addition to lower extremity, socket insert, multidurometer-Symes~~
~~L5665~~	~~Addition to lower extremity, socket insert, multidurometer, below knee~~
~~L5666~~	~~Addition to lower extremity, below knee, cuff suspension~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5668~~	~~Addition to lower extremity, below knee, molded distal cushion~~
~~L5670~~	~~Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)~~
~~L5671~~	~~Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert~~
~~L5672~~	~~Addition to lower extremity, below knee, removable medial brim suspension~~
~~**Lower Limb Prosthetics**~~	
~~L5673~~	~~Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism~~
~~L5676~~	~~Additions to lower extremity, below knee, knee joints, single axis, pair~~
~~L5677~~	~~Additions to lower extremity, below knee, knee joints, polycentric, pair~~
~~L5678~~	~~Additions to lower extremity, below knee, joint covers, pair~~
~~L5679~~	~~Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism~~
~~L5680~~	~~Addition to lower extremity, below knee, thigh lacer, nonmolded~~
~~L5681~~	~~Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)~~
~~L5682~~	~~Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded~~
~~L5683~~	~~Addition to lower extremity, below knee/above knee, 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 (for other than initial, use code L5673 or L5679)~~
~~L5684~~	~~Addition to lower extremity, below knee, fork strap~~
~~L5685~~	~~Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each~~
~~L5686~~	~~Addition to lower extremity, below knee, back check (extension control)~~
~~L5688~~	~~Addition to lower extremity, below knee, waist belt, webbing~~
~~L5690~~	~~Addition to lower extremity, below knee, waist belt, padded and lined~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5692~~	~~Addition to lower extremity, above knee, pelvic control belt, light~~
~~L5694~~	~~Addition to lower extremity, above knee, pelvic control belt, padded and lined~~
~~L5695~~	~~Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each~~
~~L5696~~	~~Addition to lower extremity, above knee or knee disarticulation, pelvic joint~~
~~L5697~~	~~Addition to lower extremity, above knee or knee disarticulation, pelvic band~~
~~L5698~~	~~Addition to lower extremity, above knee or knee disarticulation, Silesian bandage~~
~~L5699~~	~~All lower extremity prostheses, shoulder harness~~
~~L5700~~	~~Replacement, socket, below knee, molded to patient model~~
~~L5701~~	~~Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model~~
~~L5702~~	~~Replacement, socket, hip disarticulation, including hip joint, molded to patient model~~
~~L5703~~	~~Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only~~
~~L5704~~	~~Custom shaped protective cover, below knee~~
~~L5705~~	~~Custom shaped protective cover, above knee~~
~~L5706~~	~~Custom shaped protective cover, knee disarticulation~~
~~L5707~~	~~Custom shaped protective cover, hip disarticulation~~
~~L5710~~	~~Addition, exoskeletal knee-shin system, single axis, manual lock~~
~~L5711~~	~~Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material~~
~~L5712~~	~~Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)~~
~~L5714~~	~~Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control~~
~~**Lower Limb Prosthetics**~~	
~~L5716~~	~~Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock~~
~~L5718~~	~~Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control~~
~~L5722~~	~~Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control~~
~~L5724~~	~~Addition, exoskeletal knee-shin system, single axis, fluid swing phase control~~
~~L5726~~	~~Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5728~~	~~Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control~~
~~L5780~~	~~Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control~~
~~L5785~~	~~Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)~~
~~L5790~~	~~Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)~~
~~L5795~~	~~Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)~~
~~L5810~~	~~Addition, endoskeletal knee-shin system, single axis, manual lock~~
~~L5811~~	~~Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material~~
~~L5812~~	~~Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)~~
~~L5814~~	~~Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock~~
~~L5816~~	~~Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock~~
~~L5818~~	~~Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control~~
~~L5822~~	~~Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control~~
~~L5824~~	~~Addition, endoskeletal knee-shin system, single axis, fluid swing phase control~~
~~L5826~~	~~Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame~~
~~L5828~~	~~Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control~~
~~L5830~~	~~Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control~~
~~L5840~~	~~Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control~~
~~L5845~~	~~Addition, endoskeletal knee-shin system, stance flexion feature, adjustable~~
~~L5848~~	~~Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability~~
~~L5850~~	~~Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist~~
~~L5855~~	~~Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5856~~	~~Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type~~
~~L5857~~	~~Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type~~
~~L5858~~	~~Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type~~
~~L5859~~	~~Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)~~
~~L5910~~	~~Addition, endoskeletal system, below knee, alignable system~~
~~L5920~~	~~Addition, endoskeletal system, above knee or hip disarticulation, alignable system~~
~~L5925~~	~~Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock~~
~~L5930~~	~~Addition, endoskeletal system, high activity knee control frame~~
~~**Lower Limb Prosthetics**~~	
~~L5940~~	~~Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)~~
~~L5950~~	~~Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)~~
~~L5960~~	~~Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)~~
~~L5961~~	~~Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control~~
~~L5962~~	~~Addition, endoskeletal system, below knee, flexible protective outer surface covering system~~
~~L5964~~	~~Addition, endoskeletal system, above knee, flexible protective outer surface covering system~~
~~L5966~~	~~Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system~~
~~L5968~~	~~Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature~~
~~L5969~~	~~Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)~~
~~L5970~~	~~All lower extremity prostheses, foot, external keel, SACH foot~~
~~L5971~~	~~All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only~~
~~L5972~~	~~All lower extremity prostheses, foot, flexible keel~~

CPT~~CDT/HCPCS~~ Code	Description
~~L5973~~	~~Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source~~
~~L5974~~	~~All lower extremity prostheses, foot, single axis ankle/foot~~
~~L5975~~	~~All lower extremity prostheses, combination single axis ankle and flexible keel foot~~
~~L5976~~	~~All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)~~
~~L5978~~	~~All lower extremity prostheses, foot, multiaxial ankle/foot~~
~~L5979~~	~~All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system~~
~~L5980~~	~~All lower extremity prostheses, flex-foot system~~
~~L5981~~	~~All lower extremity prostheses, flex-walk system or equal~~
~~L5982~~	~~All exoskeletal lower extremity prostheses, axial rotation unit~~
~~L5984~~	~~All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability~~
~~L5985~~	~~All endoskeletal lower extremity prostheses, dynamic prosthetic pylon~~
~~L5986~~	~~All lower extremity prostheses, multiaxial rotation unit (MCP or equal)~~
~~L5987~~	~~All lower extremity prostheses, shank foot system with vertical loading pylon~~
~~L5988~~	~~Addition to lower limb prostheses, vertical shock reducing pylon feature~~
~~L5990~~	~~Addition to lower extremity prosthesis, user adjustable heel height~~
~~L5999~~	~~Lower extremity prosthesis, not otherwise specified~~
~~**Miscellaneous**~~	
~~L7700~~	~~Gasket or seal, for use with prosthetic socket insert, any type, each~~ ~~(**Note:** L7700 is for either a lower limb, or an upper limb socket)~~
~~L8510~~	~~Voice amplifier~~
~~**Nose Prosthesis**~~	
~~D5913~~	~~Nasal prosthesis~~
~~D5922~~	~~Nasal septal prosthesis~~
~~D5926~~	~~Nasal prosthesis, replacement~~
~~L8040~~	~~Nasal prosthesis, provided by a nonphysician~~
~~L8047~~	~~Nasal septal prosthesis, provided by a nonphysician~~
~~**Prosthetic Socks**~~	
~~L7600~~	~~Prosthetic donning sleeve, any material, each~~
~~L8400~~	~~Prosthetic sheath, below knee, each~~

CPT~~CDT/HCPCS~~ Code	Description
~~L8410~~	~~Prosthetic sheath, above knee, each~~
~~L8415~~	~~Prosthetic sheath, upper limb, each~~
~~L8417~~	~~Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each~~
~~L8420~~	~~Prosthetic sock, multiple ply, below knee, each~~
~~L8430~~	~~Prosthetic sock, multiple ply, above knee, each~~
~~L8435~~	~~Prosthetic sock, multiple ply, upper limb, each~~
~~L8440~~	~~Prosthetic shrinker, below knee, each~~
~~L8460~~	~~Prosthetic shrinker, above knee, each~~
~~L8465~~	~~Prosthetic shrinker, upper limb, each~~
~~L8470~~	~~Prosthetic sock, single ply, fitting, below knee, each~~
~~L8480~~	~~Prosthetic sock, single ply, fitting, above knee, each~~
~~L8485~~	~~Prosthetic sock, single ply, fitting, upper limb, each~~
~~L8499~~	~~Unlisted procedure for miscellaneous prosthetic services~~
~~L9900~~	~~Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code~~
~~**Repair and Replacement**~~	
~~L7510~~	~~Repair of prosthetic device, repair or replace minor parts~~
~~L7520~~	~~Repair prosthetic device, labor component, per 15 minutes~~
~~**Upper Limb Prosthetics**~~	
~~L6000~~	~~Partial hand, thumb remaining~~
~~L6010~~	~~Partial hand, little and/or ring finger remaining~~
~~L6020~~	~~Partial hand, no finger remaining~~
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, excludes terminal device(s)
~~L6050~~	~~Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad~~
~~L6055~~	~~Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad~~
~~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~~

CPT~~CDT/HCPCS~~ Code	Description
~~L6205~~	~~Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm~~
~~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)~~
~~L6350~~	~~Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm~~
~~**Upper Limb Prosthetics**~~	
~~L6360~~	~~Interscapular thoracic, passive restoration (complete prosthesis)~~
~~L6370~~	~~Interscapular thoracic, passive restoration (shoulder cap only)~~
~~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~~
~~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~~
~~L6570~~	~~Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping~~

CPT~~CDT/HCPCS~~ Code	Description
~~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~~
~~L6600~~	~~Upper extremity additions, polycentric hinge, pair~~
~~L6605~~	~~Upper extremity additions, single pivot hinge, pair~~
~~L6610~~	~~Upper extremity additions, flexible metal hinge, pair~~
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
~~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~~
***~~L6621~~	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
~~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~~

CPT~~CDT/HCPCS~~ Code	Description
~~L6628~~	~~Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal~~
~~**Upper Limb Prosthetics**~~	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock~~Otto Bock~~ or equal
~~L6630~~	~~Upper extremity addition, stainless steel, any wrist~~
L6632	Upper extremity addition, latex suspension sleeve, each
~~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~~
~~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~~
*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
~~L6684~~	~~Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic~~
L6686	Upper extremity addition, suction socket

CPT~~CDT/HCPCS~~ Code	Description
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation
~~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~~
~~L6693~~	~~Upper extremity addition, locking elbow, forearm counterbalance~~
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 (for other than initial, use code **16694** ~~L6694~~ or **16695** ~~L6695~~)
~~**Upper Limb Prosthetics**~~	
*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 (for other than initial, use code **16694** ~~L6694~~ or **16695** ~~L6695~~)
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
~~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, pediatric~~

CPT~~CDT/HCPCS~~ Code	Description
~~L6712~~	~~Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, 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 articulating digit, includes motor(s), initial issue or replacement
~~L6721~~	~~Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined~~
~~L6722~~	~~Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined~~
~~L6805~~	~~Addition to terminal device, modifier wrist unit~~
~~L6810~~	~~Addition to terminal device, precision pinch device~~
*L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
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, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
~~L6885~~	~~Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power~~
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
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**
L6935	**Below elbow, 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**
***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, myoelectronic control of terminal device**

CPT~~CDT/HCPCS~~ Code	Description
*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, myoelectronic control of terminal device
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, myoelectronic control of terminal device
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
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
L7360	Six volt battery, 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
L7400 ~~L6895~~	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight ~~glove for terminal device, any~~ material (titanium, carbon fiber or equal)~~, custom fabricated~~
L7401 ~~L6900~~	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal) ~~Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining~~
L7403 ~~L6905~~	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material ~~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~~
L7404 ~~L6915~~	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material ~~Hand restoration (shading and measurements included), replacement glove for above~~
L8465	Prosthetic shrinker, upper limb, each

Codes labeled with an asterisk (*) are not on the Louisiana Medicaid Fee Schedule and therefore may not be covered by the state of Louisiana Medicaid Program.

Description of Services

A prosthesis is an artificial device used to replace all or part a missing body part and is intended to restore normal function. Meier and Melton (2014) identify the most common levels of amputations for the upper limb are the transradial (TR) (below elbow, BE) and the transhumeral (TH) (above elbow, AE). The prosthesis is a tool that helps the single-limb amputee gain functional independence. Ideally, upper limb unilateral amputees should be able to accomplish things such as wearing the prosthetic during waking hours, perform basic ADLs, and return to work whenever possible.

Upper limb prosthesis can be classified into four categories of prosthesis:

- **Passive prosthesis is the lightest of all the prosthesis and often termed as cosmetic. It has no motors and contains limited mechanical features.**
- **Body-powered prosthesis comes from the patient's movements and utilizes a body harness and strap which connects to a cable system that operates the device. Advantages include lightweight, durable and may be waterproof; disadvantages include a required harness, strength and range of motion capability from user.**
- **Externally powered prosthesis is powered by batteries contained within the system and controlled by EMG signals, force-sensing resistors, and pull/push switches and most often reserved for high-level amputees. Advantages include little or no harnessing of the device, generate more force and appear more cosmetic; disadvantages include battery life and daily charging, not waterproof, more complex and therefore prone to breakage and repair.**
- **Hybrid prosthesis combines body-powered components and myoelectric/externally powered components in one device. This type of prosthesis is most commonly used by transhumeral and shoulder disarticulation amputees and reserved for high-level amputees.**
  (National Academies of Sciences, Engineering, and Medicine; 2017)

Clinical Evidence

Carey et al. (2015) conducted a systematic review to identify evidence statements regarding the differences between myoelectric (MYO) and body-powered (BP) prosthesis in persons with upper limb amputations. A search was conducted using PubMed, CINAHL, RECAL Legacy, Cochrane Database of Systematic Reviews, Cochrane Clinical Trials Registry, EMBASE, PMC-NIH Research Publication Database, Web of Science, and Google Scholar. A total of 31 articles were found which spanned from 1993 to 2013, with most of the publications occurring in 2012. The median subject size was 12 and average age of participants was 43.3 years. Twenty-four articles were experimental or observational along with expert opinions in six publications which were therefore given a low quality of evidence. Device assessments fell into three categories with surveys being the most common in 12 of the 24 relevant articles; other assessments included laboratory and clinical functional assessments and ability to use ADLs. Eleven empirical evidence statements (EES) were created based on the following areas of interest: functionality, control and feedback, cosmesis and psychosocial issues, and rejection. The EES were then divided into the following five categories: activity/sport specific, body-powered,

control, myoelectric, and rejection rates. The authors found conflicting information in terms of the relative functional performance of BP and MYO prostheses. BP prostheses have advantages in training time, durability, and frequency in adjustments, measurements and feedback. MYO prostheses have been shown to provide a cosmetic advantage, are more accepted for light-intensity work, and may have a positive effect on the patient's phantom limb pain. Study limitations included low number of controlled experiments and high number of observational studies.

Myoelectric Hand, Partial-hand, or Artificial Digits

Widehammar et al. (2022) published the results of a single case study evaluating the effect of multi-grip myoelectric prosthetic hands-on performance of daily activities, pain-related disability and prosthesis use, in comparison with single-grip myoelectric prosthetic hands. Nine adults with upper-limb loss participated in the study and all had previous experience of single-grip myoelectric prostheses and were prescribed a prosthesis with multi-grip functions. Both a single-baseline (for ACMC and SHAP data) and a multiple baseline single-case AB design was used. At 6 months' follow-up self-perceived performance and satisfaction scores had increased, prosthesis wearing time had increased, and pain-related disability had reduced in participants with musculoskeletal pain at baseline. The authors concluded that the multi-grip myoelectric prosthetic hand has favorable effects on performance of, and satisfaction with, individually chosen activities, prostheses use and pain-related disability. A durable single-grip myoelectric prosthetic hand may still be needed for heavier physical activities. With structured training, a standard 2-site electrode control system can be used to operate a multi-grip myoelectric prosthetic hand. However, the authors summarized that there may be a mismatch between the patients' wish for better prosthetic devices and their actual use of the new devices. Current knowledge is inconclusive and further studies are needed to support rehabilitation clinicians in their prescription decisions.

A health technology assessment by Hayes (2021) found a very low-quality body of evidence that suggests the LUKE arm (referred to as the DEKA arm in many studies) appears to be safe and may allow some patients to perform certain ADLs, but not all. Some ADLs were more manageable with the patient's existing prosthesis; however, the limited evidence suggests inconsistent improvement on functional measures when compared to their existing prosthesis. Future studies which include larger sample sizes and long-term follow-up are needed to further compare the safety and efficacy of this device.

Wanamaker et al. (2019) reported the results of a cross-sectional study evaluating upper limb function and kinematics in 10 males with partial-hand amputations fitted with a partial-hand prosthesis. Three-dimensional kinematics were compiled as they performed the Southampton Hand Assessment Procedure (SHAP) with and without a prosthesis. Without a prosthesis, larger joint movements were noted. There was significant improvement for the individuals with a five-digit limb loss using a prosthesis seen in the SHAP scores in comparison with those not using a prosthesis ($p<0.05$ for 6 of 7 SHAP score categories). The authors concluded the prosthesis reduced functional deficits and decreased joint range of motion in individuals with partial hand loss which may reduce the overuse injury risk.

Validated performance-based outcome measures for upper limb (UL) prosthesis users are sparse and may not adequately address all necessary aspects of functional restoration. Wang et al. (2018) evaluated and compared the following characteristics of performance-based outcome measures for UL function: (1) location of task performance around the body, (2) possible grips employed, (3) bilateral versus unilateral task participation, and (4)

details of the scoring mechanisms, including subjectivity, assessment of sensation, and assessment of quality of motion (QoM). A literature search was conducted using the EMBASE, Medline, and Cumulative Index to Nursing and Allied Health electronic databases from 1970 to June 2015 to identify relevant clinical studies that used UL performance-based outcome measures as functional endpoints; a final list of 7 articles was found. Inclusion criteria included one or more outcome measures that were developed for amputees or individuals with neurologic/musculoskeletal impairments or disabilities of the UL, were intended to measure the functional restoration/improvements through a series of activities or tasks and were intended for use in the adult population. For each identified outcome measured, specific characteristics were obtained: areas around the body in which tasks are performed; the types of grips that a user could possibly employ; bilateral versus unilateral task participation; and the subjectivity and details of the scoring mechanisms, with a particular focus on the assessment of sensation and quality of motion (QoM) (QoM was defined as any consideration of how a movement was performed). The authors suggested utilization or modification of existing measures designed for other clinical populations as first steps to more aptly measure prosthesis use while more complete assessments for UL prosthesis users are developed.

Resnik et al. (2018) conducted a two-part study on the Gen 3 DEKA arm when compared to conventional prosthesis. Part A consisted of laboratory training and part B addressed home training; 23 participants completed part A and then a subset (15) went on to complete part B. Participants in part A were at least 18 years old and had an upper limb amputation at the transradial, transhumeral, shoulder disarticulation or scapulothoracic level; participants were eligible for part B of the study if they had at least fair functional use of the DEKA Arm. The device includes 3 available configurations: radial configuration (RC) for persons with radial amputation; humeral configuration (HC) for persons with humeral amputation; and shoulder configuration (SC) for persons with shoulder disarticulation, forequarter amputation or very short transhumeral amputation. Unique features of all configuration levels are the powered wrist which allows flexion and extension and six programmable hand grip patterns. Performance based measures included a dexterity measure, the Jebsen-Taylor Hand Function Test (JTHFT), and measures of activity performance [Activities Measure for Upper Limb Amputees (AM-ULA); University of New Brunswick Test of Prosthetic Function for Unilateral Amputees (UNB); Timed Measure of Activity Performance (T-MAP), and Brief Activity Measure for Upper Limb Amputees (BAM-ULA)]. Each of the performance measures assess performance of daily activities but differ significantly in the scoring criteria and item content. For example, the T-MAP assesses the time it takes to perform an activity, while the AM-ULA assesses body compensation during activity performance. A variety of self-reported measures were completed as well. Upon completion of the data analysis for both performance and self-reported measures, the authors found at the end of part A participants using the DEKA arm had less perceived disability and more engagement in everyday tasks, but their activity performance was slower. However following completion of part B, participants perceived disability was lower, prosthesis engagement higher, activity performance was improved, and activity speed was equivalent to using a conventional prosthesis. It was also noted that the authors found no differences between the DEKA Arm and conventional prostheses in evaluation of dexterity, prosthetic skill, spontaneity, community integration or quality of life. Limitations included small sample size and participant experience with previous generations of DEKA.

Earley et al. (2016) developed a training protocol and a classifier that switches between long and short EMG analysis window lengths. A study involving 17 non-amputee and 2 partial-hand amputee subjects participated to determine the effects of including electromyogram (EMG) from different arm and hand locations during static and/or dynamic

wrist motion. Several real-time classification techniques were evaluated to determine which control scheme yielded the highest performance in virtual real-time tasks using a three-way analysis of variance (ANOVA). The outcome identified significant interaction between analysis window length and the number of grasps available. Including static and dynamic wrist motion and intrinsic hand muscle EMG with extrinsic muscle EMG significantly reduced pattern recognition classification error by 35%. Classification delay or majority voting techniques significantly improved real-time task completion rates (17%), selection (23%), and completion (11%) times, and selection attempts (15%) for non-amputee subjects, and the dual window classifier significantly reduced the time (8%) and average number of attempts required to complete grasp selections (14%) made in various wrist positions. Amputee subjects demonstrated improved task timeout rates, and made fewer grasp selection attempts, with classification delay or majority voting techniques. The authors concluded that the proposed techniques show promise for improving control of partial-hand prostheses and more effectively restoring function to individuals using these devices.

Due to few measures developed for or validated with adults, and limited research to guide, Resnik et al. (2013) found it is a challenge to collect or analyze data outcomes for persons with upper limb amputation. The authors identify a need for new function tests for adult amputees, as well as new measures for use with higher-level amputees, bilateral amputees, and body-powered users. 52 patients with upper limb amputation were evaluated. A set of activities from the Atkins activities of daily living checklist were identified and a simple grading scale was used. Therapists were oriented to the measures and asked each patient some basic instructions with their prosthetic limb and then their sound limb. Videotaping of sessions occurred and then adjustments for scoring were made. Final scoring criteria was comprised of the following: "(1) extent of completion of all activity subtasks; (2) speed of completion; (3) movement quality; (4) skillfulness of prosthetic use and control over voluntary grip functions; and (5) independence." The authors developed and refined a new performance-based activity identified as Activities Measure for Upper Limb Amputees (AM-ULA) and demonstrated that the measure has acceptable reliability, consistency and known group validity.

Egermann et al. (2009) conducted a retrospective study on forty-one children (< six years of age) to evaluate the acceptance of myoelectric prostheses in preschool children. All patients suffered from a unilateral congenital upper limb deficiency or traumatic upper limb amputation; patients with bilateral amputations were excluded. Most of the children in the study received a passive device at the age of approximately one year. For the patient to be fitted with a myoelectric prosthesis, the following inclusion criteria needed to be met: 1) communicates well and follows instructions from strangers, 2) bi-manual handling and proactive interest in an artificial limb, and 3) family support for the child in using the myoelectric device. The myoelectric prosthesis was identical for all patients. A socket was manufactured using the "Muenster" technique and a single electrode which controlled the opening of the hand while closing automatically was placed. The "Elektrohand 2000" from Germany was used and powered by a six-volt rechargeable battery. Specialized occupational therapists made the initial introduction of the device to the children; structured training at the hospital occurred over one to two weeks by an interdisciplinary team. Families were asked to complete a specific questionnaire which included items such as information about internal/external occupational training, skin irritations at the stump, and activities of daily life. Successful use of the device was defined by daily wearing it for more than two hours per day. Over an observation period of two years, 76% of the study group was successful with the device. The actual mean time of daily use was 5.8±4.1 hours/day. The authors found children between two and four years of age (n=23) showed a higher average time of daily

use when compared to the older subgroup of patients in the four to six years of age (n=18); in addition, they also found above elbow amputees wore the device more often than children with below elbow amputations. It was concluded under the right conditions the application of a myoelectric hand prosthesis in a young child can be very successful; family involvement was a major key factor in the child's success. Limitations of the study included the small number of participants, weight of the prosthesis and low battery life span.

Crandall and Tomhave (2002) retrospectively evaluated 34 pediatric patients for long-term follow-up on a variety of prosthetic options given for below-elbow amputees. The patients were provided with a variety of prosthetic options, including a "passive" cosmetic upper extremity device. Most of the patients were fitted with conventional prostheses using a body-powered voluntary closing terminal device (97%) as well as myoelectric prostheses (82%). The average follow-up was 14 years, with many of the patients being followed up throughout their entire childhood. All patients were sent questionnaires, and patient interviews and chart review were completed. Final analysis indicated that 15 patients (44%) selected a simple cosmetic "passive hand" as their prosthesis of choice. In long-term follow-up 14 patients (41%) continued as multiple prosthetic users. Fourteen patients (41%) selected the conventional prosthesis using a voluntary closing terminal device as the prosthesis of choice. Only five patients (15%) selected the myoelectric device as their primary prosthesis. The authors concluded that successful unilateral pediatric amputees choose multiple prostheses based on function and that often the most functional prosthesis selected in the long-term was the simplest one in design. The authors felt strongly that unilateral pediatric amputees be offered a variety of prosthetic options to help with normal ADLs. Limitations included small sample size and focus on pediatric population.

Bergman et al. (1992) compared an adaptive myoelectric prosthetic hand to a conventional myoelectric hand. The comparison involved eight individuals with traumatic unilateral upper limb amputations who were currently using conventional myoelectrical prosthetic hands. These individuals were fitted with a commercially available myoelectric prosthetic hand with an adaptive grip. Comparisons were made regarding width of grip, force of grip, scores in a standardized grip function test and prosthesis preference. The conventional prosthesis showed significantly better results regarding these parameters. The adaptive hand does not appear to be fully developed for practical use in prosthetic rehabilitation. The authors concluded that the particular type of adaptive hand did not appear to increase the functional benefit compared to a conventional myoelectric prosthesis. it could not be verified that an adaptive prosthetic hand would be the best technical solution. If a prosthetic system is to be clinically useful, it must provide good grip function and still be simple and reliable enough to use without the facilities of a development laboratory. In order to achieve this balance, a close contact between technical development and clinical rehabilitation may be one of the most important factors.

Millstein et al. (1986) retrospectively reviewed adult upper limb amputees for use of body and electrically powered prostheses. 314 patients were evaluated; there were 45 wrist disarticulations, 175 below-elbow amputations, 3 elbow disarticulations, 71 above-elbow amputations, 15 shoulder disarticulations and 5 forequarter amputations. Ages of the participants ranged from 14 to 68 years with the average age being 49 years; there were 302 males and 12 females. Evaluation included the completion of a standard questionnaire which examined the use of various types of prostheses while performing activities of daily living, work and recreation. Questions included the amount of time the prosthesis was actually worn, its use and reliability in addition to any problems the

amputee may have encountered. 85% of the patients had a cable operated prosthesis with hook(s), 55% a cable operated hand, 10% a cosmetic prosthesis and 25% an electrically powered prosthesis. The authors found that 83% of the amputees had complete or useful acceptance of an electrically powered prosthesis; 68% used the cable operated hook, 20% used the cable operated hand and 48% used the cosmetic prosthesis. The results indicated that the most preferred prosthesis was the electrically powered prosthesis; the cable operated hook came in second followed by the cosmetic and cable operated hand.

Clinical Practice Guidelines

Department of Veterans Affairs(VA)/Department of Defense (DoD)

In a 2014 Clinical Practice Guideline for rehabilitation of individuals with lower limb amputation, the following is recommended:

Pre-Prosthetic Training Recommendation

- The care team should ensure that patients undergo pre-prosthetic training to help determine the most appropriate type of device to achieve functional goals. [Expert Opinion]
- Though it is currently impossible to replace all of the lost functions of any part of the upper limb that has been amputated, it is possible for a patient to potentially restore a significant amount of function when prescribed an appropriate prosthesis. A patient's potential restored function depends on several factors including:
  - Adequate physical condition to wear and operate a prosthesis including
  - Goals/motivations and willingness to move forward with prosthetic training
  - Living conditions/social support
  - Cognitive status and the ability to understand and apply knowledge to the fitting and use of a prosthesis
  - Access to appropriate healthcare (with an experienced prosthetic team)
  - Importance of cosmetic appearance and self-image
  - Functional requirements
  - Vocational requirements
  - Financial coverage
- A comprehensive assessment should be conducted by the care team to determine the most appropriate types of prostheses to prescribe along with educating the patient and/or caregiver(s) on the various types of available prostheses.

Prosthesis Prescription

- Once the appropriate type of prosthesis is identified, the care team should write a prescription for the device, including all necessary components. [Expert Opinion]
  - Prescriptions for upper extremity prostheses should be based on a collaborative decision between the patient and the care team. After the care team has conducted a pre-prosthetic assessment and all appropriate prosthetic options have been discussed with the patient, family and/or caregiver, a prescription for the appropriate upper limb prosthesis and pre-prosthetic training is written by the primary physician of the care team. A comprehensive prescription for an upper extremity prosthesis should include:
    - Design (e.g., preparatory vs. definitive)
    - Control strategy (e.g., passive, externally powered, body powered, task specific)
    - The anatomical side and amputation level of the prosthesis
    - Type of socket interface (e.g., soft insert, elastomer liner, flexible thermoplastic)

- **Type of socket frame (e.g., thermoplastic or laminated)**
- **Suspension mechanism (e.g., harness, suction, anatomical)**
- **Terminal device (TD) VA/DoD Evidence-Based Clinical Practice Guideline for the Management of Upper Extremity Amputation Rehabilitation Page 64 of 149**
- **Wrist unit (if applicable)**
- **Elbow unit (if applicable)**
- **Shoulder unit (if applicable)**

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Prostheses are class I devices exempt from U.S. Food and Drug Administration (FDA) review. For additional information, use product codes: GXY, IQZ.

In 2014, the DEKA Arm System was cleared for marketing by FDA through the de novo 513(f)(2) classification process which is a low- to moderate-risk medical device. Refer to the following website for additional information:
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN120016
https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN120016.pdf
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Policy History/Revision Information

Date	Summary of Changes
TBD	**Title Change/Template Update** • Relocated and reformatted content previously included in the Coverage Determination Guideline titled *Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs (for Louisiana Only)* ▪ Changed policy type classification from "Coverage Determination Guideline" to "Medical Policy" **Coverage Rationale** • Revised language to indicate: ○ An upper extremity Myoelectric Prosthetic for amputations above the wrist is proven and medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the

InterQual® CP: Durable Medical Equipment, Prosthetics, Myoelectric, Upper Extremity, Above the Wrist (Custom) - UHG

- An upper extremity Myoelectric Prosthetic hand, partial-hand, or artificial digit(s) for amputations below the wrist is medically necessary when the following criteria are met:
  - Member has a traumatic or surgical amputation below the wrist or a congenital missing or dysfunctional hand or finger; and
  - Prosthetic replaces all or part of a missing limb; and
  - Prosthetic will help the member regain or maintain function; and
  - Member is evaluated for his/her individual needs by a healthcare professional with the qualifications and training to make an evaluation under the supervision of the ordering physician; and
  - Member is willing and able to participate in the training for the use of the prosthetic; and
  - Member is able to operate the stimulator of the computerized prosthetic or microprocessor; and
  - Functional assessment (including Activities Of Daily Living (ADLs) and Instrumental ADLs (IADLs)) evaluation and expected rehabilitation potential; and
  - Remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized hand), no external switch; and
  - Ordering physician authorizes the final prosthetic proposal
- Myoelectric prosthetic components for hand, partial-hand, and artificial digits below the wrist are considered not medically necessary in members who do not meet the criteria above

Definitions

- Added definition of:
  - Activities of Daily Living (ADLs)
  - Instrumental Activities of Daily Living (IADLs)
  - Prosthesis
- Removed definition of:
  - Prosthetic Device
  - Upper Limb Prosthetic Categories
- Updated definition of:
  - Medically Necessary
  - Myoelectric Prosthetic
  - Prosthetist

Applicable Codes

- Added HCPCS codes L7360, L7364, L7366, L7367, and L7368
- Removed HCPCS: L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6615, L6616, L6620, L6623, L6624, L6625, L6628, L6630, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6684, L6689, L6690, L6691, L6692, L6693, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6810, L6885, L6895, L6900, L6905, L6910,

	L6915, L6920, L6930, L6940, L6950, L6960, L6965, L6970, L7040, L7170, L7185, L7186, L7402, L7405, L7499, L7510, L7520, L7600, L7700, L8415, L8435, L8485, L8499, and L9900 • **Added notation to indicate HCPCS codes L6621, L6677, L6695, L6696, L6697, L6715, L6880, L6945, L6955, and L7181 are not on the State of Louisiana Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program** **Supporting Information** • **Added *Description of Services*, *Clinical Evidence*, and *FDA* sections** ▪ **Updated *References* section to reflect the most current information** • **Archived previous policy version CS104LA.L**

Instructions for Use

This **Medical Policy** ~~Coverage Determination Guideline~~ provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this **policy** ~~guideline~~, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This ~~Coverage Determination Guideline~~ **Medical Policy** is provided for informational purposes. It does not constitute medical advice.

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