

**Subject: Upper Limb Prostheses**

**Authorization:** Prior authorization is required for upper limb prostheses and prosthesis equipment requested for members enrolled in commercial (HMO, POS, and PPO) products.

**Policy and Coverage Criteria:**

Harvard Pilgrim Health Care (HPHC) considers upper limb prostheses that are prescribed by the attending physician (based on recommendations from an American Board for Certification (ABC) or Board of Certification (BOCP) certified prosthetic clinician) and safe and effective for the intended purpose(s) as reasonable and medically necessary for individuals with a history of upper limb amputation or congenital absence of upper limb(s) who:

- Have the potential to use the prosthesis to meet functional needs to perform activities of daily living; and
- Can reasonably be expected to reach or maintain a predicted improved functional state (with the use of the prescribed prosthesis) within a reasonable period of time; and
- Have adequate cardiovascular reserve and cognitive ability to effectively utilize the device.

Harvard Pilgrim Health Care (HPHC) considers sockets, prosthetic sheaths and/or replacements as medically necessary, and essential to the effective use of covered prostheses.

HPHC does not cover:

- Prosthetic devices or components that are not designed for use in performing ordinary activities of daily living, or that otherwise exceed the medical needs of the individual member;
- Replacement prostheses unless the current device is not meeting the individual's medical needs, or the current device is broken and cannot be repaired.

**Criteria:****Body-Powered Prostheses:**

Harvard Pilgrim Health Care (HPHC) considers body-powered upper extremity prostheses as medically necessary when ALL the following are met:

- The member has history of upper limb amputation or absence of upper limb(s);
- A certified prosthetist determines a body-powered upper extremity prostheses is appropriate to meet the member's functional needs.

**Electric or Myoelectric Prostheses:**

Harvard Pilgrim Health Care (HPHC) considers electric or myoelectric upper limb prostheses (as appropriate) as medically necessary for members with history of amputation or absence of upper limb(s) when documentation (e.g., medical record notes, PT assessment, detailed written order signed by the attending physician) confirms a certified prosthetist (or other appropriate healthcare professional) has determined ALL the following:

- The member has sufficient neurological, musculoskeletal and cognitive function to operate the prosthesis effectively;
- The member's remaining arm musculature contains at least the minimum microvolt threshold to allow proper operation/function of a myoelectric prosthetic device, or the minimal range of motion that will allow proper operation/function of an electric switch, force sensing resistor, or other standard electric interface;
- A standard body-powered prosthetic device cannot be used, or is insufficient to meet the member's functional needs in performing activities of daily living;

- The member does not have comorbidities (e.g., neuromuscular disease) that would interfere with maintaining function of the prostheses.

**Repairs and Adjustments:**

Harvard Pilgrim Health Care (HPHC) considers maintenance (consistent with manufacturer recommendations) and repairs/adjustments as reasonable and necessary when required (to make the covered prosthesis functional) due to wear and tear, or a change in the individual's condition.

- Covered repairs must be performed by a certified prosthetist, or technician working under the supervision of a certified prosthetist.

**Replacement:**

Harvard Pilgrim Health Care (HPHC) considers replacement of myoelectric upper limb prostheses and components as medically necessary when a certified prosthetist determines:

- There is an irreparable change in the condition of the member's current device (or a component of the device), and the device/component is not covered under warranty; AND
- The device/component needs to be replaced due to a change in the member's physiological condition or functional level (i.e., not as a result of negligence or improper use); AND
- The cost of repairs is expected to exceed 60% of the replacement cost of the device or component.

Medical record documentation must support the need for the new prosthesis or replacement part(s).

**Exclusions:**

Harvard Pilgrim Health Care (HPHC) considers the following as not medically necessary:

- Electric or myoelectric upper limb and/or hand prostheses when criteria above are not met as their effectiveness for other indications has not been established.
- Prostheses with components that are considered experimental/investigational.

**Coding:**

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

Code	Description
L6000-L7405	Upper limb prosthetics
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes

Codes considered *not* medically necessary:

Code	Description
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

**References:**

1. The General Laws of Massachusetts. Chapter 176G: Section 4S. Coverage for prosthetic devices and repairs. Retrieved on December 7 2015 from: [www.mass.gov/legis/laws/mgl/176g-4s.htm](http://www.mass.gov/legis/laws/mgl/176g-4s.htm)
2. Atkins D. A One Year Retrospective Overview of Partial Hand Patients Using ProDigits. Proceedings of the 2011 MyoElectric Controls / Powered Prosthetics Symposium. Fredericton, Canada. 2011.

3. Varghese J. Therapeutic Challenges in Partial Hand Prosthetic Rehailitation. J Proceedings American Academy of Orthotists and Prosthetists, 2014.
4. Atkins D. Preliminary Outcomes Comparing Function of Electric Multi-Articulating Hands and Digits, Toe-to-Hand Transfers and Hand Transplantations. J Proceedings American Academy of Orthotists and Prosthetists, 2014.

**Billing Guidelines:**

Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

**Summary of Changes:**

<b>Date</b>	<b>Changes</b>
<b>5/19</b>	Annual review; no changes
<b>6/17</b>	References updated
<b>1/17</b>	New Policy. Criteria to now require prior authorization.

**Approved by Medical Policy Committee: 05/14/19**

**Approved by Clinical Policy Operational Committee: 1/17, 6/17; 5/19**

**Policy Effective Date: 05/30/19**

**Initiated: 1/17**