Subject: Upper Limb Prostheses

Background: An upper limb prosthesis is a device designed to replace the function of a missing upper limb or body part due to congenital absence or amputation. Upper limb prostheses can be controlled using body-powered system, externally powered system, or a combination of both systems. Prosthetic terminal devices replace lost hand function and include passive, body-powered, and externally powered hooks and hands.

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: The Plan may authorize coverage of initial and replacement upper limb prosthesis when the requested prosthesis or component(s) is the most appropriate medically necessary device that adequately meets the functional need of the member. When possible, The Plan may cover a trial of upper limb prosthesis, with supporting documentation.

Initial Upper Limb Prostheses Authorization
The Plan may authorize the coverage of initial upper limb prosthesis, including body powered prosthesis, when ALL the following criteria are met:

- Documentation confirms a comprehensive evaluation has been performed by a board certified [American Board of Certification (ABC) or Board of Certification (BCOP)] prosthetist and prescribed prosthesis/component(s) is based on prosthetist recommendation
- Functional evaluation indicates requested device does not exceed that which is medically necessary to adequately meet the functional needs of the member
- Member has sufficient cognitive function, neurological function, cardiovascular reserve, and musculoskeletal ability to effectively utilize requested device to complete activities of daily living (ADL’s)
- Member will reach or maintain a predicted improved functional state, with the use of the prescribed prosthesis within a reasonable and predictable period of time

Myoelectric Prosthesis
The Plan may authorize coverage of myoelectric upper limb prosthesis when criteria for initial upper limb prosthesis are met and when ALL of the following additional criteria are met:

- The member has sufficient neurological, musculoskeletal, myocutaneous, and cognitive function to operate the prosthesis efficiently
- The member has sustained a minimum of a trans-metacarpal or above partial limb amputation
- The member has sufficient microvolt threshold in the residual limb to allow proper function of myoelectric prosthesis
- A standard body powered prosthetic device cannot be used or is insufficient to meet the functional needs of the member in performing activities of daily living (ADL’s)
- The member function in an environment that would not inhibit the function of the prosthesis (i.e., a wet environment or situations involving electrical discharges)
**Electric Hand**

The Plan may authorize coverage of electric hand (L6880) or partial hand (L2026) prosthetic component when criteria for initial upper limb prosthesis and myoelectric prosthesis are met and ALL the following criteria are met:

1. Documentation by board certified prosthetist that:
   a. Member requires use of device for independence in activities of daily living (ADLs) including:
      i. Dressing
      ii. Personal hygiene, oral hygiene, and grooming
      iii. Toileting
      iv. Feeding; and

2. Member is willing and able to complete necessary training with Occupational Therapist or Physical Therapist who is trained and specializes in terminal upper limb myoelectric prosthetic components, including partial hand/electric hand

3. Documented Occupational or Physical Therapy evaluation supports all of the following:
   a. Member has the potential to function independently with requested terminal device in a reasonable and predictable period of time; and
   b. ALL functions of the requested device (e.g., wrist rotation, number of articulating digits, thumb opposition, number of grip patterns) do not exceed that which is medically necessary to adequately meet the functional needs to the member; and
   c. Device will allow member the gripprehension and joint movement required to sustain a minimum level of independent daily living; and
   d. Member has sufficient cognitive, musculoskeletal and neurological ability to utilize device to complete ADLs.

**Replacement Prosthesis Authorization**

A replacement is the removal and substitution of a component of a prosthesis that has a HCPCS definition

The Plan may authorize the replacement of upper limb prosthesis or the replacement of any part of such device, if an ordering physician determines that the replacement device or replacement part of such a device is necessary when ALL of the following criteria are met:

- Documentation by Provider that member has demonstrated continuous use of current prosthesis
- There is a change in the physiological condition or functional level of the member, which justifies a new prosthesis or replacement part(s)
- There is irreparable change in the condition of the device, or in a part of the device
- The component or prosthesis in need of replacement is not covered under warranty

The Plan may cover the replacement of sockets when there is adequate documentation of function and/or physiological need, including but not limited to: changes in the residual limb, functional need changes, or irreparable damage or wear/tear due to prosthetic demands of very active amputees

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

In addition to the above criteria, the following replacement criteria is also applicable:

- The condition of the device, or the part of the device, required repairs, and the cost of such repairs would be more than 60 percent of the cost of the replacement, or, as the case may be, of the part being replaced
- The component or prosthesis is not in need of replacement as a result of improper use

**Exclusions**

The Plan considers the following as not medically necessary:

- Swim Prosthesis
- Shower Prosthesis
• Artificial limbs or parts thereof for cosmetic purposes only, including, but not limited to, nonfunctional prostheses, nonfunctional prosthetic covers, and non-functional finger prostheses
• Prostheses with experimental/investigation components
• Devices intendent for sports, recreation, or work-related purposes
• The Plan will not cover upgrade or enhancement of member’s current prosthesis or prosthetic component(s) when member’s current prosthesis or prosthetic component(s) meets their functional needs and allows the member to perform activities of daily living
• The Plan will not cover additional or duplicate prosthesis or prosthetic component(s)
• The Plan will not cover repair or replacement of a spare, backup or duplicate prosthesis or prosthetic component(s)
• 3D printed prostheses
• Osseointegrated Prostheses

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L6000-L6026, L050-L6714, L6721-L6810, L6880-L7405, L7499</td>
<td>Upper limb prosthetics</td>
</tr>
<tr>
<td>L7510</td>
<td>Repair of prosthetic device, repair or replace minor parts</td>
</tr>
<tr>
<td>L7520</td>
<td>Repair prosthetic device, labor component, per 15 minutes</td>
</tr>
</tbody>
</table>

Codes considered not medically necessary:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L8701</td>
<td>Powered upper extremity range of motion assist device, elbow, wrist, hand</td>
</tr>
<tr>
<td></td>
<td>with single or double upright(s), includes microprocessor, sensors, all</td>
</tr>
<tr>
<td></td>
<td>components, and accessories, custom fabricated</td>
</tr>
<tr>
<td>L8702</td>
<td>Powered upper extremity range of motion assist device, elbow, wrist, hand,</td>
</tr>
<tr>
<td></td>
<td>finger, single or double upright(s), includes microprocessor, sensors, all</td>
</tr>
<tr>
<td></td>
<td>components, and accessories, custom fabricated</td>
</tr>
</tbody>
</table>

References:
12. 130 CMR 409.000: Durable Medical Equipment Services accessed on January 2, 2022 @ mass.gov/regulations/130-CMR-409000-durable-medical-equipment-services
13. General Laws of Massachusetts - Chapter 176G Health Maintenance Organizations - Section 4S Coverage for prosthetic devices and repairs. Section 4S accessed on January 2, 2022 @ malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section4S

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
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</thead>
<tbody>
<tr>
<td>2/22</td>
<td>Criteria update to include criteria for Electric Hand and Partial Hand Prosthesis; Coding update; Format updated for integration purposes with Tufts Health Plan (THP)</td>
</tr>
<tr>
<td>5/21</td>
<td>Annual review; no changes</td>
</tr>
<tr>
<td>5/19</td>
<td>Annual review; no changes</td>
</tr>
<tr>
<td>6/17</td>
<td>References updated</td>
</tr>
<tr>
<td>1/17</td>
<td>New Policy. Criteria to now require prior authorization.</td>
</tr>
</tbody>
</table>

Approved by Medical Policy Committee: 02/16/22
Approved by Clinical Policy Operational Committee: 1/17, 6/17; 5/19; 5/21;3/22
Policy Effective Date: 07/01/2022
Initiated: 1/17