Prosthetics

Humana

Medicaid Medical Coverage Policy

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Description

A prosthesis or prosthetic is an artificial device that replaces a missing body part, such as an arm, breast, ear, foot, hand, leg or part of the maxillofacial region (jaw and face).

Upper limb prostheses are classified into the following categories:

- **Body powered** utilizes a body harness and cable system to provide functional manipulation. Voluntary movement of the shoulder and/or limb stump extends the cable system and transmits force to the device to control hand, forearm and elbow movement.

- **Hybrid** is a combination of body powered and myoelectric components and may be used for high-level amputations (at or above the elbow). Hybrid systems allow control of 2 joints at once.

- **Myoelectric** uses muscle activity from the residual limb for control of joint movement. Electromyographic 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 and elbow. These devices operate on rechargeable batteries and require no external cables or harnesses.

- **Osseointegrated** involves permanently anchoring a metal implant into the residual bone at the site of amputation. This provides a stable connection for the artificial limb, eliminating the need for traditional socket-based attachment methods. These devices are used in both upper and lower limb amputations. This technology is currently FDA approved for transfemoral lower limb amputation only. An **osseointegrated prosthesis for the rehabilitation of amputees (OPRA),** is an osseointegration device, also referred to as an osseoanchored (bone anchored) device. This prosthesis is currently FDA approved for skeletally mature individuals (bone growth is complete) who have transfemoral amputation due to trauma or cancer. The device is not FDA approved for use in upper limb amputation.

- **Passive** is the lightest prosthetic device and serves mostly a cosmetic purpose as it does not restore any function and must be repositioned manually, typically by moving it with the opposite arm.

An **enhanced dexterity prosthetic arm** (eg, Life Under Kinetic Evolution [LUKE] Arm) is a type of upper limb prosthesis designed to restore function for an individual with arm amputation, including transradial, transhumeral and shoulder disarticulation. The device offers multiple control options, including surface electromyography (EMG) electrodes, pressure switches and wireless inertial measurement units (IMUs) that are typically attached to the shoe. The individual controls the movement of the prosthesis through EMG signals or by moving their foot to manipulate the IMU. **(Refer to Coverage Limitations section)**

A **multiarticulating, myoelectric hand prosthetic** (eg, bebionic, iLimb, Michelangelo, Vincent) is a type of prosthesis designed to replicate the natural functions of the hand for an individual with upper limb amputation up to but not including the wrist. These devices offer features such as individually motorized digits, variable grip force, compatibility with touch screen technology and customized skin coverings to enhance the appearance and durability of the device. Control is achieved through electromyography (EMG) signals from the residual limb with additional control options available through user software, mobile apps and Bluetooth chip connectivity which can change the hand function when the prosthesis is in close proximity to the Bluetooth device.

A **myoelectric arm and hand orthotic brace device** (eg, MyoPro, MyoPro 2+) is an upper extremity orthosis that is intended to help restore function to the upper extremity in an individual with paralysis or paresis resulting from stroke, brachial plexus injury, cerebral palsy or other neuromuscular disease or injury. **(Refer to Coverage Limitations section)**

Residual limb volume management systems:

- **Self-adjustment:** A type of prosthetic device (eg, BOA, RevoFit, RevoFit 2) that allows an individual to self-adjust the fit of their socket to accommodate fluctuations in residual limb shape and volume throughout the day. **(Refer to Coverage Limitations section)**

- **Vacuum:** A type of prosthetic device (eg, Vacuum Assisted Socket System [VASS], LimbBionic, Harmony System) that promotes residual limb volume stability and secure socket fit by using an air vacuum to create negative pressure and suction to keep the prosthesis firmly in place.

A **wearable lower limb sensory prosthesis** (Walkasins) is a noninvasive device designed to replace nerve function in the feet of an individual who has lost sensation and the ability to detect pressure between the

foot and the ground. The device is intended to help an individual with lower limb amputation or peripheral neuropathy with gait and balance impairments who is at high risk for falls. (Refer to Coverage Limitations section)

A **keratoprosthesis** (eg, Boston KPro) is an artificial cornea designed to restore vision in an individual with severe corneal disease who is not a candidate for a standard corneal transplant due to failure of a previous standard corneal transplant or when such a transplant would be unlikely to succeed.

Coverage Determination

Humana members may be eligible under the Plan for **medically necessary prosthesis devices and supplies** to restore the previous level of function in order to perform normal activities of daily living (ADL). In addition, the following specific criteria must be met:

EAR AND FACE
Humana members may be eligible under the Plan for an **ear prosthesis, facial prosthesis or maxillofacial prosthesis (21081, 21082, 21084, 21086, 21088, L8044)** for loss or absence of the ear, facial tissue or maxillofacial structures due to a congenital defect, disease, injury or surgery.[3]

EYE

Artificial Cornea
Humana members may be eligible under the Plan for a **keratoprosthesis (artificial cornea) (L8609)** for an opacified cornea in an eye that is not a reasonable candidate for any form of corneal transplant (after standard corneal transplant has failed or when such a transplant would be unlikely to succeed), including penetrating keratoplasty.[28]

Ocular Prostheses
Humana members may be eligible under the Plan for an **eye prosthesis (V2623)** or **scleral shell (V2627)** due to absence of or damage to an eye from a congenital defect, disease, injury or surgical removal.[4]

LOWER LIMB

Hip
Humana members may be eligible under the Plan for a **pneumatic or hydraulic polycentric hip joint (L5961)** for a functional level of 3 or above.[5]

Osseointegrated Prosthesis for the Rehabilitation of Amputees (OPRA)
Humana members may be eligible under the Plan for **osseointegrated prosthesis for the rehabilitation of amputees (OPRA) (applicable codes may include L5991, L8699)** when the following criteria are met:

- 22 to 65 years of age[29]; **AND**

- Transfemoral amputation due to trauma or cancer and individual has or is anticipated to have rehabilitation problems with, or cannot use, a conventional socket prosthesis[29];

  AND any of the following:

  - Extensive area of skin grafting[29];
  - Pain[29];
  - Recurrent skin infections and ulcerations in the socket contact area[29];
  - Restricted mobility[29];
  - Short stump preventing the use of socket prosthesis[29];
  - Socket retention problems due to excessive perspiration[29];
  - Soft tissue scarring[29];
  - Volume fluctuation in the stump[29]; **AND**

- Absence of **ALL** of the following contraindications:

  - Atypical skeletal anatomy and **ANY** the following:

    - Conditions which are not amenable to device insertion such as deformities, fracture, infection[29]; **OR**

    - Development anomalies[29]; **OR**

    - Skeletal dimensions outside defined interval[29]; **AND**

  - Body weight is greater than 220 pounds including the prosthesis[29]; **AND**

  - Individual is pregnant[29]; **AND**

  - Individual is unable to comply with treatment and follow up requirements[29]; **AND**

  - Individual with **ANY** of the following concurrent conditions:

    - Active infection or dormant bacteria[29]; **OR**
    - Diabetic mellitus with complications[29]; **OR**
    - Neuropathy or neuropathic disease and severe phantom pain[29]; **OR**
    - Severe peripheral vascular disease[29]; **OR**
    - Skin disorders involving the residual extremity[29]; **AND**

  - Less than 2 mm of remaining cortex bone available around the implant, if implanted[29]; **AND**

  - Osteoporosis[29]

PROSTHETIC SHOE

Humana members may be eligible under the Plan for a **prosthetic shoe (L3250)** for a partial foot amputation when the prosthetic shoe is an integral part of a covered lower limb prosthesis.[6]

SOCKETS

Diagnostic Test Sockets

Humana members may be eligible under the Plan for **up to 2 test (diagnostic) sockets** per individual prosthesis unless there is documentation in the medical record which justifies the need for more than two.[5] The following codes may apply: **L5618, L5620, L5622, L5624, L5626, L5628**

Immediate Test Sockets (Refer to Coverage Limitations section)

- Lower limb **(L5400, L5410, L5420, L5430, L5450, L5460)**
- Upper limb **(L6380, L6382, L6384)**

UPPER LIMB

Body Powered

Humana members may be eligible under the Plan for a **body powered upper extremity prosthesis, prosthesis additions and lock mechanism** when adjustable positions, such as abduction, adduction, flexion and multipositional locking are required to meet the functional needs of performing normal ADLs. Additionally, Humana members may be eligible under the Plan for a **prosthetic harness (including replacement)** when it is essential to the functioning of the prosthetic device.[27]

The following codes may apply: **L6000, L6010, L6020, L6028, L6030, L6032, L6033, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6615, L6616, L6620, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637 L6638, L6640, L6641, L6642, L6645, L6647, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6686, L6687, L6688, L6689, L6690, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6895, L6900, L6905, L6910, L6915, L7400, L7401, L7402, L7403, L7404, L7405**

Myoelectric including Hybrid

Humana members may be eligible under the Plan for **components of a myoelectric upper extremity prosthesis, hand prosthesis and prosthesis additions (L6032, L6033, L6611, L6621, L6646, L6648, L6686, L6687, L6688, L6689, L6690, L6700, L6715, L6881, L6920, L6930, L6940, L6950, L6960, L6970, L7040, L7170, L7185, L7186, L7259, L7400)** including but may not be limited to articulating digit, automatic grasp feature, sockets (including batteries, cables, charger, switch, switch control) when the following criteria are met:

- Absence of a comorbidity that could interfere with maintaining function of the prosthesis (eg, neuromuscular disease)[22,23]; **AND**

- Amputation or missing limb at the wrist or above (eg, forearm, elbow)[27]; **AND**

- Remaining musculature of the arm contains the minimum microvolt threshold to allow operation of the prosthesis[2,24]**; AND**

- Standard body powered prosthesis is insufficient to meet the functional needs to perform normal ADLs; **AND**

- Sufficient cognitive and neurological function to operate the prosthesis effectively[25]

TESTICULAR

Humana members may be eligible under the Plan for a **testicular prosthesis (54660)** for congenitally absent testes or testes that are surgically removed due to disease (eg, cancer) or injury.[9]

PROSTHESIS REPAIR AND REPLACEMENT

Repair

Humana members may be eligible under the Plan for **repair (applicable codes may include L7510, L7520, L8049)** of a prosthesis, if not covered by the manufacturer when the following criteria are met:

- A change in the individual's physical condition causes the device to become nonfunctional; **OR**

- Normal wear and tear renders the device nonfunctional, and the repair will make the device usable

Replacement

Humana members may be eligible under the Plan for **replacement** of a prosthesis or prosthetic part, if not covered by the manufacturer **AND** replacement cost is less than the repair cost, when the following criteria are met:

- A change in the individual's physical condition causes the device to become nonfunctional and nonrepairable; **OR**

- Normal wear and tear renders the device nonfunctional and nonrepairable

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for a **prosthesis, component or related service** for any of the following indications.

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
Breast	
• Breast prosthesis, custom fabricated **(L8035)** • Nipple prosthesis, custom fabricated **(L8033)**	**May be considered not medically necessary**

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
• Breast prosthesis, not otherwise specified **(L8039)**	A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management because customization does not affect the function of the prosthesis.
Duplicate/Repair/Replacement	
• Duplication or upgrade of a functional prosthesis • Duplicate prosthesis, repair **(L7510, L7520, L8049)** • Duplicate prosthesis, replacement	**May be considered not medically necessary** Duplicate prosthetic devices with the same function are generally considered **not medically necessary** and therefore the repair or replacement of a duplicate prosthetic device or its parts or components would also be considered not **medically necessary.**
• Prosthesis repair **(L7510, L7520, L8049)** • Prosthesis replacement	**May be considered not medically necessary** Repair or replacement of a prosthetic device or its parts or components for appearance, comfort, convenience or due to individual abuse, misuse or neglect is considered **not medically necessary.**
Lower Limb	
Microprocessor controlled ankle foot system with power assist **(L5969)**	**May be considered not medically necessary** A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
User-adjustable heel height feature **(L5990)**	**May be considered not medically necessary** A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Wearable lower limb sensory prosthesis **(L8720, L8721)**	**May be considered not medically necessary** A review of the current medical literature shows that there is no evidence to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Miscellaneous	
Prosthetic donning sleeve **(L7600)**	**May be considered not medically necessary** Devices designed to facilitate easier donning of a prosthetic **may be considered not medically necessary** because the device is not primarily medical in nature and does not directly replace a body part or function.
Prosthetics used for activities other than normal daily living **(L5999)** (eg, Genium X3)	**May be considered not medically necessary** Prosthetic devices used for activities other than normal daily living, such as those designed for sporting activities (eg, water skiing), or those used in water for showering or swimming, may be considered not medically necessary. A review of the current medical literature shows that there is **no evidence** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Residual limb self-adjustment mechanical volume management system (**L5783**, **L5999, L7406, L7499)** (eg, BOA, RevoFit, RevoFit 2)	**May be considered not medically necessary** A review of the current medical literature shows that there is **no evidence** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.
Test sockets, immediate: • Lower limb **(L5400, L5410, L5420, L5430, L5450, L5460)** • Upper Limb **(L6380, L6382, L6384)**	**May be considered not medically necessary** Test sockets for an immediate prosthesis **may be considered not medically necessary.** A review of the current medical literature shows that there is **no evidence** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.
Upper Limb	
• Enhanced dexterity prosthetic arm **(L7499)** (Life Under Kinetic Evolution [LUKE] Arm)[20] • Upper limb osseointegrated prosthesis for the rehabilitation of amputees (OPRA) system **(24999, L7499)**[29]	**May be considered not medically necessary** A review of the current medical literature shows that there is **no evidence** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.
Gloves for an upper extremity prosthesis **(L6890, L6895)**	**May be considered not medically necessary** Prosthetic gloves intended only for cosmetic purposes, such as customizing a glove to match color, skin, hair, or wrinkles without affecting the function of the prosthesis, are considered cosmetic (to change or improve appearance or self-esteem), and may be considered not medically necessary.
Myoelectric upper extremity orthotic brace/device **(L8701, L8702)** (MyoPro, MyoPro 2+) for muscle weakness/paralysis (eg, nerve injury, neuromuscular disorders, stroke)[13]	**May be considered not medically necessary** A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	term clinical outcomes establishing the value of these devices in clinical management.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
21081	Impression and custom preparation; mandibular resection prosthesis	
21082	Impression and custom preparation; palatal augmentation prosthesis	
21084	Impression and custom preparation; speech aid prosthesis	
21086	Impression and custom preparation; auricular prosthesis	
21088	Impression and custom preparation; facial prosthesis	
24999	Unlisted procedure, humerus or elbow	
54660	Insertion of testicular prosthesis (separate procedure)	
CPT® Category III Code(s)	**Description**	**Comments**
No code(s) identified		
HCPCS Code(s)	Description	**Comments**
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation	
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment	

L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	
L5618	Addition to lower extremity, test socket, Symes	
L5620	Addition to lower extremity, test socket, below knee (BK)	
L5622	Addition to lower extremity, test socket, knee disarticulation	
L5624	Addition to lower extremity, test socket, above knee (AK)	
L5626	Addition to lower extremity, test socket, hip disarticulation	
L5628	Addition to lower extremity, test socket, hemipelvectomy	
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	
L5999	Lower extremity prosthesis, not otherwise specified	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	
L6030	Upper extremity addition, external frame, partial hand including fingers	
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	
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	
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	
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	
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	
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	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, 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	
L6686	Upper extremity addition, suction socket	
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	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	
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	
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	
L6881	Automatic grasp feature, addition to upper limb electric 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	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
L6905	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	
L6915	Hand restoration (shading and measurements included), replacement glove for above	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch 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, two batteries and one charger, switch 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, two batteries and one charger, switch 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, two batteries and one charger, switch control of terminal device	
L7040	Prehensile actuator, switch controlled	

L7170	Electronic elbow, Hosmer or equal, switch controlled	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	
L7259	Electronic wrist rotator, any type	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light 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	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	
L7499	Upper extremity prosthesis, not otherwise specified	
L7510	Repair of prosthetic device, repair or replace minor parts	
L7520	Repair prosthetic device, labor component, per 15 minutes	
L7600	Prosthetic donning sleeve, any material, 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	
L8044	Hemi-facial prosthesis, provided by a nonphysician	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8609	Artificial cornea	
L8699	Prosthetic implant, not otherwise specified	
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	
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	
L8721	Receptor sole for use with L8720, replacement, each	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
V2623	Prosthetic eye, plastic, custom	
V2627	Scleral cover shell	

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Appendix

Appendix A
Lower Extremity Prosthesis Functional Level Criteria[1,7]

Functional Level	Current and/or Potential Activity Level
0	Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.
1	Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence; typical of the limited and unlimited household ambulator.
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.
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.
4	Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress or energy levels; typical of the prosthetic demands of the child, active adult or athlete.

Change Summary

01/07/2025 New Policy.
02/04/2025 Update, Coverage Change. Updated Coding Information
05/06/2025 Update, Coverage Change. Updated Coding Information
08/05/2025 Annual Review, Coverage Change. Updated Coding Information
10/07/2025 Update, Coverage Change. Updated Coding Information
01/01/2026 New Policy for MI.