Prosthetics

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 01/07/2025
Effective Date: 10/07/2025
Review Date: 02/04/2025
Policy Number: HUM-2194-001
Line of Business: Medicaid
State: KY

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Description

A prosthesis or prosthetic is an artificial device that replaces a missing body part. Examples of prostheses include arms, breasts, ears, feet, hands, legs and maxillofacial (jaw and face).

Lower limb prostheses are designed to replace portions of the lower extremity to improve function. A prosthetic knee performs several functions: it provides support during the stance phase of ambulation, produces smooth control during the swing phase and maintains unrestricted motion for sitting and kneeling. The prosthetic knee may have a single axis with a simple hinge and a single pivot point, or it may have a polycentric axis with multiple centers of rotation, which is more like the anatomy of the human knee.

The prosthetic foot has several basic functions; it provides a stable weight-bearing surface, absorbs shock, replaces lost muscle function and biomechanics of the foot, replicates the anatomic joints of the ankle and foot and restores appearance. Multiaxial prosthetic feet permit movements in any direction: plantar flexion, dorsiflexion, inversion, eversion and a slight amount of rotation around a vertical axis. Multiaxial feet are appropriate for those who ambulate on uneven terrain, such as community ambulators and active adults or athletes.

The **solid ankle cushion heel** (SACH) consists of a rigid keel covered by semi-noncompressible foam and a synthetic rubber heel wedge. The cushion heel compresses when weight is applied, allowing the forefoot to approach the floor. The amount of simulated plantar flexion depends on the relative softness of the heel

material and weight of the amputee. Because the keel is rigid, the SACH foot does not provide dorsiflexion; this makes its usefulness on uneven surfaces limited.

A **residual limb volume management and moisture evacuation system** (eg, Vacuum Assisted Socket System [VASS], LimbBionic) is a specialized device used with artificial limbs in an attempt to manage residual limb volume fluctuation. The system consists of a liner, suspension sleeve and air evacuation pump. The device creates an elevated vacuum between the liner and the socket wall. The elevated vacuum attempts to promote natural fluid exchange to regulate volume fluctuation in the residual limb, reduce forces to the residual limb and increase suspension and balance.

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.

- **Passive** is the lightest 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 **adjustable click prosthesis** (eg, BOA, RevoFit, RevoFit 2) is a self-adjustable prosthetic socket. The click reel consists of an adjustable dial, strong lightweight laces and lace guides. The dial incorporates a gearing mechanism that advances the lace and moveable portions. Turning the click reel engages the lacing system that adjusts predetermined areas of the socket custom to each individual's needs. It purportedly allows for control of compression and expansion to manage residual limb volume fluctuation and ease of donning and doffing. **(Refer to Coverage Limitations section)**

An **enhanced dexterity prosthetic arm** (eg, Life Under Kinetic Evolution [LUKE] Arm) is an upper limb prosthesis that was developed to restore function in those individuals who have lost all or part of their upper limb. It is primarily controlled by a micro-electromechanical system that is operated through an inertial measurement unit (IMU), which is located in a sensor that is attached to or embedded in the individual's shoe. By lifting the foot in various directions, it purportedly commands the motion of the prosthesis.[19] **(Refer to Coverage Limitations section)**

A **multiarticulating, myoelectric hand prosthetic** (eg, bebionic, iLimb, Michelangelo, Vincent) functions by individually powering all 5 digits to grasp by conforming to the objects shape and fluctuating the grip strength. Devices vary in function and options including, but not limited to, the ability to be controlled by a mobile device app, conductive tips for mobile device use, multiple wrist options and skin colored silicone

glove covers (eg, Livingskin). The prosthetic is described as anthropomorphic (human like) in its appearance and shape.

An **osseointegrated prosthesis** for the rehabilitation of amputees (OPRA), is an osseointegration device, also referred to as osseoanchored device (bone anchored) intended for skeletally mature individuals (bone growth is complete) who have transfemoral amputation due to trauma or cancer.[20]

A **partial hand myoelectric prosthetic** (eg, ProDigits) replaces the function of one or more missing fingers because of a partial hand amputation. It is intended for use for an amputation at a transmetacarpal (part of the hand but not the wrist itself) level or higher. **(Refer to Coverage Limitations section)**

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:

Eye
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.

Humana members may be eligible under the Plan for an **artificial cornea (L8609)** when a human donor cornea is not suitable due to an eye diseases that would interfere with a human cornea transplant or a history of corneal transplant rejections.

Ear and Face
Humana members may be eligible under the Plan for an **ear prosthesis** and/or a **facial prosthesis (21086, 21088, L8044)** for loss or absence of the ear or facial tissue due to a congenital defect, disease, injury or surgery.

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.

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) (L5991)** when the following criteria (FDA-approved indications)[19] are met:

- Absence of contraindications; **AND**
- 22 to 65 years of age; **AND**

- Transfemoral amputation due to trauma or cancer and rehabilitation problems with or cannot use a conventional socket prosthesis with one or more of the following:

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

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.

Sockets

Humana members may be eligible under the Plan for **up to 2 test (diagnostic) sockets** per individual prosthesis.

The following codes may apply: **L5618, L5620, L5622, L5624, L5626, L5628, L6682, L6684**

Humana members may be eligible under the Plan for up to **2 sockets** and **up to 2 socket additions/inserts** per individual prosthesis.

The following codes may apply: **L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6350, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6883, L6884, L6885**

UPPER EXTREMITY

Body Powered

Humana members may be eligible under the Plan for a **body powered upper extremity prosthesis 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.

The following codes may apply: **L6000, L6010, L6020, L6310, L6320, L6360, L6370, L6380, L6382, L6384, L6605, L6610, L6611**, **L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670,**

L6672, L6675, L6676, L6677, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6810, L6900, L6905, L6910, L6915, L7040, L7170, L7185, L7186, L7259, 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 and hand prosthesis**, including but may not be limited to: articulating digit, automatic grasp feature, sockets (including batteries, cables, charger, switch, switch control).

The following codes may apply: **L6715, L6881, L6920, L6930, L6940, L6950, L6960, L6970**

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.

Prosthesis Repair and Replacement

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

- Change in the individual's physical condition causing the device to become nonfunctional; **OR**
- Normal wear and tear renders the device nonfunctional, and the repair will make the device usable

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

- Change in the individual's physical condition causing the device to become nonfunctional and nonrepairable; **OR**
- Normal wear and tear renders the device nonfunctional and nonrepairable

Humana members may be eligible under the Plan for **replacement of sockets or socket additions/inserts** if there is documentation of functional and/or physiological need (eg, changes in the residual limb; functional need changes; or irreparable damage or wear/tear due to individual's weight or prosthetic demands of very active amputees).

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for a **prosthesis, component or related service** for any indications other than those listed above including, but may not be limited to, the following:

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
Breast	
Breast prosthesis, custom fabricated **(L8035)** Nipple prosthesis, custom fabricated **(L8033)** Breast prosthesis, not otherwise specified **(L8039)**	**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 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	**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	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	
Lower limb prosthesis	A lower limb prosthesis for a functional level of **0** is **not medically necessary** because the individual 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
Microprocessor controlled ankle foot system **(L5973)**	**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.
User-adjustable heel height feature **(L5990)**	**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.
Miscellaneous	
Prosthetic donning sleeve **(L7600)**	Devices are designed to facilitate easier donning of a prosthetic and are **not medically necessary**
Prosthetics used for activities other than normal daily living **(L5999)** (eg, Genium X3)	Prosthetics used for activities other than normal daily living, including sporting activities (eg, skiing) and water prosthesis/water submersible (designed to be used for showering, swimming) are **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.
Test sockets, diagnostic **(L5618, L5620, L5622, L5624, L5626, L5628)** Test sockets, immediate **(L5618, L5620, L5622, L5624, L5626, L5628)**	More than 2 diagnostic test sockets per individual prosthesis at the same time are **not medically necessary** Test sockets for an immediate prosthesis are **not medically necessary**
Upper Limb	
Adjustable click prosthesis **(L5999, L7499)** (eg, BOA, RevoFit, RevoFit 2)	**Experimental and Investigational** 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

PROSTHETIC/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Enhanced dexterity prosthetic arm**(L7499)** (Life Under Kinetic Evolution [LUKE] Arm)	**Experimental and Investigational** 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.
Gloves for an upper extremity prosthesis **(L6890, L6895)**	Humana members may **NOT** be eligible under the Plan for **procedures performed for cosmetic purposes (to improve or change appearance or self-esteem)** This type of glove does not affect the function of the prosthesis, customization includes matching color, skin, hair and wrinkles and is therefore considered **cosmetic and not medically necessary**

Osseointegrated Prosthesis for the Rehabilitation of Amputees (OPRA)

Humana members may **NOT** be eligible under the Plan for **osseointegrated prosthesis for the rehabilitation of amputees (OPRA) (L5991)** if any of the following contraindications[19] are present:

- Atypical skeletal anatomy with the following:
  - Conditions which are not amenable to device insertion such as deformities, fracture, infection; **OR**
  - Development anomalies; **OR**
  - Skeletal dimensions outside defined interval; **OR**
- Body weight is higher than 220 pounds including the prosthesis; **OR**
- Individual is pregnant; **OR**
- Individual is unable to comply with treatment and follow up requirements; **OR**
- Individual with one of the following concurrent conditions:
  - Active infection or dormant bacteria; **OR**
  - Diabetic mellitus with complications; **OR**
  - Metabolic bone disease and/or metastatic lesions in the residual femur; **OR**

- Neuropathy or neuropathic disease and severe phantom pain; **OR**
- Severe peripheral vascular disease; **OR**
- Skin disorders involving the residual extremity; **OR**

- Less than 2 mm of remaining cortex bone available around the implant, if implanted; **OR**

- Osteoporosis; **OR**

- Skeletal growth is not complete (completed skeletal growth is defined through the finding of generally closed epiphyseal zones on X-ray)

This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **upper limb osseointegrated prosthesis for the rehabilitation of amputees (OPRA) system (24999, L7499)** as this device is not FDA-approved.

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**
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	
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	

L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
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	
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	Polycentric hinge pair	
L6605	Single pivot hinge pair	
L6610	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	
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	
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 L6694 or L6695)	

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 L6694 or 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	
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	
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	
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[1,2]

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