

Upper Extremity Myoelectric Prosthetic Devices (for Indiana Only)

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 [Instructions for Use](#)

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Related Policies
None

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

Implantable devices/prostheses, such as artificial heart valves, are not prosthetics. If covered, these devices would be covered as a surgical service.

For coverage guidelines, refer to the [Indiana Health Coverage Programs Provider Reference Module: Durable and Home Medical Equipment and Supplies](#).

For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Prosthetics, Myoelectric, Upper Extremity.

Click [here](#) to view the InterQual® criteria.

Applicable Codes

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

HCPSC Codes	Description
Upper Limb Prosthetics	
*L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)

HCPSC Codes	Description
Upper Limb Prosthetics	
*L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
*L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
*L6632	Upper extremity addition, latex suspension sleeve, each
*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
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
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
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
*L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

HCPSC Codes	Description
Upper Limb Prosthetics	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L7007	Electric hand, switch or myoelectric controlled, adult
L7008	Electric hand, switch or myoelectric, controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled
*L7259	Electronic wrist rotator, any type
*L7360	Six volt battery, each
*L7364	Twelve volt battery, each
*L7366	Battery charger, twelve volt, each
*L7367	Lithium ion battery, rechargeable, replacement
*L7368	Lithium ion battery charger, replacement only
*L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
*L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
*L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
*L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
*L8465	Prosthetic shrinker, upper limb, each

Note: Codes labeled with an asterisk (*) are not managed for medical necessity review for the state of Indiana at the time this policy became effective. Refer to the most up to date prior authorization list for Indiana at [Prior Authorization and Notification: UnitedHealthcare Community Plan of Indiana](#).

References

Indiana Health Coverage Programs, Provider Reference Module. Durable and Home Medical Equipment and Supplies. Version 4.0. Available at: <https://www.in.gov/medicaid/providers/files/durable-and-home-medical-equipment-and-supplies.pdf>. Accessed February 9, 2023.

Policy History/Revision Information

Date	Summary of Changes
02/01/2024	<p>Related Policies</p> <ul style="list-style-type: none"> Removed reference link to the Medical Policy titled <i>Lower Extremity Prosthetics (for Indiana Only)</i> (retired Feb. 1, 2024)
07/01/2023	<p>Title Change/Template Update</p> <ul style="list-style-type: none"> Relocated and reformatted content previously included in the Coverage Determination Guideline titled <i>Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs (for Indiana Only)</i> Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy”

Date	Summary of Changes
	<p>Related Policies</p> <ul style="list-style-type: none"> • Added reference link to the Medical Policy titled <i>Lower Extremity Prosthetics (for Indiana Only)</i> • Removed reference link to the Medical Policy titled: <ul style="list-style-type: none"> ○ <i>Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for Indiana Only)</i> ○ <i>Omnibus Codes (for Indiana Only)</i> <p>Coverage Rationale</p> <ul style="list-style-type: none"> • Revised language pertaining to medical necessity clinical coverage criteria; removed reference to the InterQual®: <ul style="list-style-type: none"> ○ CP: Durable Medical Equipment, Prosthetics, Lower Extremity ○ Medicare: Durable Medical Equipment: <ul style="list-style-type: none"> § External Breast Prostheses § Eye Prostheses § Facial Prostheses § Lower Limb Prostheses <p>Applicable Codes</p> <ul style="list-style-type: none"> • Added HCPCS codes L7360, L7364, L7366, L7367, and L7368 • Removed HCPCS: L6000, L6010, L6020, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6615, L6616, L6620, L6623, L6624, L6625, L6628, L6630, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6684, L6689, L6690, L6691, L6692, L6693, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6721, L6722, L6805, L6810, L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6930, L6940, L6950, L6960, L6965, L6970, L7040, L7170, L7185, L7186, L7402, L7405, L7499, L7510, L7520, L7600, L7700, L8415, L8435, L8485, L8499, and L9900 • Added notation to indicate HCPCS codes L6026, L6611, L6629, L6632, L6677, L6680, L6682, L6688, L6698, L6890, L7259, L7360, L7364, L7366, L7367, L7368, L7400, L7401, L7403, L7404, and L8465 are not managed for medical necessity review for the state of Indiana at this time; refer to the most current <i>Prior Authorization and Notification List</i> for UnitedHealthcare Community Plan of Indiana <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version CS104IN.07

Instructions for Use

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

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.