BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Upper Limb Prostheses

Policy #: 762
Latest Review Date: August 2024
Category: Durable Medical Equipment (DME)

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative.*

**Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill Original Medicare for covered services that are related to clinical trials that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat upper limb prosthesis as a **covered benefit** when all the following criteria are met:

- Individual has a traumatic or surgical amputation of upper extremity or a congenital absence or defect; and
- Prosthetic replaces all or part of a missing limb; and
- Prosthetic will help the member regain or maintain function; and
- Prosthetic device is ordered by or under the direction of a physician; and
- Prosthetic needs evaluated for the individual by a healthcare professional with appropriate prosthetic qualifications and training under the supervision of the ordering physician; and
- Individual is willing and able to participate in the training for the use of the prosthetic; and
- Individual with expected rehabilitation potential undergoes functional assessment, including Activities of Daily Living (ADLs)

Blue Advantage will treat lifelike components/high-definition silicone (i.e., silicone-covered prosthesis) as a **non-covered benefit** and as **cosmetic**.

Blue Advantage will treat custom, rugged partial hand or partial finger: Naked Prosthetics (PIP Driver, MCP Driver, Thumb Driver), Partial M-Fingers, Titan and Point Designs Prosthetics (Point Thumb, Point Partial, Point Digit Mini), or X-Finger prosthetics, as upgrades and **non-covered** benefits.

Blue Advantage will treat the following items as convenience/upgraded additions and as **non-covered benefits**:

- Water resistance feature or water prosthesis
- TRS Black Iron Trainer weightlifting attachment
- Multi-durometer custom silicone socket interface
- Multiaxial wrist locking feature
- Custom synthetic chloroprene harness
- Anatomically contoured interface
- Heavy-duty materials, features or processes to increase durability of prosthetic
- Sports or recreational activity additions
- Back up prosthetics
- Prosthetic components that are primarily for cosmesis
- Adjustable click systems (e.g., Revo and Boa click systems)
- Drive ring attachment

There is no separate payment if CAD-CAM technology is used to fabricate a prosthesis. Reimbursement is included in the allowance of the codes for a prosthesis.

Sockets:

No more than two socket inserts per individual prosthesis are considered **covered benefits** at the same time.

Blue Advantage will treat test sockets for permanent prostheses as a **covered benefit** when policy criteria for the prosthetic are met.

Blue Advantage will treat test (diagnostic) sockets for immediate post-surgical or early-fitted prostheses as **non-covered** benefits. Immediate prostheses are considered **non-covered** benefits.

Blue Advantage will treat socket replacements as a **covered benefit** when there is adequate documentation of functional and/or physiological needs such as, but not limited to; changes in the residual limb, functional need changes, or irreparable damage or wear/tear due to excessive patient weight or prosthetic demands of very active amputees.

Replacement or Repair:
Blue Advantage will treat replacement or repair of prosthetic parts or prostheses as a **covered benefit** when there is adequate documentation of functional and/or physiological needs such as, but not limited to:

- Changes in the residual limb
- Functional needs changes
- Irreparable damage or wear/tear due to excessive individual weight
- Prosthetic demands of very active amputees

Blue Advantage will treat repair of prosthetic parts or the prosthesis as a **covered benefit** when ALL the following are met:

- Equipment or external prosthesis not currently covered by warranty and is owned by the individual.
- Required repairs are not the result of malicious damage, culpable neglect or wrongful disposition of the equipment.
- Expense of the repairs does not exceed the expense of purchasing a new piece of equipment or prosthesis.
- Payments for repair and maintenance do not include parts and labor covered under a manufacturer's or supplier's warranty.

If the individual-owned DME is being repaired, up to one month's rental for that piece of DME may be considered a **covered benefit**.

Blue Advantage will treat repair or replacement of a prosthesis for appearance, comfort, convenience or individual abuse, misuse or neglect or repair or replacement of parts of a duplicate prosthesis as a **non-covered benefit**.

Blue Advantage will treat the upgrade of a functional prosthesis as a **non-covered benefit**.

In reference to myoelectric prosthetics, refer to medical policy #124 Myoelectric Prosthetic and Orthotic Components for the Upper Limb

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain

test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contracts and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

A prosthesis is an artificial device used to replace all or part of a missing body part and is intended to restore normal function. The most common levels of amputations for the upper limb are the transradial (TR) (below elbow, BE) and the transhumeral (TH) (above elbow, AE). The prosthesis is a tool that helps the single-limb amputee gain functional independence. Ideally, upper limb unilateral amputees should be able to accomplish things such as wearing the prosthetic during waking hours, performing basic ADLs, and returning to work whenever possible.

Upper limb prosthesis can be classified into four categories of prosthesis:

- Passive Prosthesis is the lightest of all the prostheses and often termed as cosmetic. It has no motors and contains limited mechanical features.
- Body-powered Prosthesis comes from the individual's movements and utilizes a body harness and strap which connects to a cable system that operates the device. Advantages include lightweight, durable and may be waterproof; disadvantages include a required harness, strength and range of motion capability from user.
- Externally powered Prosthesis is powered by batteries contained within the system and controlled by EMG signals, force-sensing resistors, and pull/push switches and most often reserved for high-level amputees. Advantages include little or no harnessing of the device, generating more force and appearing more cosmetic; disadvantages include battery life and daily charging, not waterproof, more complex and therefore prone to breakage and repair.*
- Hybrid Prosthesis combines body-powered components and myoelectric/externally powered components in one device. This type of prosthesis is most commonly used by transhumeral and shoulder disarticulation amputees and is reserved for high-level amputees.*

**For myoelectric prosthetics, refer to medical policy #124 Myoelectric Prosthetic and Orthotic Components for the Upper Limb*

KEY POINTS:

This evidence review was created and has been updated regularly with searches of the PubMed database. The most recent literature update was performed through July 20, 2024.

Summary of Evidence:

Appropriate selection of componentry for prosthetic restoration of the amputee is an extremely important and challenging task in view of the variety and complexity of available prosthetic

devices and the functional requirements of individuals. After prescription and fitting of the device, training is indispensable and should include prosthetic management and functional training with the goal of achieving community reintegration. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

Practice Guidelines and Position Statements
Department of Veterans Affairs (VA)/Department of Defense (DoD)
In a VA/DoD 2022 Clinical Practice Guideline for rehabilitation of individuals with lower limb amputation, the following is recommended:

Pre-Prosthetic Training Recommendation:

- The care team should ensure that patients undergo pre-prosthetic training to help determine the most appropriate type of device to achieve functional goals. [Expert Opinion]
- The care team should conduct a comprehensive assessment to determine the most appropriate types of prostheses to prescribe along with educating the patient and/or caregiver(s) on the various types of available prostheses

Components of a comprehensive assessment include:

- Present health status
- Level of function
- Modifiable/controllable health risk factors
- Pain assessment
- Cognition and behavioral health
- Personal, family, social, and cultural context
- Learning assessment
- Residual limb assessment
- Non-amputated limb and trunk assessment
- Prosthetic assessment (if applicable)
- Vocational assessment

Prosthesis Prescription:

- Once the appropriate type of prosthesis is identified, the care team should write a prescription for the device, including all necessary components. [Expert Opinion]
- Prescriptions for upper extremity prostheses should be based on a collaborative decision between the patient and the care team. Input should be received from all members of the care team and individualized for the patient based on the patient's specific needs and goals related to prosthesis use. Components for an upper extremity prosthesis should include:
    - Design (e.g., preparatory vs. definitive)
    - Control strategy (e.g., passive, externally powered, body-powered, task-specific)
    - The anatomical side and amputation level of the prosthesis
    - Type of socket interface (e.g., soft insert, elastomer liner, flexible thermoplastic)
    - Type of socket frame (e.g., thermoplastic or laminated)
    - Suspension mechanism (e.g., harness, suction, anatomical)
    - Terminal device

- Wrist unit (if applicable)
- Elbow unit (if applicable)
- Shoulder unit (if applicable)

U.S. Preventive Services Task Force Recommendations
Not applicable.

KEY WORDS:
Prosthetic, prosthetic arm, passive prosthesis, body powered prosthesis

APPROVED BY GOVERNING BODIES:
Prostheses are class I devices exempt from U.S. Food and Drug Administration (FDA) review. For additional information, use product codes: GXY, IQZ.

BENEFIT APPLICATION:
Coverage is subject to member's specific benefits. Group-specific policy will supersede this policy when applicable.

CURRENT CODING:
CPT codes:

97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

HCPCS codes:

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 (Eff 4/1/25)

L6029	Upper extremity addition, test socket/interface, partial hand including fingers (Eff 4/1/25)
L6030	Upper extremity addition, external frame, partial hand including fingers (Eff 4/1/25)
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power (Eff 4/1/25)
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal) (Eff 4/1/25)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material (Eff 4/1/25)
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers (Eff 4/1/25)
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
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	Immediate postsurgical or early fitting, application of rigid dressing only
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
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
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6625	Upper extremity addition, rotation wrist unit with cable lock
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
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
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, with or without locking mechanism, 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, lock mechanism, excludes socket insert

L6703-L6714	Terminal device, hand/hook, code range
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch 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
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)
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
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8415	Prosthetic sheath, upper limb, each
L8465	Prosthetic shrinker, upper limb, each

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POLICY HISTORY:

Adopted for Blue Advantage, August 2024
Medical Policy Group: August 2024: New medical policy. On draft 8/15/2024-9/15/24. Non-covered items previously non-covered per CMS Manual 100-02, Chapter 16 - General Exclusions From Coverage.
UM Committee, August 2024: Annual review of policy approved by UM Committee for use for Blue Advantage business.
Medical Policy Group, March 2025: Quarterly HCPCS Coding Update. Added new codes L6028, L6029, L6030, L6031, L6032, L6033, L6037 and revised codes L6692/L6698.
