

OH.CLI.1373 Upper Prosthetics

Effective Date:	January 12,2024	Accountable Dept.:	Medicaid Clinical Delivery Experience 10585
Last Reviewed Date:	November 28, 2023		

Summary of Changes:

Humana Healthy Horizons™ in Ohio Upper Prosthetics policy H1373 underwent annual review, was updated, and placed on new template. Added item #4 in procedures.

Scope:

This policy applies to all physical and behavioral health prior authorization requests received by Humana Healthy Horizons™ in Ohio.

Policy:

Humana Healthy Horizons™ in Ohio use established criteria guidelines to make medical necessity decisions on a case-by-case basis, based on the information provided on the member’s health status.

For the following Upper Prosthetics related CPT and HCPCS code(s), Humana Healthy Horizons™ in Ohio uses the below coverage determination criteria.

Providers may submit authorization request(s) through the provider portal.

Providers may access physical and behavioral clinical coverage policies and medical necessity criteria at the below links.

Physical Health:

www.humana.com/provider/medical-resources/ohio-medicaid/physical-health-clinical-coverage-policies

Behavioral Health:

www.humana.com/provider/medical-resources/ohio-medicaid/behavioral-health-clinical-coverage-policies

Members may request a copy of the medical necessity criteria by calling member services at 877-856-5702 (TTY:711), Monday-Friday, 7AM to 8PM EST.

Providers may also request a copy of the medical necessity criteria by calling provider services at 877-856-5707 (TTY:711), Monday-Friday, 7AM to 8PM EST or emailing the request to OHMCDUM@humana.com

Description:

*Indicates that Prior Authorization is required

Upper Prosthetics	
CPT and HCPCS Code(s)	
CPT Code(s) Summary	21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088*, 21089* and 54660
HCPCS Code(s) Summary	L6000*, L6010*, L6020*, L6026, 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, 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, L6680, L6682, L6684*, L6686*, L6687*, L6688*, L6689*, L6690*, L6691, L6692, L6693*, L6694, L6695, L6696, L6697, L6698, L6703, L6704*, L6706*, L6707*, L6708*, L6709*, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805*, L6810*, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900*, L6905*, L6910*, L6915*, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499*, L7510, L7520, L7600, L7700, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035*, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8415, L8435, L8465, L8485, L8499* and L8699*
CPT Code(s)	Description
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21086	Impression and custom preparation; auricular prosthesis

CPT Code(s)	Description
21087	Impression and custom preparation; nasal prosthesis
21088*	Impression and custom preparation; facial prosthesis
21089*	Unlisted maxillofacial prosthetic procedure
54660	Insertion of testicular prosthesis (separate procedure
HCPCS Code(s)	Description
L6000*	Partial hand, thumb remaining
L6010*	Partial hand, little and/or ring finger remaining
L6020*	Partial hand, no finger remaining
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)
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

HCPCS Code(s)	Description
L6360*	Interscapular thoracic, passive restoration (complete prosthesis)
L6370*	Interscapular thoracic, passive restoration (shoulder cap 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
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

HCPCS Code(s)	Description
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

HCPCS Code(s)	Description
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

HCPCS Code(s)	Description
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
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
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

HCPCS Code(s)	Description
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
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
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
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
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
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
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
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
L6965	Shoulder disarticulation, 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
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
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
L7040	Prehensile actuator, switch controlled
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled

HCPCS Code(s)	Description
L7186	Electronic elbow, child, Variety Village or equal, switch controlled
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
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
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8010	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal, without integral adhesive
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Nipple prosthesis, prefabricated, reusable, any type, each

HCPCS Code(s)	Description
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
L8040	Nasal prosthesis, provided by a nonphysician
L8041	Midfacial prosthesis, provided by a nonphysician
L8042	Orbital prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8045	Auricular prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician
L8047	Nasal septal prosthesis, provided by a nonphysician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician
L8415	Prosthetic sheath, upper limb, each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8465	Prosthetic shrinker, upper limb, each
L8485	Prosthetic sock, single ply, fitting, upper limb, each
L8499*	Unlisted procedure for miscellaneous prosthetic services
L8699*	Prosthetic implant, not otherwise specified

A prosthesis or prosthetic is an artificial device that replaces a missing body part. Examples of upper prostheses include arms, breasts, ears, hands and maxillofacial (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 utilizes 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.

A multiarticulating, myoelectric hand prosthetic (e.g., 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 (e.g., LivingSkin). The prosthetic is described as anthropomorphic (human like) in its appearance and shape.

A partial hand myoelectric prosthetic (e.g., ProDigits) replaces the function of one or more missing fingers as a result of a partial hand amputation. It is intended for use for an amputation at a transmetacarpal level or higher.

An adjustable click prosthesis (e.g., BOA, RevoFit) 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 in an attempt to manage residual limb volume fluctuation and ease of donning and doffing.

An enhanced-dexterity prosthetic arm (e.g., 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.

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.

Breast

Humana Healthy Horizons™ in Ohio members may be eligible under the Plan for a basic external breast and/or nipple prosthesis with replacement every 2 years for ordinary wear and tear. Humana members may be eligible under the Plan for a maximum of 6 post mastectomy bras per year following a medically necessary mastectomy.

Body Powered

Humana Healthy Horizons™ in Ohio members may be eligible under the Plan for a body powered upper extremity prosthesis when this type of prosthesis meets the functional needs to perform normal ADLs.

Myoelectric including Hybrid

Humana Healthy Horizons™ in Ohio members may be eligible under the Plan for a myoelectric upper extremity prosthesis when ALL of the following criteria are met:

- Absence of a comorbidity that could interfere with maintaining function of the prosthesis (e.g., neuromuscular disease); AND
- Amputation or missing limb at the wrist or above (e.g., forearm or elbow); AND
- Remaining musculature of the arm contains the minimum microvolt threshold to allow operation of the prosthesis; 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.

Repair and Replacement

Humana Healthy Horizons™ in Ohio members may be eligible under the Plan for repair of a prosthesis, if not covered by the manufacturer, when required due to a 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

Procedures:

1. The Plan covers all benefits and services required in OAC chapter 5160 in the amount, duration, and scope for the same services furnished to members under the fee-for-service (FFS) Medicaid.
2. When applying coverage policies and medical necessity criteria, the Plan will consider individual member needs and an assessment of the local delivery system.
3. The Plan uses the following hierarchy of guidelines to review for medical necessity:
 - 3.1 Federal or state regulation, including medical criteria published in the Ohio Administrative Code, Chapter 5160.
 - 3.2 Nationally accepted evidence based clinical guidelines: MCG (formerly Milliman Care Guidelines), American Society of Addiction Medicine (ASAM) Level of Care Adolescent Guidelines and American Society of Addiction Medicine (ASAM) Patient Placement Criteria (ASAM Admission Guidelines).
 - 3.3 Humana Healthy Horizons™ in Ohio clinical policies
 - 3.4 In the case of no guidance from above, additional information that the clinical reviewer will consider, when available, includes;
 - 3.4.1 Clinical practice guidelines and reports from peer reviewed medical literature, from which a higher level of evidence and study quality is more strongly considered in determinations;

- 3.4.2 Professional standards for safety and effectiveness recognized in the US for diagnosis, care, or treatment;
- 3.4.3 Medical association publications;
- 3.4.4 Government-funded or independent entities that assess and report on clinical care; decision and technology such as Agency for Healthcare Research and Quality (AHRQ), Hayes Technology Assessment, Up-To-Date, Cochrane Reviews, National Institute for Health and Care Excellence (NICE), etc.;
- 3.4.5 Published expert opinions;
- 3.4.6 Opinion of health professionals in the area of specialty involved;
- 3.4.7 Opinion of attending provider;
- 3.6 Dental: DentaQuest coverage guidelines and policies
[Dental Coverage - Humana Healthy Horizons in Ohio | Humana](#)
- 3.7 Vision: EyeMed coverage guidelines and policies
[Vision Care - Humana Healthy Horizons - Ohio Medicaid | Humana](#)
- 4. When the plan receives a request for a primary code that requires prior authorization, and the primary code is denied for lack of medical necessity, any related secondary codes submitted on the authorization request will be denied based on lack of medical necessity. When a primary code is approved, related secondary codes requiring prior authorization will be reviewed individually for medical necessity determination.

Only practitioners with the appropriate clinical expertise can make the decision to deny or reduce the amount, duration or scope of the services being requested.

Humana Healthy Horizons™ in Ohio requires prior authorization on all “Miscellaneous,” “Unlisted,” and “Not Otherwise Specified” codes. Medical necessity documentation and rationale must be submitted with the prior authorization request. The Medical Director adheres to the above process to align criteria based on the information provided on the member’s health status.

Experimental:

In accordance with OAC 5160-1-61, services that are experimental in nature and not performed with standards of medical practice are not covered, unless it is in accordance with Division CC, Title II, Section 210 of the Consolidated Appropriate Act, 2021 (Pub. L. No. 116-260) per the OAC rule. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-61>

Background:

Additional information about limb loss and prosthetics may be found from the following websites:

- [National Library of Medicine](#)
- [United States Department of Veterans Affairs](#)

Medical Alternatives:

Physician consultation is advised to make an informed decision based on an individual’s health needs.

Definitions:

1. Adverse Benefit Determination – As defined in OAC rule 5160-26-01, is a managed care entity’s (MCEs):
 - (1) Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
 - (2) Reduction, suspension, or termination of services prior to the member receiving the services previously authorized by the MCE;
 - (3) Failure to provide services in a timely manner as specified in rule 5160-26-03.1 of the Administrative Code;
 - (4) Failure to act within the resolution timeframes specified in rule 5160-26-08.4 of the Administrative Code;
 - (5) Denial of a member’s request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities, if applicable; or
 - (6) Denial, in whole or part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a “clean claim” as defined in 42 C.F.R. 447.45(b) (October 1, 2021) is not an adverse benefit determination)
2. American Society of Addiction Medicine (ASAM) – a professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM produces a comprehensive set of standards for placement, continued stay, transfer or discharge of patients with addiction and co-occurring conditions used by clinical staff to determine whether to refer a service request for physician review based upon the clinical information submitted by the requestor.
3. MCG® – are nationally recognized guidelines used by clinical staff to determine whether to refer a service request for physician review based upon the clinical information submitted by the requestor.
4. Medically Necessary or Medical Necessity – Has the same meaning as OAC rule 5160-1-01:
 - A. Medical necessity for individuals covered by early and periodic screening, diagnosis, and treatment (EPSDT) is criteria of coverage for procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.
 - B. Medical necessity for individuals not covered by EPSDT is criteria of coverage for procedures, items, or services that prevent, diagnose, evaluate or treat an adverse health condition such as an illness, injury, disease or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person can be expected to suffer prolonged, increased, or new morbidity; impairment of function; dysfunction of a body organ or part; or significant pain and discomfort.
 - C. Conditions of medical necessity for a procedure, item, or service are met all the following apply:
 - a. It meets generally accepted standards of medical practice;
 - b. It is clinically appropriate in its type, frequency, extent, duration, and delivery setting;
 - c. It is appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome;
 - d. It is the lowest cost alternative that effectively addresses and treats the medical problem;

- e. It provides unique, essential, and appropriate information if it is used for diagnostic purposes; and
 - f. It is not provided primarily for the economic benefit of the provider nor for the sole convenience of the provider or anyone else other than the recipient.
- D. The fact that a physician, dentist, or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment.
- E. The definition and conditions of medical necessity articulated in this rule apply throughout the entire medicaid program. More specific criteria regarding the conditions of medical necessity for particular categories of service may be set forth within the Ohio department of medicaid (ODM) coverage policies or rules.

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12/11/22 – Policy Development

12/22/22 – Review – Mark Rastetter, MD

11/28/2023 - Humana Healthy Horizons™ in Ohio Upper Prosthetics policy H1373 underwent annual review, was updated, and placed on new template. Added item #4 in procedures. - M. Joyce Medicaid Clinical Delivery Experience.