

OH.CLI.1373 Prosthetics

Effective Date: 9/4/2024

Accountable Dept.: Medicaid Clinical Delivery Experience 10585

Last Reviewed Date: 6/20/24

Summary of Changes:

Humana Healthy Horizons™ underwent review per updated internal process – aligned with internal TAF team policy. Added EPSDT information p. 9 4. A.

Scope:

This policy applies to all Humana Healthy Horizons™ Medicaid associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

Policy:

Humana Healthy Horizons™ in Medicaid 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.

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:

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).

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 similar to the anatomic human knee.

The prosthetic foot also has several basic functions; 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 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.³³

Coverage Determinations:

Humana Healthy Horizons™ 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:

BREAST

Humana Healthy Horizons™ 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 Healthy Horizons™ members may be eligible under the Plan for a maximum of 6 post mastectomy bras per rolling 12-month period following a medically necessary mastectomy.

A rolling 12-month period is 12 months after an event, regardless of what month the initial event took place.

EYE

Humana Healthy Horizons™ members may be eligible under the Plan for an eye prosthesis due to absence of an eye from a congenital defect, disease, injury or surgical removal.

Humana Healthy Horizons™ members may be eligible under the Plan for one enlargement or reduction (V2625, V2626) of an eye prosthesis.

Humana Healthy Horizons™ members may be eligible under the Plan for polishing and resurfacing (V2624) of a prosthetic eye on a twice-yearly basis.

FACIAL (INCLUDING EARS)

Humana Healthy Horizons™ members may be eligible under the Plan for a facial prosthesis (21077, 21086-21088, L8040-L8048) for loss or absence of facial tissue due to a congenital defect, disease, injury or surgery.

For information regarding coverage determination/limitations for the EarWell device, which is not considered to be a prosthetic.

LOWER LIMB

Humana Healthy Horizons™ members may be eligible under the Plan for a lower limb prosthesis when ALL of the following criteria are met:

- Prosthesis is needed for ambulation; AND
- Individual is expected to reach or maintain a defined functional state; AND
- Medical records document the individual's current functional capabilities and expected rehabilitation potential is based on functional levels

Humana Healthy Horizons™ members may be eligible under the Plan for a basic prosthetic for a functional level of 1. A basic lower limb prosthetic generally includes a SACH foot and a single axis, constant friction knee.

The following anatomy specific criteria apply:

ANKLE

Humana Healthy Horizons™ members may be eligible under the Plan for an axial rotation unit (L5982-L5986) for a functional level of 2 or above.

Humana Healthy Horizons™ members may be eligible under the Plan for an endoskeletal ankle/foot or ankle system, power assist (L5969) for a functional level of 3 or above.

FEET

Humana Healthy Horizons™ members may be eligible under the Plan for an external keel SACH foot (L5970) or single axis ankle/foot (L5974) for a functional level of 1 or above.

Humana Healthy Horizons™ members may be eligible under the Plan for a flexible-keel foot (L5972) or multi-axial ankle/foot (L5978) for a functional level of 2 or above.

Humana Healthy Horizons™ members may be eligible under the Plan for an energy storing foot (L5976), dynamic response foot with multi-axial ankle (L5979), flex foot system (L5980), flexwalk system or equal (L5981) or shank foot system with vertical loading pylon (L5987) for a functional level of 3 or above.

HIP

Humana Healthy Horizons™ members may be eligible under the Plan for a pneumatic or hydraulic polycentric hip joint (L5961) for a functional level of 3 or above.

KNEE

Humana Healthy Horizons™ members may be eligible under the Plan for a fluid, pneumatic or electronic knee (L5610, L5613-L5615, L5722-L5780, L5814, L5822-L5840, L5848, L5856-L5858) for a functional level of 3 or above.

Humana Healthy Horizons™ members may be eligible under the Plan for an endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) (L5859) when the following criteria are met:

- Functional Level of 3 only *; AND
- Individual has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K-3 level function with the use of a microprocessor-controlled knee alone;
AND
- Individual has a swing and stance phase type microprocessor controlled (electronic) knee (L5856); AND
- Individual is able to operate the device (daily charging, understand and respond to error alerts and alarms indicating problems with the function of the unit)

*The device is not intended for high impact activity, sports, excessive loading, or heavy duty use

Humana Healthy Horizons™ members may be eligible under the Plan for other knee systems (L5611, L5616, L5710-L5718, L5810-L5812, L5816, L5818) for a functional level of 1 or above.

Humana Healthy Horizons™ members may be eligible under the Plan for a high activity knee control frame (L5930) for a functional level of 4.

Humana Healthy Horizons™ members may be eligible under the Plan for residual limb volume management and moisture evacuation system (eg, Vacuum Assisted Socket System [VASS]) (L5781, L5782) when the following criteria are met:

- Absence of contraindications;

AND one of the following:

- Diabetes or occlusive arterial disease; OR
- Excessive residual limb hyperemia from prior socket use; OR
- Excessive skin hyperhidrosis from prior socket use that has not responded to treatment (eg, over-the-counter [OTC] and prescription antiperspirant, sheath or sock under liner); OR
- Failure of other socket-suspension systems (eg, mechanical, passive suction) to provide secure fit that cannot be resolved by adjustments; OR
- Multiple falls in transtibial amputees; OR
- Non-healing skin ulcerations on stump; OR
- Volume fluctuations of limb up to 2 cm in circumference

ACCESSORIES

Humana Healthy Horizons™ members may be eligible under the Plan for stump stockings and harnesses (including replacements) when they are essential to the effective use of the artificial limb.

Humana Healthy Horizons™ members may be eligible under the Plan for prosthetic sheaths/socks, including a gel cushion layer.

PARTIAL FOOT PROSTHESIS

Humana Healthy Horizons™ members may be eligible under the Plan for a partial foot prosthesis (L5000-L5020) due to absence of phalanges and/or metatarsals from a congenital defect, disease, injury or surgical removal.

PROSTHETIC SHOE

Humana Healthy Horizons™ 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 Healthy Horizons™ members may be eligible under the Plan for no more than 2 test (diagnostic) sockets (L5618-L5628) for an individual prosthesis.

Humana Healthy Horizons™ members may be eligible under the Plan for socket inserts (L5654-L5665, L5671, L5673, L5679, L5681, L5683) for an individual prosthesis.

UPPER EXTREMITY

Body Powered

Humana Healthy Horizons™ in Medicaid-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 Medicaid-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.

Testicular

Humana Healthy Horizons™ 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.

Humana Healthy Horizons™ members may be eligible under the Plan for a testicular prosthesis (54660) when criteria are met for gender affirming surgery.

Repair and Replacement

Humana Healthy Horizons™ 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 Healthy Horizons™ 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 Healthy Horizons™ members may be eligible under the Plan for **replacement of sockets or socket 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 Healthy Horizons™ members may **NOT** be eligible under the Plan for a **prosthesis** for any indications other than those listed above including, but may not be limited to, the following:

- Custom fabricated breast prosthesis (**L8035, L8039**); **OR**
- Custom fabricated nipple prosthesis (**L8033**); **OR**
- Duplication or upgrade of a functional prosthesis; **OR**
- Gloves for an upper extremity prosthesis (**L6890, L6895**); **OR**
- Limit of 2 test (diagnostic) sockets (**L5618-L5628**) per individual prosthesis at the same time; **OR**
- Lower limb prosthesis for a functional level of 0; **OR**
- Microprocessor controlled ankle foot system (**L5973**); **OR**
- Prosthetic donning sleeve (**L7600**) (convenience item); **OR**
- Prosthetics used for activities other than normal daily living, including, but may not be limited to, those utilized for sporting activities such as skiing; **OR**
 - Repair (L7510, L7520) or replacement (L8049) of a prosthesis for appearance, comfort, convenience or individual abuse, misuse or neglect; **OR**
 - Repair (L7510, L7520) or replacement (L8049) of parts of a duplicate prosthesis; **OR**
 - Test sockets (L5618-L5628) for an immediate prosthesis (L5400-L5460); **OR**
 - User-adjustable heel height feature (L5990); **OR**
 - Water prosthesis/water submersible (designed to be used for showering, swimming, etc.) (eg, Genium X3) (L5999); **OR**

- Wigs (A9282)

All other indications are considered NOT medically necessary.

Humana Healthy Horizons™ members may NOT be eligible under the Plan for the following prosthetic devices:

- Adjustable click prosthesis (eg, BOA, Revo) (L5999, L7499); OR
- Enhanced dexterity prosthetic arm (Life Under Kinetic Evolution [LUKE] Arm) (L7499); OR
- Myoelectric partial hand prosthesis (eg, ProDigits) (L6026); OR
- Osseointegrated prosthesis for the rehabilitation of amputees (OPRA Implant System) (L5991, L5999, L8699)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana Healthy Horizons™ members may **NOT** be eligible under the Plan for **residual limb volume management and moisture evacuation system (eg, Vacuum Assisted Socket System [VASS]) (L5781, L5782)** for any of the following contraindications:

- Individual is receiving dialysis; **OR**
- Individual is unable to operate the system; **OR**
- Individual is undergoing interim fittings; **OR**
- Neuroma preventing individual from being able to bear pressure on the residual limb

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.

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. Provider can request prior authorization to exceed coverage or benefit limits for members under the age of 21.
 - 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.

Provider Claims Codes:

Any CPT, HCPCS or ICD codes listed on this medical coverage 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
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	For information regarding the use of an external adhesive auricular corrective system (EarWell).
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)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A9282	Wig, any type, each	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Deleted Code Effective 12/31/2023
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Deleted Code Effective 12/31/2023
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, Symes, molded socket, SACH foot	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee (BK), molded socket, shin, SACH foot	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	

L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	

L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	

L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	New Code Effective 01/01/2024
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	
L5618	Addition to lower extremity, test socket, Symes	Not Covered if used for immediate prosthesis
L5620	Addition to lower extremity, test socket, below knee (BK)	Not Covered if used for immediate prosthesis
L5622	Addition to lower extremity, test socket, knee disarticulation	Not Covered if used for immediate prosthesis
L5624	Addition to lower extremity, test socket, above knee (AK)	Not Covered if used for immediate prosthesis
L5626	Addition to lower extremity, test socket, hip disarticulation	Not Covered if used for immediate prosthesis
L5628	Addition to lower extremity, test socket, hemipelvectomy	Not Covered if used for immediate prosthesis
L5629	Addition to lower extremity, below knee, acrylic socket	
L5630	Addition to lower extremity, Symes type, expandable wall socket	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	
L5632	Addition to lower extremity, Symes type, PTB brim design socket	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	

L5636	Addition to lower extremity, Symes type, medial opening socket	
L5637	Addition to lower extremity, below knee (BK), total contact	
L5638	Addition to lower extremity, below knee (BK), leather socket	
L5639	Addition to lower extremity, below knee (BK), wood socket	
L5640	Addition to lower extremity, knee disarticulation, leather socket	
L5642	Addition to lower extremity, above knee (AK), leather socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition to lower extremity, above knee (AK), wood socket	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	
L5647	Addition to lower extremity, below knee (BK), suction socket	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	

L5666	Addition to lower extremity, below knee (BK), cuff suspension	
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), 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 L5673 or L5679)	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), 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 L5673 or L5679)	
L5684	Addition to lower extremity, below knee, fork strap	

L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	
L5699	All lower extremity prostheses, shoulder harness	
L5700	Replacement, socket, below knee (BK), molded to patient model	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	
L5704	Custom shaped protective cover, below knee (BK)	
L5705	Custom shaped protective cover, above knee (AK)	
L5706	Custom shaped protective cover, knee disarticulation	
L5707	Custom shaped protective cover, hip disarticulation	
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	

L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	

L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
L5910	Addition, endoskeletal system, below knee (BK), alignable system	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	

L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	New Code Effective 01/01/2024
L5930	Addition, endoskeletal system, high activity knee control frame	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	
L5972	All lower extremity prostheses, foot, flexible keel	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	
L5980	All lower extremity prostheses, flex-foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	

L5982	All exoskeletal lower extremity prostheses, axial rotation unit	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	New Code Effective 10/01/2023
L5999	Lower extremity prosthesis, not otherwise specified	Not Covered if used to report any prosthetic outlined in Coverage Limitations section
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	
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	
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	Not Covered if used for immediate prosthesis
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	Not Covered if used for immediate prosthesis
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Not Covered if used for immediate prosthesis
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	
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	
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	
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	Not Covered if used to report any prosthetic outlined in Coverage Limitations section
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	
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	
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	For information regarding the use of an external adhesive auricular corrective system (EarWell).
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	
L8400	Prosthetic sheath, below knee, each	
L8410	Prosthetic sheath, above knee, each	
L8415	Prosthetic sheath, upper limb, each	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	
L8420	Prosthetic sock, multiple ply, below knee (BK), each	
L8430	Prosthetic sock, multiple ply, above knee (AK), each	
L8435	Prosthetic sock, multiple ply, upper limb, each	
L8440	Prosthetic shrinker, below knee (BK), each	
L8460	Prosthetic shrinker, above knee (AK), each	
L8465	Prosthetic shrinker, upper limb, each	
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8699	Prosthetic implant, not otherwise specified	Not Covered if used to report any prosthetic outlined in Coverage Limitations section
V2623	Prosthetic eye, plastic, custom	
V2624	Polishing/resurfacing of ocular prosthesis	
V2625	Enlargement of ocular prosthesis	
V2626	Reduction of ocular prosthesis	
V2628	Fabrication and fitting of ocular conformer	
V2629	Prosthetic eye, other type	

V2799	Vision item or service, miscellaneous	Not Covered if used to report any prosthetic outlined in Coverage Limitations section
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Appendix A

Lower Extremity Prosthesis Functional Level Criteria ²⁹

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.

Level 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.

Level 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.

Level 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.

Level 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.

Owner:	Marcy Joyce	Executive Team Member:	Dr. Mark Rastetter
Accountable VP /	Tim Smith		
Director:			

Version Control:

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.

5/20/2024- Humana Healthy Horizons™ Reviewed and updated policy per internal policy review for Prosthetics as a whole. J. Spink Medicaid Clinical Delivery Experience.

6/20/24 – review. M. Joyce Medicaid Clinical Delivery Experience