# Upper Extremity Prosthetic Devices (for North Carolina Only)

**Policy Number**: CSNCT0641.03
**Effective Date**: June 1, 2025

Instructions for Use

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## Application

This Medical Policy only applies to the state of North Carolina.

## Coverage Rationale

### Indications for Coverage

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

### *Prosthetic Devices*

For medical necessity clinical coverage criteria, refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy, Medical Equipment: 5B, Orthotics & Prosthetics.

### Servicing and Repairing Orthotic and Prosthetic Devices

For medical necessity clinical coverage criteria, refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy, Medical Equipment: 5B, Orthotics & Prosthetics.

## Applicable Codes

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

| HCPCS Code | Description |
|---|---|
| L6000 | Partial hand, thumb remaining |
| L6010 | Partial hand, little and/or ring finger remaining |
| L6020 | Partial hand, no finger remaining |

| HCPCS Code | Description |
|---|---|
| *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) |
| *L6028 | Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692 |
| *L6029 | Upper extremity addition, test socket/interface, partial hand including fingers |
| *L6030 | Upper extremity addition, external frame, partial hand including fingers |
| *L6031 | Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power |
| *L6032 | Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal) |
| *L6033 | Addition to upper extremity prosthesis, partial hand including fingers, acrylic material |
| *L6037 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad |
| L6055 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad |
| L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad |
| L6110 | Below elbow, molded socket (Muenster or Northwestern suspension types) |
| L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff |
| L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff |
| L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm |
| L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm |
| L6250 | Above elbow, molded double wall socket, internal locking elbow, forearm |
| L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm |
| L6310 | Shoulder disarticulation, passive restoration (complete prosthesis) |
| L6320 | Shoulder disarticulation, passive restoration (shoulder cap only) |
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm |
| L6360 | Interscapular thoracic, passive restoration (complete prosthesis) |
| L6370 | Interscapular thoracic, passive restoration (shoulder cap only) |
| L6380 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow |
| L6382 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow |
| *L6384 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic |
| *L6386 | Immediate postsurgical or early fitting, each additional cast change and realignment |
| L6388 | Immediate postsurgical or early fitting, application of rigid dressing only |
| L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6450 | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6500 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping |
| L6580 | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model |

| HCPCS Code | Description |
|---|---|
| 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 |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal |
| L6632 | Upper extremity addition, latex suspension sleeve, each |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow |
| L6646 | Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system |
| L6677 | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow |
| L6682 | Upper extremity addition, test socket, elbow disarticulation or above elbow |
| L6686 | Upper extremity addition, suction socket |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation |
| 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 |

| HCPCS Code | Description |
|---|---|
| L6696 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) |
| L6697 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) |
| L6698 | Addition to upper extremity prosthesis, lock mechanism, excludes socket insert |
| *L6700 | Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement |
| L6704 | Terminal device, sport/recreational/work attachment, any material, any size |
| 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 |
| *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 |
| 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 |
| *L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| *L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| *L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| *L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |

| HCPCS Code | Description |
|---|---|
| *L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device |
| *L7007 | Electric hand, switch or myoelectric controlled, adult |
| *L7008 | Electric hand, switch or myoelectric, controlled, pediatric |
| *L7009 | Electric hook, switch or myoelectric controlled, adult |
| *L7045 | Electric hook, switch or myoelectric controlled, pediatric |
| *L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device |
| *L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device |
| *L7190 | Electronic elbow, adolescent, variety village or equal, myoelectronically controlled |
| *L7191 | Electronic elbow, child, variety village or equal, myoelectronically controlled |
| *L7259 | Electronic wrist rotator, any type |
| *L7360 | Six volt battery, each |
| *L7364 | Twelve volt battery, each |
| *L7366 | Battery charger, twelve volt, each |
| *L7367 | Lithium ion battery, rechargeable, replacement |
| *L7368 | Lithium ion battery charger, replacement only |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal) |
| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal) |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material |
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material |
| L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material |
| *L7406 | Addition to upper extremity, user adjustable, mechanical, residual limb volume management system |
| L7499 | Upper extremity prosthesis, not otherwise specified |
| L7510 | Repair of prosthetic device, repair or replace minor parts |
| L8465 | Prosthetic shrinker, upper limb, each |
| L8499 | Unlisted procedure for miscellaneous prosthetic services |

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

## Description of Services

A prosthesis is an artificial device used to replace all or part a missing body part and is intended to restore normal function. Meier and Melton (2014) identify the most common levels of amputations for the upper limb are the transradial (TR) (below elbow, BE) and the transhumeral (TH) (above elbow, AE). The prosthesis is a tool that helps the single-limb amputee gain functional independence. Ideally, upper limb unilateral amputees should be able to accomplish things such as wearing the prosthetic during waking hours, perform basic ADLs, and return to work whenever possible.

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

- Passive prosthesis is the lightest of all the prosthesis and often termed as cosmetic. It has no motors and contains limited mechanical features.
- Body-powered prosthesis comes from the patient's movements and utilizes a body harness and strap which connects to a cable system that operates the device. Advantages include lightweight, durable, and may be waterproof; disadvantages include a required harness, strength, and range of motion capability from user.
- Externally powered prosthesis is powered by batteries contained within the system and controlled by EMG signals, force-sensing resistors, and pull/push switches and most often reserved for high-level amputees. Advantages include

little or no harnessing of the device, generate more force, and appear more cosmetic; disadvantages include battery life and daily charging, not waterproof, more complex, and therefore prone to breakage and repair.
- Hybrid prosthesis combines body-powered components and myoelectric/externally powered components in one device. This type of prosthesis is most commonly used by transhumeral and shoulder disarticulation amputees and reserved for high-level amputees.

(National Academies of Sciences, Engineering, and Medicine; 2017)

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

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

In 2014, the DEKA Arm System was cleared for marketing by FDA through the de novo 513(f) (2) classification process which is a low- to moderate-risk medical device. Refer to the following websites for additional information:
- https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN120016
- https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN120016.pdf

(Accessed January 7, 2025)

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Orthotics & Prosthetics, 5B. Available at: https://medicaid.ncdhhs.gov/5b-orthotics-prosthetics/download?attachment. Accessed January 7, 2025.

## Policy History/Revision Information

| Date | Summary of Changes |
|---|---|
| 06/01/2025 | **Applicable Codes**<br>• Updated list of applicable HCPCS codes to reflect quarterly edits:<br>  ○ Added L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6700, and L7406<br>  ○ Revised description for L6698<br>• Added notation to indicate HCPCS codes L6026, L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6384, L6386, L6611, L6621, L6700, L6715, L6880, L6881, L6882, L6925, L6935, L6945, L6955, L6975, L7007, L7008, L7009, L7045, L7180, L7181, L7190, L7191, L7259, L7360, L7364, L7366, L7367, L7368, and L7406 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program<br>**Supporting Information**<br>• Archived previous policy version CSNC0641.02 |

## Instructions for Use

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

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