

NO. 91306

## PROSTHETICS - EXTERNAL

**Effective:** 06/01/2026**Committee Review:** 05/13/2026**Last Updated:** 05/13/2026

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**Policy scope:** This medical policy addresses external prosthetics: artificial, non-implanted medical devices worn on or attached to the outside of the body to replace all or part of a missing body part, or to replace all or part of the function of a permanently inoperative or absent body part.

**Related policies:**

- Durable Medical Equipment No. 91110
- Orthotics/Orthoses/Support Devices No. 91339
- Orthotics: Shoe Inserts, Orthopedic Shoes No. 91420
- Hearing Augmentation No. 91544

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### I. MEDICAL NECESSITY CRITERIA

- A. **Prosthetics, Lower Extremity:** A lower extremity prosthetic is considered medically necessary when the applicable InterQual® criteria are met:

**CP: Durable Medical Equipment  
Prosthetics, Lower Extremity**

This subset addresses the following:

- Above knee (AK) prosthesis

- Below knee (BK) prosthesis
- Hemipelvectomy prosthesis
- Hip disarticulation prosthesis
- Immediate post-operative prosthesis (IPOP)
- Lower extremity prosthesis
- Partial foot prosthesis
- Prosthetic insert
- Replacement socket
- Symes prosthesis
- Transfemoral prosthesis
- Transtibial prosthesis

The provision of lower limb prostheses to replace or restore function (ambulation) when there is a limb deficit is considered medically necessary, whereas prostheses designed solely for participation in recreational and sporting activities are not considered medically necessary. Thus, special-use prostheses designed specifically for sports activities such as running, swimming, or skiing, and obtained in addition to prostheses used for routine daily function are not addressed in this content.

- B. **Prosthetics, Upper Extremity – electrically powered, externally powered, and/or microprocessor controlled:** Such prosthetics are considered medically necessary when the applicable InterQual® criteria are met:

**CP: Durable Medical Equipment  
Prosthetics, Myoelectric, Upper Extremity**

This subset addresses the following:

- Electrically powered
- Externally powered
- Microprocessor-controlled

These criteria focus on the medical necessity for commonly used mechanical devices for a **myoelectric upper extremity prosthesis (MEP)**, but do not address amputations below the wrist or above the humerus. Either a **body-powered prosthesis (BP)** or MEP may be an option for an individual with an upper extremity amputation.

- C. Additional considerations

1. Prosthetic devices are medically necessary when needed to restore function to all or part of a permanently inoperative, malfunctioning or absent body part. The test of permanence is considered met if the ordering physician indicates that the condition is of long and indefinite duration.
2. Only standard prosthetics are considered medically necessary.
3. Limits/Indications:
  - a. The following are examples of prosthetics that are not medically necessary:

- i. Artificial teeth—dentures, crowns, implants, etc. Refer to the Delta Dental Handbook for Healthy Michigan Plan members
    - ii. Hearing aids, unless a commercial hearing aid rider applies or the member has a Medicaid or Healthy Michigan Plan. Refer to the member’s plan documents. (See also MEDICAL POLICY No. 91544 – Hearing Augmentation)
    - iii. Wigs
    - iv. Any cosmetic or convenience customization of the prosthetic.
    - v. Osseointegrated/osseoanchored lower limb prosthetic device (e.g., OPRA Implant System, Integrum Inc.). Such devices are considered experimental, investigational, or unproven, and therefore, not medically necessary.
  - b. If quality and effectiveness are determined comparable by the medical department, the least costly device will be covered.
  - c. Professional fees related to dispensing or customizing the item or educating or training the member are covered as part of the prosthetic cost. These services are the responsibility of the vendor or provider and are not reimbursable as a separate fee. Charges from facility or vendor employees are not a covered benefit.
  - d. The decision to repair or replace prosthetics will be at the discretion of the Health Management department. The following guidelines apply:
    - i. Repair of prosthesis
      - Repairs or maintenance as a result of normal use are a covered benefit.
      - Repairs or maintenance as a result of misuse or abuse are not a covered benefit and are the responsibility of the member.
    - ii. Replacement of prosthesis
      - Replacement of prosthesis damaged by normal use or required due to body growth is a covered benefit.
      - Replacement of prosthesis as a result of misuse or abuse is not a covered benefit and is the responsibility of the member.
      - Replacement of lost or stolen prosthetics is not a covered benefit.
    - iii. Requests for replacement prosthesis when existing prosthesis is not damaged require a physician's statement documenting a change in the member's condition and the rationale for the replacement item. The decision to replace or upgrade is at the discretion of the Health Management Department.
  - e. Coverage is limited to one (1) prosthesis unless replacement is covered under the replacement guidelines in this policy.
4. Medical necessity for Commercial Individual and Small Group: In addition to the policy language above, the following apply:

- a. Prosthetic appliances for a member with a potential functional level of K0 are not medically necessary:
  - K0 (Level 0) - Does not have the ability or potential to ambulate or transfer safely with or without assistance, and a prosthesis does not enhance the quality of life or mobility.
  - K1 (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 walker.
  - K2 (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 walker.
  - K3 (Level 3) - Has the ability or potential for walking with variable cadence — typical of the community walker who is able to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic use beyond simple walking.
  - K4 (Level 4) - Has the ability or potential for prosthetic use that exceeds basic walking skills, exhibiting high impact, stress or energy levels — typical of the prosthetic demands of the child, active adult, or athlete.
- b. Items that are ordered solely for the purpose of solving problems related to non-compliance are not medically necessary.

## II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)
Scleral Shell <a href="#">80.5</a>
Prosthetic Shoe <a href="#">280.10</a>

Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	External Breast Prostheses <a href="#">L33317 A52478</a> Eye Prostheses <a href="#">L33737 A52462</a> Facial Prostheses <a href="#">L33738 A52463</a> Lower Limb Prostheses <a href="#">L33787 A52496</a>
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	External Breast Prostheses <a href="#">L33317 A52478</a> Eye Prostheses <a href="#">L33737 A52462</a> Facial Prostheses <a href="#">L33738 A52463</a> Lower Limb Prostheses <a href="#">L33787 A52496</a>
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

Medicare Claims Processing Manual [Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)

### III. BACKGROUND

External prosthetics are artificial, non-implanted medical devices worn on or attached to the outside of the body to replace all or part of a missing body part, or to replace all or part of the function of a permanently inoperative or absent body part.

Medicare Functional Classification Levels are used to aid in the selection of components for a hip, knee, ankle, or foot prosthesis. The functional level must be documented with each request and indicates the expected functional potential based on the following classification levels:

- K 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.
- K 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.
- K 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.
- K 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.
- K level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

There are four primary types of lower extremity prostheses based on the level of amputation:

- Partial foot, foot, and Symes (ankle disarticulation) prosthesis: Major parts vary by level of amputation and may include a socket with a toe filler, a socket with a foot component, or a foot component alone
- Below knee (transtibial) prosthesis: Major parts are socket, shank, and foot
- Above knee (transfemoral) prosthesis: Major parts are socket, knee system, shank, and foot-ankle system
- Hip disarticulation or hemipelvectomy prosthesis: Major parts are socket, hip system, knee system, shank, and foot-ankle system

Components and accessories typically considered for each part of the prosthesis are summarized below.

- Foot: This is a standard component of Symes, below knee, above knee, hemipelvectomy, or hip disarticulation prostheses. The most basic foot component is a solid ankle cushion heel (SACH) foot. Other foot components are considered based on functional classification.
- Ankle: Ankle components include axial rotation unit (i.e., torque absorption) and hydraulic ankle mechanisms. An ankle component may be considered as a component of any prosthesis for an individual at functional level K2, K3 or K4.
- Knee: The basic lower extremity above knee prosthesis includes a single axis, constant friction knee. Other prosthetic knee upgrades and additional components are considered based on functional classification. Knee components may be part of an above knee, hemipelvectomy, or hip disarticulation prosthesis.
- Hip: This component may be used in a hip disarticulation or hemipelvectomy prosthesis only. Component choice is based on functional level.

The **Osseoanchored Prostheses for the Rehabilitation of Amputees (OPRA) Implant System (Integrum Inc.)** is intended as an alternative to conventional **socket prosthesis (SP)** in transfemoral amputees who are known to have or anticipated to have rehabilitation challenges or who cannot tolerate a conventional SP. The OPRA Implant System is a bone-anchored device that uses osseointegration for direct attachment of prosthesis to bone without use of a socket. The **U.S. Food and Drug Administration (FDA)** approved commercial distribution of the OPRA system as a class III device via a premarket approval (PMA) on December 18, 2020, under **product code PJY (percutaneous prosthetic device for the direct skeletal attachment of a prosthetic limb)**. Successful implantation requires sufficient high-quality remaining bone in the residual limb. **Osseointegrated prostheses (Ops)** offer a direct connection to the patient's skeleton, which transfers the force exerted by walking to the bone rather than the residual soft tissue. Per the manufacturer's website, the benefits of the OPRA Implant System are said to include speed and ease of prosthetic attachment, increased limb strength and range of motion, increased sense of limb positioning in space, prevention of fracture due to accidental loading, and elimination of socket-related complications. The OPRA Implant System can also be used for patients who cannot tolerate an SP due to recurrent skin infection or ulceration, excessive sweating, a short stump, and/or extensive skin grafting. The components are placed over 2 surgical procedures. During the first procedure, the fixture is inserted into the bone and held in place with the central screw, healing cylinder, graft screw, and washer. The second operation takes place 6 months after the first and involves removal of the healing cylinder and washer and the placement of the abutment and abutment screw. The OPRA system is compatible with commercial prosthetic knees (microprocessor or non-microprocessor controlled) that do not feature powered extension and flexion of the

knee. The prosthesis attaches to an external connection device called the Axor II. Based on a review clinical studies, systematic reviews, and clinical practice guidelines, there is no or unclear support for using the Osseanchored Prostheses for the Rehabilitation of Amputees (OPRA) for patients who have undergone transfemoral (above the knee) amputation (TFA).

InterQual® Durable Medical Equipment (DME) criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Technology Assessments, Centers for Medicare and Medicaid Services (CMS) Local and National Coverage Determinations, the Cochrane Library, the FDA, and the National Institute for Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

**IV. GUIDELINES / POSITION STATEMENTS**

Medical/Professional Society	Guideline
<a href="#">American Academy of Orthotists and Prosthetists (AAOP)</a>	<a href="#">Position Statement on Custom 3D Printed Orthoses and Prostheses</a>
<a href="#">American Physical Therapy Association (APTA)</a>	A Clinical Practice Guideline for the Use of Ankle-Foot Orthoses and Functional Electrical Stimulation Post-Stroke ( <a href="#">Johnston TE, et al.,2021</a> )
<a href="#">World Health Organization (WHO)</a>	WHO standards for prosthetics and orthotics ( <a href="#">WHO 2017</a> )

**V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)**

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

Product Code	Device Description	Device Class
<a href="#">ISW</a>	Assembly, Knee/Shank/Ankle/Foot, External	Class II
<a href="#">IQO</a>	Device, Prosthesis Alignment (Prosthetic and orthotic accessory)	Class I
<a href="#">IQZ</a>	Hand, External Limb Component, Powered (External limb prosthetic component)	Class I
<a href="#">IQW</a>	Hook, External Limb Component, Powered (External limb prosthetic component)	Class I
<a href="#">IQX</a>	Hook, External Limb Component, Mechanical (External limb prosthetic component)	Class I
<a href="#">IQQ</a>	Joint, Shoulder, External Limb Component (External limb prosthetic component)	Class I

<a href="#"><u>IRD</u></a>	Joint, Elbow, External Limb Component, Mechanical (External limb prosthetic component)	Class I
<a href="#"><u>IRE</u></a>	Joint, Elbow, External Limb Component, Powered (External limb prosthetic component)	Class I
<a href="#"><u>ISZ</u></a>	Unit, Wrist, External Limb Component, Mechanical (External limb prosthetic component)	Class I
<a href="#"><u>ISH</u></a>	Component, External, Limb, Ankle/Foot (External limb prosthetic component)	Class I
<a href="#"><u>ISL</u></a>	Joint, Hip, External Limb Component (External limb prosthetic component)	Class I
<a href="#"><u>ISM</u></a>	Pylon, Post Surgical (Prosthetic and orthotic accessory)	Class I
<a href="#"><u>ISN</u></a>	Cable (External limb prosthetic component)	Class I
<a href="#"><u>ISP</u></a>	Valve, Prosthesis (External limb prosthetic component)	Class I
<a href="#"><u>ISR</u></a>	Band or Belt, Pelvic Support (Prosthetic and orthotic accessory)	Class I
<a href="#"><u>ISS</u></a>	Prosthesis, Thigh Socket, External Component (External limb prosthetic component)	Class I

## VI. CODING

See also **Priority Health [Billing Policy No. 060 DURABLE MEDICAL EQUIPMENT \(DME\) / PROSTHETICS & ORTHOTICS MODIFIERS](#)**

See also **Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes (“T” codes)**

### ICD-10 Codes that may support medical necessity

*Not specified*

### Modifier requirements

- **KX Modifier** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ Modifiers** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

### CPT/HCPCS Codes

*Consult appropriate fee schedules for coverage variations for Priority Health Medicaid.*

#### Lower Limb:

L3161 Foot, adductus positioning device, adjustable

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, molded socket, shin, SACH foot
- L5105 Below knee, 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, molded socket, single axis constant friction knee, shin, SACH foot
- L5210 Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
- L5220 Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
- L5230 Above knee, 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, 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, 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
- L5410 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, 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 AK or knee disarticulation
- L5430 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment
- L5450 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee
- L5460 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee
- L5500 Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
- L5505 Initial, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed

- L5510 Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
- L5520 Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
- L5530 Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
- L5535 Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket
- L5540 Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
- L5560 Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
- L5570 Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
- L5580 Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
- L5585 Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
- L5590 Preparatory, above knee - 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, hydracadence system
- L5611 Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control
- L5613 Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control
- L5614 Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control
- L5615 Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
- L5616 Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
- L5617 Addition to lower extremity, quick change self-aligning unit, above or below knee, each
- L5618 Addition to lower extremity, test socket, Symes
- L5620 Addition to lower extremity, test socket, below knee
- L5622 Addition to lower extremity, test socket, knee disarticulation
- L5624 Addition to lower extremity, test socket, above knee
- L5626 Addition to lower extremity, test socket, hip disarticulation
- L5628 Addition to lower extremity, test socket, hemipelvectomy
- 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 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, total contact

- L5638 Addition to lower extremity, below knee, leather socket
- L5639 Addition to lower extremity, below knee, wood socket
- L5640 Addition to lower extremity, knee disarticulation, leather socket
- L5642 Addition to lower extremity, above knee, leather socket
- L5643 Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
- L5644 Addition to lower extremity, above knee, wood socket
- L5645 Addition to lower extremity, below knee, flexible inner socket, external frame
- L5646 Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
- L5647 Addition to lower extremity, below knee, suction socket
- L5648 Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
- L5649 Addition to lower extremity, ischial containment/narrow M-L socket
- L5650 Addition to lower extremity, total contact, above knee or knee disarticulation socket
- L5651 Addition to lower extremity, above knee, flexible inner socket, external frame \*\*
- L5652 Addition to lower extremity, suction suspension, above knee 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 (Kemblo, Pelite, Aliplast, Plastazote or equal)
- L5656 Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)
- L5657 Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials
- L5658 Addition to lower extremity, socket insert, above knee (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
- L5666 Addition to lower extremity, below knee, cuff suspension
- L5668 Addition to lower extremity, below knee, molded distal cushion
- L5670 Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)
- L5671 Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
- L5672 Addition to lower extremity, below knee, removable medial brim suspension
- L5673 Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
- L5676 Addition to lower extremity, below knee, knee joints, single axis, pair
- L5677 Addition to lower extremity, below knee, knee joints, polycentric, pair
- L5678 Addition to lower extremity, below knee joint covers, pair
- L5679 Addition to lower extremity, below knee/above knee, 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, thigh lacer, nonmolded
- L5681 Addition to lower extremity, below knee/above knee, 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, thigh lacer, gluteal/ischial, molded
- L5683 Addition to lower extremity, below knee/above knee, 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, back check (extension control)
- L5688 Addition to lower extremity, below knee, waist belt, webbing
- L5690 Addition to lower extremity, below knee, waist belt, padded and lined
- L5692 Addition to lower extremity, above knee, pelvic control belt, light
- L5694 Addition to lower extremity, above knee, pelvic control belt, padded and lined
- L5695 Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
- L5696 Addition to lower extremity, above knee or knee disarticulation, pelvic joint
- L5697 Addition to lower extremity, above knee or knee disarticulation, pelvic band
- L5698 Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
- L5699 All lower extremity prostheses, shoulder harness
- L5700 Replacement, socket, below knee, molded to patient model
- L5701 Replacement, socket, above knee/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
- L5705 Custom shaped protective cover, above knee
- 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 Addition, 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, ultra-light material (titanium, carbon fiber or equal)
- L5790 Addition, exoskeletal system, above knee, 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
- L5827 Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
- 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, 4-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 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, alignable system
- L5920 Addition, endoskeletal system, above knee or hip disarticulation, alignable system
- L5925 Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
- L5930 Addition, endoskeletal system, high activity knee control frame
- L5940 Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
- L5950 Addition, endoskeletal system, above knee, 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, flexible protective outer surface covering system
- L5964 Addition, endoskeletal system, above knee, 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 prosthesis, solid ankle cushion heel (SACH) foot, replacement only
- L5972 All lower extremity prostheses, flexible keel foot (SAFE, STEN, Bock Dynamic or equal)
- 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 prosthesis, 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 prosthesis, 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 prosthesis, 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 (not medically necessary for any lines of business)
- L5992 All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only

Upper Limb:

- 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, finger, and thumb prosthesis without prosthetic digit(s) /thumb, amputation at metacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by I6692L6029 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
- L6034 Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692
- L6035 Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
- L6036 Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
- L6037 Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers
- L6038 Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material
- L6039 Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb
- L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
- L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
- L6100 Below elbow, molded socket, flexible elbow hinge, triceps pad
- L6110 Below elbow, molded socket (Muenster or Northwestern suspension types)
- L6120 Below elbow, molded double wall split socket, step-up hinges, half cuff

- L6130 Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
- L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm
- L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
- L6250 Above elbow, molded double wall socket, internal locking elbow, forearm
- L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6310 Shoulder disarticulation, passive restoration (complete prosthesis)
- L6320 Shoulder disarticulation, passive restoration (shoulder cap only)
- L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
- L6360 Interscapular thoracic, passive restoration (complete prosthesis)
- L6370 Interscapular thoracic, passive restoration (shoulder cap only)
- L6380 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
- L6382 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
- L6384 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
- L6386 Immediate postsurgical or early fitting, each additional cast change and realignment
- L6388 Immediate postsurgical or early fitting, application of rigid dressing only
- L6400 Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6500 Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
- L6580 Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
- L6582 Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
- L6584 Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
- L6586 Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
- L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

- L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
- L6600 Upper extremity additions, polycentric hinge, pair
- L6605 Upper extremity additions, single pivot hinge, pair
- L6610 Upper extremity additions, flexible metal hinge, pair
- 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
- L6682 Upper extremity addition, test socket, elbow disarticulation or above elbow
- L6684 Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
- L6686 Upper extremity addition, suction socket
- L6687 Upper extremity addition, frame type socket, below elbow or wrist disarticulation
- L6688 Upper extremity addition, frame type socket, above elbow or elbow disarticulation

- L6689 Upper extremity addition, frame type socket, shoulder disarticulation
- L6690 Upper extremity addition, frame type socket, interscapular-thoracic
- L6691 Upper extremity addition, removable insert, each
- L6692 Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each
- L6693 Upper extremity addition, locking elbow, forearm counterbalance
- L6694 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
- L6695 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
- L6696 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
- L6697 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
- L6698 Addition to upper extremity prosthesis, lock mechanism, excludes socket insert
- L6700 Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement
- 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,
- L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size,
- L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size,
- L6714 Terminal device, hand, mechanical, voluntary closing, any material, any size,
- 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
- L6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any
- 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, ultralight material (titanium, carbon fiber or equal)
- L7401 Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
- L7402 Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, 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
  
- L7510 Repair of prosthetic device, repair or replace minor parts
- L7520 Repair prosthetic device, labor component, per 15 minutes  
*Repair codes should be submitted with notes itemizing the work completed.*
  
- L7600 Prosthetic donning sleeve, any material, each
- L7700 Gasket or seal, for use with prosthetic socket insert, any type, each

C1608 Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)

The following HCPCS codes are covered only for the diagnoses listed below:  
*Consult LCD for Medicare coverage criteria*

- L8000 Breast prosthesis, mastectomy bra
- L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral
- L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral

ICD-10 Codes that support medical necessity:

C50.011 - C50.929	Malignant neoplasm of breast
C50.A0 – C50.A2	Malignant inflammatory neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
D05.00 – D05.92	Carcinoma in situ of breast
D07.30	Carcinoma in situ of unspecified female genital organs
Z40.01	Encounter for prophylactic removal of breast
Z42.1	Encounter for breast reconstruction following mastectomy
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z85.3	Personal history of malignant neoplasm of breast
Z90.10 – Z90.13	Acquired absence of breast and nipple
Z98.82	Breast implant status

*May be subject to plan limits.*

- 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, reusable, any type, each
- L8039 Breast prosthesis, NOS

The following HCPCS code is covered only for the diagnoses listed below:  
*Consult LCD for Medicare coverage criteria.*

- L8600 Implantable breast prosthesis, silicone or equal

ICD-10 Codes that support medical necessity:

C50.011 - C50.929	Malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
D05.00 – D05.92	Carcinoma in situ of breast
D07.30	Carcinoma in situ of unspecified female genital organs
N64.89	Other specified disorders of breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
T85.41xA – T85.49xS	Mechanical complication of breast prosthesis
T85.79XA - T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
T85.828A - T85.828S	Fibrosis due to internal prosthetic devices, implants and grafts NOC
T85.848A -T85.848S	Pain due to internal prosthetic devices, implants and grafts, NOC
T85.898A - T85.898S	Other specified complication of internal prosthetic devices, implants and grafts, NOC
Z40.01	Encounter for prophylactic removal of breast
Z42.1	Encounter for breast reconstruction following mastectomy
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z85.3	Personal history of malignant neoplasm of breast

Z90.10 – Z90.13      Acquired absence of breast and nipple  
Z98.82                  Breast implant status

- 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  
*(Explanatory notes must accompany claim)*
- 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 or above knee, each
- L8420 Prosthetic sock, multiple ply, below knee, each
- L8430 Prosthetic sock, multiple ply, above knee, each
- L8435 Prosthetic sock, multiple ply, upper limb, each
  
- L8440 Prosthetic shrinker, below knee, each
- L8460 Prosthetic shrinker, above knee, each
- L8465 Prosthetic shrinker, upper limb, each
  
- L8470 Prosthetic sock, single ply, fitting, below knee, each
- L8480 Prosthetic sock, single ply, fitting, above knee, each
- L8485 Prosthetic sock, single ply, fitting, upper limb, each
  
- L8500 Artificial larynx, any type
- L8501 Tracheostomy speaking valve
- L8505 Artificial larynx replacement battery/accessory, any type
- L8507 Tracheo-esophageal voice prosthesis, patient inserted, any type, each
- L8509 Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
- L8510 Voice amplifier
- L8511 Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
- L8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
- L8513 Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
- L8514 Tracheoesophageal puncture dilator, replacement only, each
- L8515 Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each

*Explanatory notes must accompany claims billed with unlisted codes:*

- L5999 Lower extremity prosthesis, not otherwise specified
- L7499 Upper extremity prosthesis, NOS
- L8499 Unlisted procedure for miscellaneous prosthetic services
- L8699 Prosthetic implant, not otherwise specified
- L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code

*See also Vision Care Medical Policy 91538*

- V2623 Prosthetic eye, plastic, custom
- V2624 Polishing/resurfacing of ocular prosthesis
- V2625 Enlargement of ocular prosthesis
- V2626 Reduction of ocular prosthesis
- V2627 Scleral cover shell
- V2628 Fabrication and fitting of ocular conformer
- V2629 Prosthetic eye, other type

**Not Medically Necessary**

- A9282 Wig, any type, each
- E3200 Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only
- L8035 Custom breast prosthesis, post mastectomy, molded to patient model
- 0964T Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism
- 0965T Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism
- 0966T Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism

**VII. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

See also the [Durable Medical Equipment, Prosthetics and Orthotics](#) guidance on the provider manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

**VIII. APPLICATION TO PRODUCTS**

Coverage is subject to the member's specific benefits. Group-specific policy will

supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

## IX. REFERENCES

### Guidelines and position statements

1. American Academy of Orthotists and Prosthetists (AAOP). Position Statement on Custom 3D Printed Orthoses and Prostheses. <https://www.oandp.org/academy-position-statement-3d-printed-oandp>
2. Johnston TE, Keller S, Denzer-Weiler C, Brown L. A Clinical Practice Guideline for the Use of Ankle-Foot Orthoses and Functional Electrical Stimulation Post-Stroke. *J Neurol Phys Ther.* 2021 Apr 1;45(2):112-196. doi: 10.1097/NPT.0000000000000347. PMID: 33675603.
3. WHO standards for prosthetics and orthotics. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

### Additional references

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5. Gerzina C, Potter E, Haleem AM, Dabash S. The future of the amputees with osseointegration: A systematic review of literature. *J Clin Orthop Trauma.* 2020 Feb;11(Suppl 1):S142-S148. doi: 10.1016/j.jcot.2019.05.025. Epub 2019 May 31. PMID: 31992935; PMCID: PMC6977164.
6. Hayes, Inc. Evolving Evidence Review. OPRA Implant System (Integrum Inc.) in Patients With Transfemoral Amputation. Hayes, Inc. February 15, 2023.
7. Hebert JS, Rehani M, Stiegelmar R. Osseointegration for Lower-Limb Amputation: A Systematic Review of Clinical Outcomes. *JBSJ Rev.* 2017 Oct;5(10):e10. doi: 10.2106/JBSJ.RVW.17.00037. PMID: 29087966.

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## SUMMARY OF CHANGES

### Deletions:

- Removed MI Medicaid-specific language.

### Clarifications:

- Clarified use of InterQual® criteria for medical necessity determination of
  - Lower extremity prosthetics
  - Electrically powered, externally powered, and/or microprocessor controlled

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**Past committee review dates:** 01/1993, 10/1995, 06/1999, 12/2001, 05/2002, 05/2003, 05/2004, 05/2005, 04/2006, 04/2007, 07/2007, 04/2008, 04/2009, 04/2010, 04/2011, 04/2012, 04/2013, 05/2014, 05/2015, 05/2016, 05/2017, 05/2018, 05/2019, 05/2020, 05/2021, 05/2022, 05/2023, 05/2024, 05/2025

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