

## Medical Necessity Guidelines: Upper Limb Prostheses

Effective: October 21, 2020

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b>  <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409  <ul style="list-style-type: none"> <li>• CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <b>TUFTS HEALTH PUBLIC PLANS Products</b>  <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304            *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b>  <ul style="list-style-type: none"> <li>• Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>• Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul> </p>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

A prosthesis is a device, or an artificial substitute designed to replace, as much as possible, the function or appearance of a missing limb or body part (Bodeau and Mipro, 2002).

### CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize coverage of initial (new) and replacement upper limb prosthesis when the requested prosthesis or component(s) is the most appropriate medically necessary model that adequately meets the medical needs of the member (MGL 176G § 4S). When possible, Tufts Health Plan may cover a trial of upper limb prosthesis, with supporting documentation.

#### Initial Upper Limb Prosthesis Authorization

Tufts Health Plan may authorize the coverage of initial upper limb prosthesis when all the following criteria are met:

- A comprehensive evaluation has been performed by a licensed prosthetist.
- Functional evaluation indicates requested device does not exceed that which is medically necessary to adequately meet the functional needs of the member
- Member has sufficient cognitive and musculoskeletal ability to successfully utilize requested device to complete activities of daily living (ADL's)
- **Myoelectric Prosthesis**  
 Tufts Health Plan may authorize coverage of myoelectric upper limb prosthesis when criteria for initial upper limb prosthesis are met **AND** when **all** the following additional criteria are met.
  - The member has sufficient neurological, myocutaneous, and cognitive function to operate the prosthesis effectively
  - The member has sustained a minimum of a wrist or above partial limb amputation
  - The member has sufficient microvolt threshold in the residual limb to allow proper function of the prosthesis

- A standard body powered prosthetic device cannot be used or is insufficient to meet the functional needs of the member in performing activities of daily living
- The member functions in an environment that would not inhibit the function of the prosthesis (i.e., a wet environment or situations involving electrical discharges)

- **Electric Hand**

**Coverage is applicable to Tufts Health Together and Tufts Health Unify products only:**

Tufts Health Plan may authorize coverage of electric hand (L6880) when criteria for initial upper limb prosthesis are met **AND** when **all** the following criteria are met:

- Documentation that **all** functions of requested device are required to sustain a minimum level of independent daily living
- Member requires use of device for independence in activities of daily living (ADL's) including:
  - o Dressing
  - o Personal hygiene , oral hygiene and grooming
  - o Toileting
  - o Feeding
- Member has sufficient cognitive, musculoskeletal and neurological ability to utilize device to complete ADL's
- Member is willing and able to complete necessary training required for successful and independent use of requested device

**Replacement Prosthesis Authorization all products**

A replacement is the removal and substitution of a component of a prosthesis that has a HCPCS definition.

- Tufts Health Plan may authorize the replacement of upper limb prosthesis or the replacement of any part of such device, if an ordering physician determines that the replacement device, or replacement part of such a device, is necessary when **all** the following criteria are met:
  - Documentation by Provider that member has demonstrated continuous use of current prosthesis.
  - There is a change in the physiological condition or functional level of the member, which justifies a new prosthesis or replacement part(s)
  - There is an irreparable change in the condition of the device, or in a part of the device
  - The component or prosthesis in need of replacement is not covered under warranty
- Tufts Health Plan may cover the replacement of sockets when there is adequate documentation of functional and/or physiological need, including but not limited to: changes in the residual limb, functional need changes, or irreparable damage or wear/tear due to excessive weight or prosthetic demands of very active amputees.

**In addition to the above criteria, the following replacement criteria are applicable to Tufts Health Commercial, Tufts Freedom Plan, Tufts Health Direct, and Tufts Health RITogether products only:**

- The condition of the device, or the part of the device, requires repairs, and the cost of such repairs would be more than 60 percent of the cost of a replacement device, or, as the case may be, of the part being replaced.

The component or prosthesis is not in need of replacement as a result of improper use.

**LIMITATIONS**

Tufts Health Plan will not cover the following, as they are not considered medically necessary:

- Swim prosthesis
- Shower prosthesis
- Artificial limbs or parts thereof for cosmetic purposes only, including, but not limited to, nonfunctional prostheses, nonfunctional prosthetic covers and non-functional finger prostheses.
- Bilateral myoelectric prostheses
- Prostheses with experimental/investigational components (including L6026, L6715, L6880, refer to Noncovered Investigational Services List)
- Devices intended for sports, recreation or work-related purposes
- Tufts Health Plan will not cover upgrade or enhancement of member's current prosthesis or prosthetic component(s) when member's current prosthesis or prosthetic component(s) meets their medical needs and allows the member to perform activities of daily living.

- Tufts Health Plan will not cover additional or duplicate prosthesis or prosthetic component(s).
- Tufts Health Plan will not cover repair or replacement of a spare, backup or duplicate prosthesis or prosthetic component(s)

### CODES

The following HCPCS/CPT code(s) require prior authorization:

Code	Description
L6000-L6020, L6050-L6714, L6721-L6810, L6880,L6881- L7405, L7499	Upper limb prosthetics
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes

### REFERENCES

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14. 130 CMR 409.000: Durable Medical Equipment Services accessed on January 2, 2020 @ [mass.gov/regulations/130-CMR-409000-durable-medical-equipment-services](http://mass.gov/regulations/130-CMR-409000-durable-medical-equipment-services)
15. General Laws of Massachusetts - Chapter 176G Health Maintenance Organizations - Section 4S Coverage for prosthetic devices and repairs. Section 4S accessed on January 2, 2020 @ [malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section4S](http://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section4S)

### APPROVAL HISTORY

January 3, 2007: Reviewed by the Clinical Coverage Criteria Committee. New criteria.

Subsequent endorsement date(s) and changes made:

- February 28, 2007: Reviewed and renewed without changes

- March 26, 2008: Reviewed and renewed without changes
- October 8, 2008: Special Information box added to MNG format
- March 16, 2009: Additional limitation added regarding cosmetic and nonfunctional prostheses
- March 2010: Reviewed by MSPAC (Medical Specialty Policy Advisory Committee), Medical Policy-Medical Affairs. No changes
- July 2011: Reviewed by IMPAC (Integrated Medical Policy Advisory Committee). "Replacement" authorization criteria section added
- April 11, 2012: Reviewed by IMPAC. Ability to submit request for a trial prosthesis and a limitation of experimental/investigational prostheses added
- September 11, 2013: Reviewed by IMPAC, renewed without changes.
- November 20, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- December 10, 2014: Reviewed by IMPAC and approved for an effective date of April 1, 2015. Change to replacement prosthesis criteria; continuous use or useful lifetime restrictions removed. Documentation by Provider that Member has demonstrated continuous use of current prosthesis added.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- October 14, 2015: Reviewed by IMPAC. Clarification to coding ranges. Addition of L7499 to code range. Clarification of limitation for finger prostheses.
- December 9, 2015: Reviewed by IMPAC, renewed without changes
- December 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- November 8, 2017: Reviewed by IMPAC, renewed without changes
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- March 20, 2019: Reviewed at IMPAC. For effective date July 1, 2019, addition of initial upper limb criteria to replace criteria for body powered prosthesis. Addition of criteria for electric hand, coverage applicable to TH Together and TH Unify products only. Clarification of replacement criteria applicable to Tufts Health Commercial, Tufts Freedom Plan, Tufts Health Direct, and Tufts Health RITogether products only
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- January 15, 2020: Reviewed at IMPAC. For effective date July 1, 2020, limitations added. Upgrade or enhancement of member's current prosthesis, an additional or duplicate prosthesis and repair/replacement of a spare, backup or duplicate prosthesis are not covered
- April 2, 2020: Fax number for Unify updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of

benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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