

Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs

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[Instructions for Use](#)

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Related Commercial Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements Omnibus Codes
Community Plan Policy
<ul style="list-style-type: none"> Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs

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

An initial or replacement prosthetic device is a covered health care service when all of the following criteria are met:

- The prosthetic device replaces a limb or a body part, limited to:
 - Artificial arms, legs, feet, and hands.
 - Artificial face, eyes, ears, and nose.
 - Breast prosthesis as required by the *Women's Health and Cancer Rights Act of 1998*. Benefits include mastectomy bras. Benefits for lymphedema stockings for the arm are provided as described under the Coverage Determination Guideline titled [Durable Medical Equipment \(DME\), Orthotics, Medical Supplies, and Repairs/Replacements](#).
- The prosthetic device is ordered by or under the direction of a physician; and
- The prosthetic device is [Medically Necessary](#), as defined in the member's specific benefit plan document; and
- The prosthetic device is not subject to a coverage exclusion in the member's specific benefit plan document.

For limb prosthetics, the coverage determination must be made in light of the member's functional needs or potential functional abilities, as defined in the member's specific benefit plan document. Member's potential functional abilities are based on reasonable expectations of the Prosthetist, and treating physician, considering factors including, but not limited to:

- The member's past history (including prior prosthetic use if applicable); and
- The member's current condition including the status of the residual limb and the nature of other medical problems.

Computerized Prosthetic Limbs

For the purposes of this policy, the terms computerized, bionic, microprocessor, or myoelectric prostheses are considered the same.

Computerized prosthetic limbs are a covered health care service when all of the following criteria are met:

- Each of the criteria in the [Prosthetic Devices](#) section is met; and
- Member is evaluated for his/her individual needs by a healthcare professional with the qualifications and training to make an evaluation under the supervision of the ordering physician ([documentation](#) should accompany the order); and
- Ordering physician signs the final prosthetic proposal; and
- The records must document the member's current functional capabilities and his/her expected functional rehabilitation potential, including an explanation for the difference, if that is the case. (It is recognized within the functional classification hierarchy that bilateral amputees often cannot be strictly bound by functional level classifications); and
- Prosthetic replaces all or part of a missing limb; and
- Prosthetic will help the member regain or maintain function; and
- Member is willing and able to participate in the training for the use of the prosthetic (especially important in use of a computerized upper limb); and
- Member is able to physically function at a level necessary for a computerized prosthetic or microprocessor, e.g., hand, leg, or foot.

Lower Limbs (Computerized and/or Specialized)

Coverage of computerized and specialized lower limb prostheses is based on maximum prosthetic function level of the member (see [Lower Limb Rehabilitation Classification Levels 1-4](#)).

- Member meets each criteria for [computerized prosthetic limbs](#) ; and
- Member has or is able to gain [Lower Limb Rehabilitation Classification Levels 2-4](#) for prosthetic ambulation.

HCPCS Code	Description
Ankles	
L5982	Lower limb rehabilitation classification is 2 or above
L5984	Lower limb rehabilitation classification is 2 or above
L5985	Lower limb rehabilitation classification is 2 or above
L5986	Lower limb rehabilitation classification is 2 or above
Hips	
L5961	Functional level is 3 or above
Knees	
Note: Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification.	
K1014	Functional level is 3 or above
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5930	Functional level is 4
L5610	Functional level is 3 or above
L5613	Functional level is 3 or above
L5614	Functional level is 3 or above
L5722	Functional level is 3 or above
L5724	Functional level is 3 or above
L5726	Functional level is 3 or above
L5728	Functional level is 3 or above
L5780	Functional level is 3 or above
L5814	Functional level is 3 or above
L5822	Functional level is 3 or above
L5824	Functional level is 3 or above

HCPCS Code	Description
Knees	
Note: Basic lower extremity prostheses include a single axis, constant friction knee. Other prosthetic knees are indicated based upon functional classification.	
L5826	Functional level is 3 or above
L5828	Functional level is 3 or above
L5830	Functional level is 3 or above
L5840	Functional level is 3 or above
L5848	Functional level is 3 or above
L5856	Functional level is 3 or above
L5857	Functional level is 3 or above
L5858	Functional level is 3 or above
L5859	Meets all of the criteria below: <ul style="list-style-type: none"> • Has a microprocessor (swing and stance phase type (L5856)) controlled (electronic) knee • K3 functional level only • Weight greater than 110 lbs. and less than 275 lbs. • Has a documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K-3 level function with the use of a microprocessor-controlled knee alone • Is able to make use of a product that requires daily charging • Is able to understand and respond to error alerts and alarms indicating problems with the function of the unit
Microprocessor or Specialized Foot or Feet	
L5972	Functional level is 2 or above
L5973	Functional level is 3 or above
L5976	Functional level is 3 or above
L5978	Functional level is 2 or above
L5979	Functional level is 3 or above
L5980	Functional level is 3 or above
L5981	Functional level is 3 or above
L5987	Functional level is 3 or above
Sockets	
Exception: A test socket is not indicated for an immediate prosthesis (L5400-L5460).	
Note: Socket replacements are indicated if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes but is not limited to:	
<ul style="list-style-type: none"> • Changes in the residual limb; • Functional need changes; • Or irreparable damage or wear/tear due to excessive member weight or prosthetic demands of very active amputees. 	
L5618	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5620	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5622	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5624	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need

HCPCS Code	Description
Sockets	
Exception: A test socket is not indicated for an immediate prosthesis (L5400-L5460).	
Note: Socket replacements are indicated if there is adequate documentation of functional and/or physiological need. It is recognized that there are situations where the explanation includes but is not limited to:	
<ul style="list-style-type: none"> • Changes in the residual limb; • Functional need changes; • Or irreparable damage or wear/tear due to excessive member weight or prosthetic demands of very active amputees. 	
L5626	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5628	More than 2 test (diagnostic) sockets for an individual prosthesis are not indicated unless there is documentation in the medical record which justifies the need
L5654	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5655	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5656	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5658	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5661	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5665	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5673	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5679	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5681	No more than two of the same socket inserts are allowed per individual prosthesis at the same time
L5683	No more than two of the same socket inserts are allowed per individual prosthesis at the same time

Myoelectric Upper Limbs (Arms, Joints, and Hands)

Myoelectric upper limbs (arms, joints, and hands) are eligible for coverage and are [Medically Necessary](#) when the following criteria are met:

- Member meets all the criteria for [computerized prosthetic limbs](#); and
- Member has a congenital missing or dysfunctional arm and/or hand; or
- Member has a traumatic or surgical amputation of the arm (above or below the elbow); and
- The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a Myoelectric Prosthetic Device (usually 3-5 muscle groups must be activated to use a computerized arm/hand), no external switch; and
- A standard passive or body-powered Prosthetic Device cannot be used or is insufficient to meet the functional needs of the individual in performing activities of daily living (ADL's); and
- The medical records must indicate the specific need for the technological or design features.

Coverage Limitations and Exclusions

- Coverage is subject to any dollar or frequency limits specified in the member's specific benefit plan documents.
- Coverage for wigs/scalp hair prosthesis is excluded unless specifically listed as a covered health care service. Some states mandate coverage. When wigs are covered, the benefit does not include coverage for hair implants or hair plugs.
- Coverage is not available for prosthetics if the member is eligible through a governmental program for a prosthetic due to military service-related injuries and/or primary insurance coverage, e.g., United States Department of Veterans Affairs (VA), Medicare, or TriCare.
- If more than one Prosthetic Device can meet the member's functional needs, benefits are only available for the Prosthetic Device that meets the minimum specifications for the member's needs. If the member purchases a prosthetic device that exceeds these minimum specifications, UnitedHealthcare will pay only the amount that we would have paid for the prosthetic that meets the minimum specifications, and the member will be responsible for paying any difference in cost. In the event of a conflict between this provision and the member's specific benefit plan document, the benefit plan document governs.
- Coverage is not available for repair or replacement of prosthetic devices due to misuse, malicious damage or gross neglect, or to replace lost or stolen items.

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Codes*	Required Clinical Information
Upper and Lower Extremity Prosthetic Devices including Specialized, Microprocessor, or Myoelectric Limbs	
<p>Upper Limb: L6000, L6010, L6020, L6026, L6050, L6055, L6120, L6130, L6200, L6205, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6648, L6693, L6696, L6697, L6707, L6881, L6882, L6884, L6885, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499</p> <p>Lower Limb: L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5230, L5250, L5270, L5280, L5301, L5321, L5331, L5400, L5420, L5530, L5420, L5530, L5535, L5540, L5585, L5590, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5703, L5707, L5724, L5726, L5728, L5780, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5858, L5930, L5960, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988,</p>	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> ● Current prescription or order from physician ● Member's weight and height ● Co-morbidities ● Medical history related to the prosthetic request: <ul style="list-style-type: none"> ○ Date and level of amputation ○ Etiology of absent limb ○ Condition of residual and contralateral limb, if applicable ○ Range of motion (ROM), if applicable ○ Limitations to activities of daily living (ADLs), without the prosthetic ○ Member's functional needs and functional potential as determined by the treating physician and prosthetist ● Environment in which the device will be used, including surfaces normally traversed ● Prescribing physician notes, therapist notes (if applicable) ● Prosthetist notes ● If the prosthetic is new or a replacement ● If it will be a preparatory or definitive device ● Description of the prosthetic component(s) being requested <ul style="list-style-type: none"> ○ Include medical justification for each component requested ○ Quote to include itemized HCPCS codes and quantity requested signed by the prescribing physician ○ Make and model of prosthetic, if applicable <p>For replacement requests, also include the following:</p> <ul style="list-style-type: none"> ● Indicate the components on the current prosthesis ● Age of the current prosthesis including date initially received ● Reason for replacement ● Repair quote, if applicable ● Describe changes in limb including, but not limited to, comparative residual limb measurements ● If the request is for a socket replacement, describe what adjustments have been tried and failed <p>For upper extremity myoelectric prostheses, also include the following:</p> <ul style="list-style-type: none"> ● Explanation of why a body-powered prosthesis does not meet functional needs or is contra-indicated ● Myotesting results to show the remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device
Face Prosthetics	
<p>Eye: L8042, V2629</p> <p>Face: L8043, L8044, L8049</p>	<p>Medical notes documenting all of the following:</p> <ul style="list-style-type: none"> ● Current prescription from physician ● Diagnosis ● Type of prosthetic and anatomical location ● Physician office notes with clinical information documenting: <ul style="list-style-type: none"> ○ Medical history related to the prosthetic including cause of facial defect ○ Current and previous surgery(ies)

*For code descriptions, see the [Applicable Codes](#) section.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Lower Limb Rehabilitation Classification Levels: A clinical assessments of member rehabilitation potential must be 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 prosthesis does not enhance their quality of life or mobility.
- **K-Level 1:** Has the ability or potential to use 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.

Medically Necessary: Health care services that are all of the following as determined by UnitedHealthcare or our designee:

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for the member's Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for the member's convenience or that of the member's doctor or other health care provider.
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. UnitedHealthcare has the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by UnitedHealthcare.

UnitedHealthcare develops and maintains clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting UnitedHealthcare's determinations regarding specific services. These clinical policies (as developed by UnitedHealthcare and revised from time to time), are available to Covered Persons through myuhc.com or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on UHCprovider.com.

Microprocessor Controlled Ankle Foot Prosthesis: (e.g., Proprio Foot) is able to actively change the ankle angle and to identify sloping gradients and ascent or descent of stairs as the result of microprocessor-control and sensor technology.

Microprocessor Controlled Lower Limb Prostheses: Microprocessor controlled knees offer dynamic control through sensors in the Device. Microprocessor controlled knees attempt to simulate normal biological knee function by offering variable resistance control to the swing or stance phases of the gait cycle. The swing-rate adjustments allow the knee to respond to rapid changes in cadence. Microprocessor controlled knee flexion enhances the stumble recovery capability. Prosthetic knees such as the microprocessor-controlled knee that focus on better control of flexion abilities without reducing stability have the potential to improve gait pattern, wearer confidence, and safety of ambulation. Available devices include but are not limited to Otto-Bock C-Leg device®, the Ossur RheoKnee® or the Endolite Intelligent Prosthesis®.

Myoelectric Prosthetic: A myoelectric prosthesis uses electromyography signals or potentials from voluntarily contracted muscles within a person's residual limb via the surface of the skin to control the movements of the prosthesis, such as elbow flexion/extension, wrist supination/pronation or hand opening/closing of the fingers. Prosthesis of this type utilizes the residual neuro-muscular system of the human body to control the functions of an electric powered prosthetic hand, wrist or elbow. This is as opposed to a traditional electric switch prosthesis, which requires straps and/or cables actuated by body movements to actuate or operate switches that control the movements of a prosthesis or one that is totally mechanical. It has a self-suspending socket with pick up electrodes placed over flexors and extensors for the movement of flexion and extension respectively.

Prosthetic Device: An external device that replaces all or part of a missing body part.

Prosthetist: A person, who measures, designs, fabricates, fits, or services a prosthesis as prescribed by a licensed physician, and who assists in the formulation of the prosthesis prescription for the replacement of external parts of the human body lost due to amputation or congenital deformities or absences. A Prosthetist is a person that has been certified to fit prostheses to residual limbs of the upper and lower extremities.

Upper Limb Prosthetic Categories: Upper limb prostheses are classified into 3 categories depending on the means of generating movement at the joints: passive, body-powered, and electrically powered movement:

- **Body-powered prosthesis** utilizes a body harness and cable system to provide functional manipulation of the elbow and hand. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. Prosthetic hand attachments, which may be claw-like devices that allow good grip strength and visual control of objects or latex-gloved devices that provide a more natural appearance at the expense of control, can be opened and closed by the cable system.
- **Hybrid system**, a combination of body-powered and myoelectric components, may be used for high-level amputations (at or above the elbow). Hybrid systems allow control of two joints at once (i.e., one body-powered and one myoelectric) and are generally lighter and less expensive than a prosthesis composed entirely of myoelectric components.
- **Myoelectric prostheses** use muscle activity from the remaining limb for the control of joint movement. Electromyographic (EMG) signals from the limb stump are detected by surface electrodes, amplified, and then processed by a controller to drive battery-powered motors that move the hand, wrist, or elbow. Although upper arm movement may be slow and limited to one joint at a time, myoelectric control of movement may be considered the most physiologically natural. Myoelectric hand attachments are similar in form to those offered with the body-powered prosthesis, but are battery powered. Member dissatisfaction with myoelectric prostheses includes the increased lack of proprioception, cost, maintenance and weight.
- **Passive prosthesis** is the lightest of the three types and is described as the most comfortable. Since the passive prosthesis must be repositioned manually, typically by moving it with the opposite arm, it cannot restore function.

Applicable Codes

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Noridian to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

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 guideline 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 the member specific benefit plan document 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.

*Coding Clarification for L8010: For members on the 2001, 2007, and 2011 Certificate of Coverage (COC), L8010 is covered as prosthetic. For members on the 2018 COC, L8010 is covered as DME (refer to the Coverage Determination Guideline titled [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)).

CDT/HCPCS Codes*	Description
Additions to Upper Extremity	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7499	Upper extremity prosthesis, not otherwise specified
Breast Prosthesis	
The codes listed under "breast prosthesis" are always covered even when an exclusion for prosthetic devices exists. Coverage is required for these codes per the Women's Health and Cancer Rights Act of 1998.	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type
L8010*	Breast prosthesis, mastectomy sleeve
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy
L8020	Breast prosthesis, mastectomy form
L8030	Breast prosthesis, silicone or equal, without integral adhesive
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Nipple prosthesis, prefabricated, reusable, any type, each
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each
L8035	Custom breast prosthesis, post mastectomy, molded to patient model
L8039	Breast prosthesis, not otherwise specified
S8460	Camisole, postmastectomy
Ear Prosthesis	
D5914	Auricular prosthesis
D5927	Auricular prosthesis, replacement
L8045	Auricular prosthesis, provided by a nonphysician
External Power: Upper Limb Prosthetics	
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

CDT/HCPCS Codes*	Description
External Power: Upper Limb Prosthetics	
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
Eye Prosthesis	
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5923	Ocular prosthesis, interim
D5928	Orbital prosthesis, replacement
L8042	Orbital prosthesis, provided by a nonphysician
L8610	Ocular implant
V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis

CDT/HCPCS Codes*	Description
Eye 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
Facial Prosthesis	
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5919	Facial prosthesis
D5929	Facial prosthesis, replacement
D7993	Surgical placement of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis
L8041	Midfacial prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician
Lower Limb Prosthetics	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
L5000	Partial foot, shoe insert with longitudinal arch, toe filler
L5010	Partial foot, molded socket, ankle height, with toe filler
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
L5050	Ankle, Symes, molded socket, SACH foot
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
L5100	Below knee (BK), molded socket, shin, SACH foot
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot

CDT/HCPCS Codes*	Description
Lower Limb Prosthetics	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model

CDT/HCPCS Codes*	Description
Lower Limb Prosthetics	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each
L5618	Addition to lower extremity, test socket, Symes
L5620	Addition to lower extremity, test socket, below knee (BK)
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624	Addition to lower extremity, test socket, above knee (AK)
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 (AK) or knee disarticulation, acrylic socket
L5632	Addition to lower extremity, Symes type, PTB brim design socket
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket
L5636	Addition to lower extremity, Symes type, medial opening socket
L5637	Addition to lower extremity, below knee (BK), total contact
L5638	Addition to lower extremity, below knee (BK), leather socket
L5639	Addition to lower extremity, below knee (BK), wood socket
L5640	Addition to lower extremity, knee disarticulation, leather socket
L5642	Addition to lower extremity, above knee (AK), leather socket
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	Addition to lower extremity, above knee (AK), wood socket
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket
L5647	Addition to lower extremity, below knee (BK), suction socket
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket
L5649	Addition to lower extremity, ischial containment/narrow M-L socket
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket

CDT/HCPCS Codes*	Description
Lower Limb Prosthetics	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661	Addition to lower extremity, socket insert, multidurometer Symes
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)
L5666	Addition to lower extremity, below knee (BK), cuff suspension
L5668	Addition to lower extremity, below knee (BK), molded distal cushion
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)
L5671	Addition to lower extremity, below knee (BK)/-above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee (BK), joint covers, pair
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684	Addition to lower extremity, below knee, fork strap
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
L5686	Addition to lower extremity, below knee (BK), back check (extension control)
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage
L5699	All lower extremity prostheses, shoulder harness
L5700	Replacement, socket, below knee (BK), molded to patient model

CDT/HCPCS Codes*	Description
Lower Limb Prosthetics	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
L5704	Custom shaped protective cover, below knee (BK)
L5705	Custom shaped protective cover, above knee (AK)
L5706	Custom shaped protective cover, knee disarticulation
L5707	Custom shaped protective cover, hip disarticulation
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist

CDT/HCPCS Codes*	Description
Lower Limb Prosthetics	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5910	Addition, endoskeletal system, below knee (BK), alignable system
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
L5970	All lower extremity prostheses, foot, external keel, SACH foot
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only
L5972	All lower extremity prostheses, foot, flexible keel
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5974	All lower extremity prostheses, foot, single axis ankle/foot
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system
L5980	All lower extremity prostheses, flex-foot system
L5981	All lower extremity prostheses, flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses, axial rotation unit
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature

CDT/HCPCS Codes*	Description
Miscellaneous	
L5999	Lower extremity prosthesis, not otherwise specified
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each (Note: L7700 is for either a lower limb, or an upper limb socket)
L8510	Voice amplifier
Nose Prosthesis	
D5913	Nasal prosthesis
D5922	Nasal septal prosthesis
D5926	Nasal prosthesis, replacement
L8040	Nasal prosthesis, provided by a nonphysician
L8047	Nasal septal prosthesis, provided by a nonphysician
Prosthetic Socks	
L7600	Prosthetic donning sleeve, any material, each
L8400	Prosthetic sheath, below knee, each
L8410	Prosthetic sheath, above knee, each
L8415	Prosthetic sheath, upper limb, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each
L8420	Prosthetic sock, multiple ply, below knee (BK), each
L8430	Prosthetic sock, multiple ply, above knee (AK), each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8440	Prosthetic shrinker, below knee (BK), each
L8460	Prosthetic shrinker, above knee (AK), each
L8465	Prosthetic shrinker, upper limb, each
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each
L8485	Prosthetic sock, single ply, fitting, upper limb, each
L8499	Unlisted procedure for miscellaneous prosthetic services
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
Repair and Replacement	
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
Upper Limb Prosthetics	
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)

CDT/HCPCS Codes*	Description
Upper Limb Prosthetics	
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

CDT/HCPCS Codes*	Description
Upper Limb Prosthetics	
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, multi-positional 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

CDT/HCPCS Codes*	Description
Upper Limb Prosthetics	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6693	Upper extremity addition, locking elbow, forearm counterbalance
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined
L6805	Addition to terminal device, modifier wrist unit
L6810	Addition to terminal device, precision pinch device
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power

CDT/HCPCS Codes*	Description
Upper Limb Prosthetics	
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
Wigs	
This is excluded for groups on the 2001 COC, but an optional buy up for the 2007, 2011, and 2018 COCs.	
A9282	Wig, any type, each

References

BCBS of Alabama, [Microprocessor-Controlled Prostheses for the Lower Limb, Policy Number: MP-083](#), Effective February 2010; Revised March 2020. Accessed November 8, 2021.

[Lower Limb Prostheses \(L33787\)](#); CGS Administrators, LLC - 17013 – DME MAC (J-B) and 18003 – DME MAC (J-C); Noridian Healthcare Solutions, LLC – 16013 – DME MAC (J-A) and 19003 – DME MAC (J-D). Accessed November 8, 2021.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2001.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2007.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2011.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Guideline History/Revision Information

Date	Summary of Changes
01/01/2022	<p>Documentation Requirements</p> <ul style="list-style-type: none"> Updated list of applicable HCPCS codes with associated documentation requirements for upper and lower extremity prosthetic devices including specialized, microprocessor, or myoelectric limbs; removed L5990 <p>Applicable Codes</p> <ul style="list-style-type: none"> Removed HCPCS code L5990 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CDG.018.12

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state

mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

This Coverage Determination Guideline may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.