Sentara® Health Plans

Commercial

Prosthetic Devices, DME 21

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Effective Date	10/1/2026
Next Review Date	06/2027
Coverage Policy	DME 21
Version	10

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

A prosthetic is an externally applied, artificial substitute or replacement in whole or portion of a body part due to loss, absence or impairment. "Prosthetics for individuals to achieve activities of daily living (ADL), essential job-related tasks, any physical activity, as applicable to include running, biking, swimming, and strength training to maximize full body health".

Non-myoelectric prosthesis also known as **Body-powered prosthesis** is moved by the individual's remaining body, a harness with a strap that operates the device. It is controlled **without** electric motors or using EMG signals with muscle sensors for movement.

Hybrid prosthesis is a combination of body-powered components and myoelectric/externally powered components in one device.

Criteria:

Prosthetic devices are considered medically necessary for **all of the following**:

- Individual has a traumatic or surgical amputation, congenital absence or defect of a body part.
- Prosthetic replaces all or portion of a missing body part
- Prosthetic will help the individual restore or maintain function
- Prosthetic device is ordered by or under the direction of a physician
- Prosthetic needs evaluated for individual by a healthcare professional with appropriate prosthetic qualifications and training under the supervision of the ordering physician
- Individual with expected rehabilitation potential undergoes functional assessment [including Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs)] evaluation
- Initial application of Prosthetics are considered medically necessary for **1 or more** of the following:
  - **Non-myoelectric upper extremity prosthetic**
  - **Finger prosthetics** (*L7499*)
  - Terminal devices, such as hands or hooks
  - Accessories to a prosthetic device

- **Replacement of ~~a lower limb prosthesis~~ ~~or~~ prosthetic components** ~~is~~ are considered medically necessary with **ALL** of the following**:**
- Replacement ordered by physician
- Replacement prosthetic is same as prosthetic being replaced (not an upgraded version)
- Individual needs replacement due to **1 or more** of the following:
  - Change in the physiological condition of the individual
  - Wear of the device or part of the device that cannot be repaired
  - Cost of the repair equals more than 60% of replacement cost
- Accessories are considered medically necessary when necessary for effective use of the prosthetic
- Prosthetic repairs are considered medically necessary when need to make the device functional
- Prosthetic maintenance listed by manufacturer's recommendation that must be performed by a prosthetist is considered medical necessary
- Prosthetic adjustments required due to wear/tear or change in individual's condition is considered medically necessary
- More than two test (diagnostic) sockets for an individual prosthesis requires additional documentation of need.

Prosthetic Devices are **NOT COVERED** for **ANY** of the following as they **do not meet the definition of medical necessity**, to include but not limited to:

- Bone-anchored prosthetics or Functional (myoelectric) finger prostheses
- More than two test (diagnostic) sockets for an individual prosthesis are considered not medically necessary without additional documentation of need.
- Test (diagnostic) sockets for immediate post-surgical or early fitting prostheses
- Upgrades to any existing, functional external prosthetic system to achieve aesthetic improvement, such as smaller profile components

Document History:

Revised Dates:

- 2026: June – Implementation date of October 1, 2026. Annual review, references, criteria removal. Code removal. Use MCG for Lower Limb Prosthesis (A-0487) and Myoelectric Prosthesis (A-0701).
- 2026: May – Tabled
- 2024: June – Annual review, references and coding updated. Criteria updated to include non-myoelectric upper extremity.
- 2024: May
- 2023: July
- 2022: June
- 2021: November
- 2020: July, December
- 2019: December
- 2015: January, September, December
- 2014: January, October
- 2013: January, December

Reviewed Dates:

- 2025: May – Implementation date of August 1, 2025. No changes to criteria, references updated
- 2020: February, April
- 2018: September
- 2017: November
- 2016: January

Origination Date: June 2012

Coding:

Medically necessary with criteria:

Coding	Description
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
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
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
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
L6881	Automatic grasp feature, addition to upper limb electric 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
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch,
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section,
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical
L7170	Electronic elbow, Hosmer or equal, switch controlled
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled
L7186	Electronic elbow, child, Variety Village or equal, switch controlled
L7259	Electronic wrist rotator, any type
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7499	Upper extremity prosthesis, not otherwise specified

L8499	Unlisted procedure for miscellaneous prosthetic services
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Considered Not Medically Necessary:

Coding	Description
L8699	Prosthetic implant, not otherwise specified (If used for MISHA)

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- **Coverage:**
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- **Application to Products:**
  - Policy is applicable to Sentara Health Plan Commercial products.
- **Authorization Requirements:**
  - Pre-certification by the Plan is required.
  - Refer to MCG Lower Limb Prosthesis (A-0487) & Myoelectric Prosthesis (A-0701)
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- **Special Notes:**
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.
  - **MUST SEE MEMBER BENEFIT FOR DETERMINATION.** We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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29th Edition. (2026). Retrieved 3 2026, from MCG: https://careweb.careguidelines.com/ed29/

CLINICAL PRACTICE GUIDELINE FOR LIMB SALVAGE OR EARLY AMPUTATION. (2019). Retrieved 3 2026, from The American Academy of Orthopaedic Surgeons (AAOS): https://www.aofas.org/docs/default-source/research-and-policy/appropriate-use-criteria-clinical-practice-guidelines/clinical-practice-guideline-for-limb.pdf?sfvrsn=e915da24_0

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WHO standards for prosthetics and orthotics. (2017). Retrieved 3 2026, from World Health Organization (WHO): https://www.who.int/publications/i/item/9789241512480

Keywords:

SHP Prosthetic Devices, SHP Durable Medical Equipment 21, Prosthetic, limb, scleral, lens, ankle, knee, upper extremity, lower extremity, prosthesis, amputee, mastectomy, socket, vacuum assisted, vacuum, feet, foot, microprocessor, finger, SYMBIONIC® LEG 3, LiNX®, Otto Bock C-Leg; Otto-Bock Genium Bionic Prosthetic System (also known as Otto-Bock Genium X3; Otto Bock HealthCare, Minneapolis, MN), Intelligent Prosthesis (Endoliete North America, Centerville, OH), and Ossur Rheo Knee/Ossur RKXC Knee (Ossur-Flexfoot)