Sentara Health Plans

Medicaid

Prosthetic Devices, DME 21

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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.

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 Virginia Medicaid Plans
- **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:**
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - 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.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same

service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- **Documentation Requirements** DME Chapter IV (updated 12.5.25) Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-december-2026.xlsx
  - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
  - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
  - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
- **Repair vs. Replacement Guidelines**
  - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
  - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
    - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
    - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
    - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
- **Rental vs. Purchase Guideline**
  - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
  - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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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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) wig