09-L0000-07

Original Effective Date: 04/15/07

Reviewed: 05/28/26

Revised: 06/15/26

Subject: Myoelectric Prosthetic and Orthotic Components for the Upper Limb

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Myoelectric prostheses are powered by electric motors with an external power source. The joint movement of an upper-limb prosthesis or orthosis (eg, hand, wrist, and/or elbow) is driven by microchip-processed electrical activity in the muscles of the remaining limb or limb stump.Myoelectric prostheses use muscle activity from the remaining limb for control of joint movement. Electromyographic 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 1 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. A 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 2 joints at once (ie, 1 body-powered, 1 myoelectric) and are generally lighter than a prosthesis composed entirely of myoelectric components. Myoelectric controlled upper-limb orthoses have been proposed for patients with traumatic brain injury, spinal cord injury, brachial plexus injury, amyotrophic lateral sclerosis, and multiple sclerosis. One such device is the MyoPro myoelectric powered upper-extremity orthotic. This device weighs about 4 pounds, has manual wrist articulation, and myoelectric initiated bi-directional elbow movement. The MyoPro detects weak muscle activity from the affected muscle groups.

Summary and Analysis of Evidence: Patients with a missing limb at the wrist or higher who receive myoelectric upper-limb prosthesis components at or proximal to the wrist, the evidence includes a systematic review and comparative studies. Because of the different advantages and disadvantages of currently available prostheses, myoelectric components for persons with an amputation at the wrist or above may be considered when passive, or body-powered prostheses cannot be used or are insufficient to meet the functional needs of the patient in activities of daily living. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome. Patients with a missing limb at the wrist or higher who receive sensor and myoelectric controlled upper-limb prosthetic components, the evidence includes a series of publications from a 12-week home study. After several months of home use, activity speed was shown to be similar to the conventional prosthesis, and there were improvements in the performance of some activities, but not all. Study of the current generation of the sensor and myoelectric controlled prosthesis is needed to determine whether newer models of this

advanced prosthesislead to consistent improvements in function and quality of life. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome. Patients with a missing limb distal to the wrist who receive a myoelectric prosthesis with individually powered digits, no peer-reviewed publications evaluating functional outcomes in amputees were identified. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome. Patients with upper-extremity weakness or paresis who receive a myoelectric powered upper-limb orthosis, the evidence includes small studies. The largest study identified tested participants with and without the orthosis but did not provide any training with the device. Performance on the tests was inconsistent. Studies are needed that show consistent improvements in relevant outcome measures. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

POSITION STATEMENT:

Myoelectric upper limb prosthetic components **meet the definition of medical necessity** when **ALL** of the following criteria are met:

- The member has demonstrated sufficient neurologic and cognitive function to operate the prosthesis effectively; **AND**
- The member has an amputation or missing limb at the wrist or above (e.g. forearm, elbow); **AND**
- The member is free of comorbidities that could interfere with function of the prosthesis (e.g. neuromuscular disease); **AND**
- The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device; **AND**
- Standard body-powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the member in performing activities of daily living (ADLs); **AND**
- Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the member (eg, gripping, releasing, holding, coordinating movement of the prosthesis) when performing activities of daily living. This evaluation should consider the member's needs for control, durability (maintenance), function (speed, work capability), and usability.

Myoelectric upper limb prosthetic components **do not meet the definition of medical necessity** if all criteria listed above are not met.

A prosthesis with individually powered digits, including but not limited to a partial hand prosthesis, is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Advanced upper-limb prosthetic components with both sensor and myoelectric control (e.g., LUKE Arm) are considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Myoelectric controlled upper-limb orthoses are considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

HCPCS Coding

Prostheses	
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) (**Investigational**)

L6028	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at metacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692 (**Investigational**)
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692 (**Investigational**)
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement (**Investigational**)
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement (**Investigational**)
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb (**Investigational**)
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
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
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
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
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
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
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 (**Investigational**)
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 (**Investigational**)
Additions	
L6029	Upper extremity addition, test socket/interface, partial hand including fingers (**Investigational**)
L6030	Upper extremity addition, external frame, partial hand including fingers (**Investigational**)
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power (**Investigational**)
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal) (**Investigational**)

L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material (**Investigational**)
L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers (**Investigational**)
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material (**Investigational**)
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement (**Investigational**)
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement **(Investigational)**
L6880	Electric hand, switch, or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) (**Investigational**)
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device
L6882	Microprocessor control feature, addition to upper limb prosthetic 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
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

The following articles were reviewed on the last guideline reviewed date: Powered Upper Extremity Exoskeleton – Correct Coding; Upper Extremity Prosthetic Myoelectronic Control – Correct Coding and Code Verification Review Requirement; and Articulating Digit(s) and Prosthetic Hands-Correct Coding-Revised; located at cgsmedicare.com.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Functional Neuromuscular Stimulation, 09-E0000-54

Lower Limb Microprocessor-Controlled Prosthetics, 09-L0000-06

Prosthetics, 09-L0000-05

OTHER:

None applicable.

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2. Blue Cross Blue Shield Association Evidence Positioning System®; 1.04.04 Myelectric Prosthetic and Orthotic Components for the Upper Limb, 04/26.
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4. CGS Administrators, LLC. Articulating Digit(s) and Prosthetic Hands-Correct Coding- Revised ; located at cgsmedicare.com.
5. CGS Administrators, LLC. Powered Upper Extremity Exoskeleton – Correct Coding; located at cgsmedicare.com.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 05/28/26.

GUIDELINE UPDATE INFORMATION:

04/15/07	New Medical Coverage Guideline.
06/15/07	Reformatted guideline.
05/15/09	Scheduled review; no change to position statement; references updated.
05/15/11	Scheduled review; position statement unchanged; references updated.
01/01/12	Annual HCPCS coding update: added L6715 and L6880.
05/11/14	Revision: Program Exceptions section updated.
01/01/15	Annual coding update: Removed L6025; added L6026.
03/15/17	Revision; Position statement updates include revision to functional evaluation criterion and an investigational statement regarding prosthesis with individually powered digits was added; description section and references updated.
08/15/18	Review; Current position statements maintained; investigational statements for components with both sensor and myoelectric controls & myoelectric controlled upper-limb orthoses added; title, and references updated.
01/01/19	Annual CPT/HCPCS coding update. Added codes L8701 & L8702.
06/15/20	Review; Position statements maintained and references updated.
10/01/20	Quarterly CPT/HCPCS coding update; codes L8701 and L8702 revised.

05/15/22	Review: Position statements maintained; references updated.
01/01/24	Position statements maintained.
06/15/24	Review: Position statements maintained; description and references updated.
04/01/25	Quarterly CPT/HCPCS coding update. Code L6700 added.
06/15/25	Review: Position statements maintained; description, coding, and references updated.
10/01/25	Quarterly CPT/HCPCS coding update. Codes L6034-L6039 added; code L6028 revised.
04/01/26	Quarterly CPT/HCPCS coding update. Code L6028 revised.
06/15/26	Annual review: Position statements maintained; references updated.