



MASSACHUSETTS

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Myoelectric Prosthetic and Components for the Upper Limb Prior Authorization Request Form #938

Medical Policy #227 Myoelectric Prosthetic and Components for the Upper Limb

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Myoelectric Prosthetic and Components for the Upper Limb. For members who do not meet the criteria, submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#). Once completed, fax to:

| | |
|---|---|
| Medical and Surgical: 1-888-282-0780 | Medicare Advantage: 1-800-447-2994 |
|---|---|

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for [Myoelectric Prosthetic and Components for the Upper Limb](#) must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

| Patient Information | |
|---------------------|--|
| Patient Name: | Today's Date: |
| BCBSMA ID#: | Date of Treatment: |
| Date of Birth: | Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> |

| Physician Information | Facility Information |
|-----------------------|----------------------|
| Name: | Name: |
| Address: | Address: |
| Phone #: | Phone #: |
| Fax#: | Fax#: |
| NPI#: | NPI#: |

| Please check off if the prosthetic being requested is the following: | |
|--|--------------------------|
| Myoelectric upper limb prosthetic. | <input type="checkbox"/> |

| Please check off if the patient meets <u>ALL</u> of the following conditions for myoelectric upper limb prosthetic components: | |
|---|--------------------------|
| The patient has an amputation or missing limb at the wrist or above (eg, forearm, elbow), and | <input type="checkbox"/> |
| Standard body-powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the individual in performing activities of daily living, and | <input type="checkbox"/> |
| The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device, and | <input type="checkbox"/> |

| | |
|--|--------------------------|
| The patient has demonstrated sufficient neurological and cognitive function to operate the prosthesis effectively, and | <input type="checkbox"/> |
| The patient is free of comorbidities that could interfere with function of the prosthesis (eg, neuromuscular disease), and | <input type="checkbox"/> |
| Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (eg, gripping, releasing, holding, coordinating movement of the prosthesis) when performing activities of daily living. This evaluation should consider the patient's needs for control, durability (maintenance), function (speed, work capability), and usability, and | <input type="checkbox"/> |
| The amputee has been evaluated by an independent qualified professional to determine the most appropriate prosthetic components and control mechanism (eg, body-powered, myoelectric, or combination of body-powered and myoelectric). The independent qualified professional has verified that the amputee meets all the medical necessity criteria for the device. | <input type="checkbox"/> |

Note: Upper-limb prosthetic components with both sensor and myoelectric controlled are considered **INVESTIGATIONAL**.

Note: A prosthesis with individually powered digits, including but not limited to a partial hand prosthesis, is considered **INVESTIGATIONAL**.

Note: Myoelectric controlled upper-limb orthoses are considered **INVESTIGATIONAL**.

Note: Myoelectric upper limb prosthetic components are **NOT MEDICALLY NECESSARY** under all other conditions.

CPT CODES/ HCPCS CODES

| Please check off all the relevant HCPCS codes: | | |
|---|--|--------------------------|
| 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) | <input type="checkbox"/> |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device | <input type="checkbox"/> |
| L7007 | Electric hand, switch or myoelectric controlled, adult | <input type="checkbox"/> |
| L7008 | Electric hand, switch or myoelectric controlled, pediatric | <input type="checkbox"/> |
| L7009 | Electric hook, switch or myoelectric controlled, adult | <input type="checkbox"/> |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | <input type="checkbox"/> |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | <input type="checkbox"/> |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | <input type="checkbox"/> |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | <input type="checkbox"/> |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | <input type="checkbox"/> |

Providers should enter the relevant diagnosis code(s) below:

| Code | Description | |
|------|-------------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

Providers should enter other relevant code(s) below:

| Code | Description | |
|------|-------------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |