

	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS16.18	
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- Local Coverage Article A52462 Eye Prostheses
- Local Coverage Determination (LCD) L33641 Orthopedic Footwear
- Local Coverage Article A52481 Orthopedic Footwear
- National Coverage Determination (NCD) 280.10 Prosthetic Shoe

For Employer Health Programs (EHP) refer to:

- Plan specific Summary Plan Description (SPD's)

For Johns Hopkins Health Plan of Virginia LLC (JHPVA) refer to: [Medicare Coverage Database](#) (Effective 1/1/2024):

- Local Coverage Determination (LCD) L33787 Lower Limb Prostheses
- Local Coverage Article A52496 Lower Limb Prostheses
- Local Coverage Determination (LCD) L33317 External Breast Prostheses
- Local Coverage Article A52478 External Breast Prostheses
- Local Coverage Determination (LCD) L33738 Facial Prostheses
- Local Coverage Article A52463 Facial Prostheses
- Local Coverage Determination (LCD) L33737 Eye Prostheses
- Local Coverage Article A52462 Eye Prostheses
- Local Coverage Determination (LCD) L33641 Orthopedic Footwear
- Local Coverage Article A52481 Orthopedic Footwear
- National Coverage Determination (NCD) 280.10 Prosthetic Shoe

For Priority Partners (PPMCO) refer to: [Code of Maryland Regulations](#)

- Code of Maryland Regulations (COMAR) 10.09.12.04 [Disposable Medical Supplies and Durable Medical Equipment](#)

For US Family Health Plan refer to: [TRICARE Policy Manuals](#)

- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 4, Section 5.2 Post-Mastectomy Reconstructive Breast Surgery and Breast Prostheses.
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 7, Section 8.3 Prosthetic Hearing Devices.
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 4.1 Prosthetic Devices and Supplies.
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 6.1 Medical Supplies and Dressings (Consumables).
- TRICARE Policy Manual 6010.63-M, April 1, 2021, Chapter 8, Section 12.1 Wigs or Hairpiece.

IV. POLICY CRITERIA

A. General Considerations:

1. For the purposes of this policy, prostheses are devices that:
 - a. Are primarily intended to replace all or part of an organ or body part that has been lost to disease or injury, OR;
 - b. Are primarily intended to replace all or part of an organ or body part that was absent from birth, OR;
 - c. Are intended to anatomically replace all or part of a bodily function which is permanently inoperative or malfunctioning, AND;
 - d. Are prescribed by a qualified provider with documented medical necessity rationale for the chosen device based on the following:
 - i. Assessment of patient's functional needs and individual preferences;

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- ii. Level of amputation and physical state of a residual limb(s);
 - iii. Patient's cognitive and physical ability to operate a prosthetic device;
 - iv. Patient's ability to access specialized services, including physical and occupational therapy.
2. When benefits are provided under the member's contract, JHHP considers the following prosthetic devices medically necessary:
 - a. Artificial arms or legs (whole extremity or a portion thereof);
 - b. Artificial terminal devices (e.g., hand, hook);
 - c. External facial prostheses (e.g., nose, ear, midfacial, orbital, upper facial, hemifacial);
 - d. Eye prostheses;
 - e. Voice prostheses (e.g., indwelling tracheo-esophageal voice prosthesis, non-indwelling voice prosthesis, artificial larynx device);
 - f. External breast prostheses;
 - g. Cranial prostheses (wigs).
 3. When benefits are provided under the member's contract, JHHP considers the following medically necessary when used in conjunction with approved prosthetic devices:
 - a. Supplies and accessories necessary for effective functioning of allowed equipment;
 - b. Repairs or adjustments to medically necessary prosthetic devices or functional components when sufficient documentation is provided to support the following:
 - i. Significant physiological change in patient condition, OR;
 - ii. Reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.
 - c. Replacement of medically necessary prosthetic devices when sufficient documentation is provided to support:
 - i. Significant change in patient medical condition when current item no longer meets patient needs, OR;
 - ii. Loss or irreparable damage to all or part of the original prosthesis, OR;
 - iii. Repairs or adjustments are not possible or would cost >60% of the cost of a replacement prosthesis or of the component parts.
- B. Prosthetic Devices:
1. Upper Limb Prostheses:
 - a. When benefits are provided under the member's contract, JHHP considers myoelectric upper limb prostheses, functional components (e.g., wrist rotator, elbow/forearm unit, shoulder), and additions (e.g., socket, suspension, microprocessor, input device) medically necessary when InterQual[®] Criteria are met.
 - b. When benefits are provided under the member's contract, JHHP considers terminal (hand, hook) and body powered prosthetic devices (may include socket, suspension, harness, hinges or shoulder unit, terminal device) medically necessary when prescribed by a qualified provider and the general considerations criteria are met.
 2. Lower Limb Prostheses:
 - a. When benefits are provided under the member's contract, JHHP considers the following lower limb prostheses medically necessary when InterQual[®] Criteria are met:
 - i. Foot, Syme (ankle disarticulation) or transtibial prosthesis, functional components, and additions;
 - ii. Knee disarticulation, transfemoral prosthesis, functional components (including microprocessor controlled), and additions;
 - iii. Hip disarticulation/hemipelvectomy prosthesis, functional components (including microprocessor controlled), and additions;
 - iv. Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control.
 - b. When benefits are provided under the member's contract, JHHP considers a shoe for a partial foot amputation prosthesis medically necessary when it is an integral part of a covered basic lower limb prosthetic device.

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- c. Unless specific benefits are provided under the member's contract, JHHP considers the following not medically necessary:
 - i. Addition to lower extremity prosthesis, a user-adjustable heel height prosthetic foot (example: Ranway[®], Freedom Innovations, Irvine, CA);
 - ii. Microprocessor-controlled ankle-foot prosthesis with power assist (example: BiOM[®] Ankle, emPOWER[™] Ankle).
- d. For foot orthotics, see Medical Policy [CMS15.04 Foot Orthotics](#)
3. External Facial and Eye Prostheses (nose, ear, mid/upper facial, hemifacial, orbital, artificial eye): When benefits are provided under the member's contract, JHHP considers facial and eye prostheses, including implant-retained prostheses, medically necessary when prescribed by a qualified provider to compensate for the loss or absence as a result of disease, injury, surgery or congenital defect and the general consideration criteria are met.
4. Voice Prostheses (artificial larynx, indwelling and non-indwelling tracheo-esophageal prostheses): When benefits are provided under the member's contract, JHHP considers voice prostheses medically necessary when prescribed by a qualified specialist following total laryngectomy.
5. External Breast Prostheses: When benefits are provided under the member's contract, JHHP considers external breast prostheses medically necessary when prescribed by a qualified provider following a medically necessary mastectomy or lumpectomy. (See Medical Policies [CMS07.05 Gender Affirming Treatment & Procedures](#) and [CMS24.08 Gender Affirming Treatment & Procedures - EHP](#)).
6. Cranial Prostheses (wigs): When benefits are provided under the member's contract, JHHP considers cranial prostheses medically necessary when prescribed by a qualified provider for hair loss related to cancer treatment.
7. Osseointegrated Prosthetic Implants: When benefits are provided under the member's contract, JHHP considers osseointegrated implant for transfemoral amputees, the Osseointegrated Prosthesis for the Rehabilitation of Amputees (OPRA) System, medically necessary when prescribed by a qualified provider and ALL of the following criteria are met:
 - a. Transfemoral amputation due to trauma or cancer, AND;
 - b. Unable to achieve successful prosthesis fitting with conventional socket fit prosthesis, AND;
 - c. Minimum Functional Level K2 (*Refer to Definitions*).
- C. Supplies and Accessories:
 1. When benefits are provided under the member's contract, JHHP considers supplies and accessories reasonable and necessary when:
 - a. Used with an approved prosthetic device;
 - b. Prescribed by a qualified provider;
 - c. Obtained from a medical supply company, a pharmacy, or authorized institutional provider;
 - d. When sufficient documentation is provided to support the requested quantity.
 2. Examples of supplies and accessories include but are not limited to:
 - a. Stump stockings and shrinkers;
 - b. Prosthetic sheath/sock, including a gel cushion layer;
 - c. An external breast prosthesis garment or mastectomy bra.
- D. Exclusions:
 1. Unless specific benefits are provided under the member's contract, JHHP considers the following devices experimental and investigational as they do not meet the Technology Evaluation Criteria (TEC):
 - a. Iris prosthesis for treatment of aniridia (i.e., CustomFlex[®] Artificial Iris);
 - b. Life Under Kinetic Evolution (LUKE) arm;
 - c. Osseointegrated prosthetic implants for transtibial and upper limb amputees;
 - d. The following transfemoral osseointegrated prosthetic implants:
 - i. Integral Leg Prosthesis (ILP);

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- ii. Osseointegration Group of Australia-Osseointegration Prosthetic Limb (OGAP-OPL);
- iii. Intraosseous Transcutaneous Amputation Prosthesis (ITAP);
- iv. The Compress[®].

V. DEFINITIONS

Body-powered prostheses: Prosthesis that works by using cables to link the movement of the body to the prosthesis and to control it. Moving the body in a certain way will pull on the cable and cause it to open, close, or bend. This device usually includes a socket, suspension system, harness, control cable, wrist unit, terminal device, and possibly a triceps cuff, hinges (below elbow), elbow with above elbow amputation, and shoulder (if a shoulder disarticulation or higher).

Functional or structural components: Functional components of a limb prosthesis include a socket, appendage (hand or foot), joint (wrist, elbow, shoulder, ankle, knee, or hip), and connecting module.

Functional Classification System: Medicare Functional Classification (MFCL) is used for clinical assessments of a member's rehabilitation potential by the following functional levels:

- K0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.
- K1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence typical of the limited and unlimited household ambulator.
- K2: 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.
- K3: Has the ability or potential for ambulation with variable cadence typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- K4: Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete.

Microprocessor controlled prostheses: Prosthesis that uses a complex system of motors and sensors to control limb motion and joint movement.

Myoelectric upper limb prostheses: Prosthesis that uses muscle activity from the remaining limb for the control of joint movement. The system is controlled by a microprocessor that uses signals from the body to tell the body what to do. Signals may be generated by body movement or electrical signals generated by the muscles. Myoelectric prosthesis consists of base prosthesis (wrist disarticulation, below elbow, elbow disarticulation, above elbow) and may include a terminal device (hand, hook), functional components (wrist rotator, elbow, elbow/forearm unit), additions (suspension, harness, socket, socket insert, input device, microprocessor, battery).

Socket: A part of the prosthesis that encases the residual limb and to which other components are attached.

Suspension: A term to describe how the prosthesis is held to the residual limb. Types of suspension systems include vacuum, suction, interface with a locking pin, anatomical, and belts and straps.

Syme: Refers to the level of amputation done through the ankle joint. The foot is removed but the heel pad is saved so the patient can put weight on.

Terminal prosthetic devices: Device that works by means of cables to create voluntary opening and closing for managing a grip. Most commonly used devices are passive or mechanical hands and hooks.

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VI. BACKGROUND

According to the U.S. National Library of Medicine, prosthesis is an artificial device designed to replace a missing part of the body. Prosthetic devices are most commonly used as a surrogate for missing arms, legs, hands, eyes, and other bodily joints. Depending on the type of prosthetic, some devices are removable and others can be permanently implanted. The conventional prosthetic appliance for replacement of an upper extremity, either below or above the elbow, is a body-powered prosthesis with a terminal hand or hook device. Body-powered upper extremity prosthetics may be appropriate for conditions that include sitting, combined sitting and standing activities, heavy work, and they may be suitable for manual labor.

Myoelectric upper extremity prosthetics (MEP) are appropriate for lighter, more fine-motor type work responsibilities and have the ability to handle larger diameter objects and smaller grasp requirements. MEP may help some individuals meet their functional needs better than body-powered prosthetics. The patient's cognitive status and ability to operate the myoelectric prosthesis should be evaluated by the prosthetist prior to confirming the appropriateness of this type of device (Carey, 2015).

Lower limb prosthetic devices may be preparatory or definitive. A preparatory (or temporary) prosthesis is typically used for the first 3 to 6 months following an amputation and is expected to be used temporarily. The purpose of this type of prosthesis is to assess the individual's acceptance and tolerance to the prosthetic components, allow for weight-bearing, and reduce edema. During this preparatory phase, the shape of the residual limb will change, requiring several adjustments to the socket design. Adjustable components may be used or the device may be converted to a definitive prosthesis. The definitive prosthesis is requested once the residual limb has stabilized in shape and size (Kaufman, 2018).

Osseointegrated devices for prosthetic suspension are an alternative for patients with a transfemoral amputation who are unable to achieve successful prosthesis fitting with the conventional socket prosthesis (Kalapatapu, 2022). As of December 2020, the Osseointegrated Prostheses for the Rehabilitation of Amputees (OPRA) is the only FDA Pre-Market approved device in the United States for use in patients with transfemoral amputation due to trauma or cancer who have failed to receive benefit from a socket prosthesis. Osseointegrated prosthetic implants are bio-compatible metal devices that are inserted into the residual bone to integrate with the bone and attach to the external prosthesis.

The selection of one type of prosthesis or component over another is based on the individual's functional level, the clinical judgment of the treating physician and prosthetist, comfort, and durability, as well as input from the rehabilitation team. Functional levels are used to aid in the selection of components for the hip, knee, ankle, or foot prosthesis. CMS Lower Limb Prosthetic Workgroup has published their consensus document in 2017 outlining Medicare Functional Classification Levels (MFCL) used for clinical assessments of a member's rehabilitation potential by the following functional levels (refer to Definitions section), (CMS, 2017).

According to American Society of Ocularists, external facial prostheses are intended to protect exposed tissues, cover exposed cavities, and restore physical appearance. These types of prostheses are usually made from silicone materials and can be secured or retained in place by anatomical structures or skin adhesive. Additionally, some prostheses can be held in place by bone integrated titanium implants. Ocular prostheses are available as a ready-made (stock) or custom-made prosthesis. Since stock eye is mass-produced, it can be challenging to find a right fit and color. A custom ocular prosthesis is made by an Ocularist based on patient specific measurements and needs.

There is a growing body of evidence in the peer reviewed scientific literature evaluating the use of an iris prosthesis for treatment of aniridia. Complete or partial aniridia can be congenital or acquired by trauma or diseases. CUSTOMFLEX[®] ARTIFICIALIRIS was granted FDA premarket approval in May 2018 as an artificial iris intended for use in children and adults for the treatment of full or partial aniridia resulting from congenital aniridia. The results of a Hayes evolving evidence review on CUSTOMFLEX[®] ARTIFICIALIRIS published March 10, 2022, showed strong support against the use of this device for

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the treatment of aniridia based on a review of full-text clinical practice guidelines and position statements (Hayes, 2022). The National Institute for Health and Care Excellence (NICE) guidelines for artificial iris insertion as treatment for acquired aniridia state the "evidence on the safety and efficacy of artificial iris implant insertion for acquired aniridia is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research" (NICE, 2020).

When the larynx is removed during a total laryngectomy, loss of voice can be addressed by selecting patient appropriate voice prosthesis. The artificial larynx (electro larynx) is an external device that induces vibration of oral or pharyngeal mucosa. This device can function either indirectly by contacting the skin or directly through intraoral contact. Muscles of articulation are, generally, left intact after the laryngectomy and are able to aid in shaping the supplied vibration noise into understandable speech. The tracheo-esophageal voice prosthesis uses a one-way valve to let air pushed up from the lungs to pass through from the trachea and enter the esophagus, causing the walls of the esophagus to vibrate as a new voice (Kaye, 2017).

VII. CODING DISCLAIMER

CPT[®] Copyright 2023 American Medical Association. All rights reserved. CPT[®] is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or 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's 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 of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

Adherence to the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Advantage MD: Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Employer Health Programs (EHP): Specific Summary Plan Descriptions (SPDs) supersedes JHHP Medical Policy. If there are no criteria in the SPD, apply the Medical Policy criteria.

Johns Hopkins Health Plan of Virginia LLC (JHHPVA): Regulatory guidance supersedes JHHP Medical Policies. If there are no statutes, regulations, NCDs, LCDs, or LCAs, or other CMS guidelines, apply the Medical Policy criteria.

Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

US Family Health Plan (USFHP): Regulatory guidance supersedes JHHP Medical Policy. If there are no TRICARE policies, or other regulatory guidelines, apply the Medical Policy criteria.

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VIII. CODING INFORMATION (RECOVERED)

HCPCS CODES ARE FOR INFORMATIONAL PURPOSES	
HCPCS CODES	DESCRIPTION
A9282	Wig, any type, each
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
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
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, molded socket, shin, SACH foot
L5105	Below knee, 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, molded socket, single axis constant friction knee, shin, SACH foot
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
L5230	Above knee, 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
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5301	Below knee, 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, 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

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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
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, 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 AK or knee disarticulation
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee
L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket
L5540	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model

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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, hydracadence system
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each
L5618	Addition to lower extremity, test socket, Symes
L5620	Addition to lower extremity, test socket, below knee
L5622	Addition to lower extremity, test socket, knee disarticulation
L5624	Addition to lower extremity, test socket, above knee
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 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, total contact
L5638	Addition to lower extremity, below knee, leather socket
L5639	Addition to lower extremity, below knee, wood socket
L5640	Addition to lower extremity, knee disarticulation, leather socket
L5642	Addition to lower extremity, above knee, leather socket
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644	Addition to lower extremity, above knee, wood socket
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
L5647	Addition to lower extremity, below knee, suction socket
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket

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L5649	Addition to lower extremity, ischial containment/narrow M-L socket
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (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 (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
L5666	Addition to lower extremity, below knee, cuff suspension
L5668	Addition to lower extremity, below knee, molded distal cushion
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert
L5672	Addition to lower extremity, below knee, removable medial brim suspension
L5673	Addition to lower extremity, below knee/above knee, 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, knee joints, single axis, pair
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678	Additions to lower extremity, below knee, joint covers, pair
L5679	Addition to lower extremity, below knee/above knee, 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, thigh lacer, nonmolded
L5681	Addition to lower extremity, below knee/above knee, 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, thigh lacer, gluteal/ischial, molded
L5683	Addition to lower extremity, below knee/above knee, 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

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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, back check (extension control)
L5688	Addition to lower extremity, below knee, waist belt, webbing
L5690	Addition to lower extremity, below knee, waist belt, padded and lined
L5692	Addition to lower extremity, above knee, pelvic control belt, light
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699	All lower extremity prostheses, shoulder harness
L5700	Replacement, socket, below knee, molded to patient model
L5701	Replacement, socket, above knee/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
L5705	Custom shaped protective cover, above knee
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
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system

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L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5790	Addition, exoskeletal system, above knee, 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, 4-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 or hip disarticulation, knee extension assist
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, alignable system
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5930	Addition, endoskeletal system, high activity knee control frame

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L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5950	Addition, endoskeletal system, above knee, 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
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L5999	Lower extremity prosthesis, not otherwise specified
L6000	Partial hand , thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining

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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)
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)
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	
L6370	Interscapular thoracic, passive restoration (shoulder cap 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
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6632	Upper extremity addition, latex suspension sleeve, each
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, shoulder disarticulation
L6689	Upper extremity addition, frame type socket, shoulder disarticulation

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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, line 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 open, 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
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, above elbow/elbow 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
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment

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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, no 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
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
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

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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
L7360	Six volt battery, each
L7364	Twelve volt battery, each
L7366	Battery charger 12 volt, each
L7367	Lithium ion battery, rechargeable, replacement
L7368	Lithium ion battery charger, replacement only
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L6401	Addition to upper extremity prosthesis, above elbow disarticulation, 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
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L7700	Gasket or seal, for use with prosthetic socket insert, any type, 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

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L8032	Nipple prosthesis, 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
L8040	Nasal prosthesis, provided by a nonphysician
L8041	Midfacial prosthesis, provided by a nonphysician
L8042	Orbital prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8045	Auricular prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician
L8047	Nasal septal prosthesis, provided by a nonphysician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician
L8049	Repair or modification of maxillofacial prosthesis, labor component in 15 minute increments, provided by a nonphysician
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 or above knee, each
L8420	Prosthetic sock, multiple ply, below knee each
L8430	Prosthetic sock, multiple ply, above knee each
L8435	Prosthetic sock, multiple ply, upper limb, each
L8440	Prosthetic shrinker, below knee, each
L8460	Prosthetic shrinker, above knee, each
L8465	Prosthetic shrinker, upper limb, each
L8470	Prosthetic sock, single ply, fitting, below knee, each
L8480	Prosthetic sock, single ply, fitting, above knee, each
L8485	Prosthetic sock, single ply, fitting, upper limb, each
L8500	Artificial larynx, any type
L8501	Tracheostomy speaking valve
L8505	Artificial larynx replacement battery/accessory, any type
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
L8510	Voice amplifier

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L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	Tracheo-esophageal puncture dilator, replacement only, each
L8515	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10
L8699	Prosthetic implant not otherwise specified
V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye, other type

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

X. REFERENCES

Aetna. (2022, October 13). *Artificial Retina and Artificial Iris*. Medical Clinical Policy Bulletins: 0713. <https://www.aetna.com/>

Aetna. (2022, September 7). *Eye Prosthesis*. Medical Clinical Policy Bulletins: 0619. <https://www.aetna.com/>

Aetna. (2023, March 21). *External Breast Prosthesis*. Medical Clinical Policy Bulletins: 0097. <https://www.aetna.com/>

Aetna. (2022, September 7). *Facial Prostheses, External*. Medical Clinical Policy Bulletins: 0620. <https://www.aetna.com/>

Aetna. (2023, April 11). *Foot Orthotics*. Medical Clinical Policy Bulletins: 0451. <https://www.aetna.com/>

Aetna. (2023, February 24). *Lower Limb Prostheses*. Medical Clinical Policy Bulletins: 0578. <https://www.aetna.com/>

Aetna. (2023, February 24). *Upper Limb Prostheses*. Medical Clinical Policy Bulletins: 0399. <https://www.aetna.com/>

Aetna. (2022, August 1). *Voice Prosthesis for Voice Rehabilitation Following Total Laryngectomy*. Medical Clinical Policy Bulletins: 0560. <https://www.aetna.com/>

Al Muderis, M.M., Lu, W.Y., Li, J.J., Kaufman, K., Orendruff, M., Highsmith, M.J., Lunseth, P.A., & Kahle, J.T. (2018). Clinically Relevant Outcome Measures Following Limb Osseointegration; Systematic Review of the Literature. *Journal of Orthopedic Trauma*, 32(2), e64-e75. <https://doi.org/10.1097/BOT.0000000000001031>

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American Cancer Society. (2021). *Choosing and Wearing Wig*. Retrieved May 8, 2023 from <https://www.cancer.org>

American Society of Maxillofacial Prosthetics. (2020). *Facial Prostheses*. Retrieved May 8, 2023 from <https://www.maxillofacialprosthetics.org>

American Society of Ocularists. (20122). *When to Refer to an Ocularist*. Retrieved May 8, 2023 from <https://www.ocularist.org>

Capital Blue Cross. (2022, September 1). *Upper Limb Prostheses*. Medical Policy #MP-6.052. <https://www.capbluecross.com/>

CareFirst. (2023, January 1). *Prosthetics*. Medical Policy #1.04.00A. <https://provider.carefirst.com>

Carey, S. L., Lura, D. J., Highsmith, M. J., CP, & FAAOP (2015). Differences in myoelectric and body-powered upper-limb prostheses: Systematic literature review. *Journal of Rehabilitation Research and Development*, 52(3), 247–262. <http://dx.doi.org/10.1682/JRRD.2014.08.0192>

Centers for Medicare and Medicaid Services (CMS). (2021). *Durable Medical Equipment, Prosthetics, Orthotics, and Supplies*. <https://www.cms.gov/>

Centers for Medicare and Medicaid Services (CMS). (2017). *Lower Limb Prosthetic Workgroup Consensus Document*. <https://www.cms.gov>

Chang, T., Garrett, N., Roumanas, E., & Beumer, J. (2005). Treatment satisfaction with facial prostheses. *The Journal of Prosthetic Dentistry*, 94(3), 275-280. <https://doi.org/10.1016/j.prosdent.2005.06.002>

Cigna (2023, March 15). *Breast Reconstruction Following Mastectomy or Lumpectomy*. Medical Coverage Policy #0178. <https://static.cigna.com>

Cigna (2023, January 15). *Prosthetic Devices*. Medical Coverage Policy #0536. <https://static.cigna.com>

Duncan, S. F. M., Saracevic, C. E., & Kakinoki, R. (2013). Biomechanics of the hand. *Hand Clinics*, 29(4), 483-492. <https://doi.org/10.1016/j.hcl.2013.08.003>

Federspil, P. A. (2009). Implant-retained craniofacial prostheses for facial defects. *GMS Current Topics in Otorhinolaryngology, Head and Neck Surgery*, 8, Doc03. <https://doi.org/10.3205/cto000055>

Food and Drug Administration (FDA). (2019, September 30). *Implants and Prosthetics*. <http://www.fda.gov>

Hanger Clinic. (2023). *Prosthetics*. Retrieved May 4, 2023 from <https://hangerclinic.com>

Hayes, Inc. (2015). C-Leg Prostheses for Patients with Above-Knee Amputation. Health Technology Brief [Archived March 1, 2016]. <https://www.hayesinc.com/>

Hayes, Inc. (2023). CustomFlex ArtificialIris (HumanOptics AG, Clinical Research Consultants Inc.) for Aniridia. Evolving Evidence Review. <https://evidence.hayesinc.com/>

Hayes, Inc. (2023). The LUKE Arm (Mobius Bionics LLC) for Upper Extremity Amputation. Health Technology Assessment. <https://evidence.hayesinc.com/report/htb.lukearm4333>

Hayes, Inc. (2020). Microprocessor Prosthetic Ankles in Patients with Transtibial Amputation. Evidence Analysis Research Brief [Archived October 4, 2021]. <https://evidence.hayesinc.com/report/earb.microprocessor5007>

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS16.18
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		<i>Approval Date</i>	05/16/2023
		<i>Supersedes Date</i>	08/01/2022
		<i>Page</i>	22 of 23

Hayes, Inc. (2022). Osseointegrated Prosthetic Implants for Lower Leg Amputation. Clinical Research Response. <https://evidence.hayesinc.com/>

Hayes, Inc. (2023). Powered Microprocessor Prosthetic Ankles in Patients with Transtibial Amputation. Evolving Evidence Review. <https://evidence.hayesinc.com/>

Hofstede, T.M., Jacob, R.F., Montgomery, P. and Wesley, P. (2017), Surgical preparation of nasal defects to enhance the implant-retained facial prostheses: A case report. *Head Neck*, 39, E4-E11. <https://doi.org/10.1002/hed.24574>

Hoyt, B.W., Walsh, S.A. & Forsberg, J.A. (2020). Osseointegrated prostheses for the rehabilitation of amputees (OPRA): results and clinical perspective. *Expert Review of Medical Devices*, 17(1), 17-25. <https://doi.org/10.1080/17434440.2020.1704623>

Humana. (2022, November 10). Prosthetics. Medical Coverage Policy #HUM-0331-034. <https://apps.humana.com/>

Jetha, Z., Gul, R., & Lalani, S. (2017). Women experiences of using external breast prosthesis after mastectomy. *Asia-Pacific Journal of Oncology Nursing*, 4(3), 250-258. https://doi.org/10.4103/apjon.apjon_25_17

Kalapatapu, V. (2022). Lower extremity amputation. *UpToDate*. Retrieved May 5, 2023 from <https://www.uptodate.com/>

Kaufman, K. R., Bernhardt, K. A., & Symms, K. (2018). Functional assessment and satisfaction of transfemoral amputees with low mobility (FASTK2): A clinical trial of microprocessor-controlled vs. non-microprocessor-controlled knees. *Clinical Biomechanics (Bristol, Avon)*, 58, 116–122. <https://doi.org/10.1016/j.clinbiomech.2018.07.012>

Kaulback, K., Jones, A. (2017). Osseointegrated Prosthetic Implants for Lower Limb Amputation: A Review of Clinical Effectiveness, Cost-Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health. <http://www.ncbi.nlm.nih.gov/>

Kaye, R., Tang, C. G., & Sinclair, C. F. (2017). The electrolarynx: Voice restoration after total laryngectomy. *Medical Devices (Auckland, N.Z.)*, 10, 133-140. <https://doi.org/10.2147/mder.s133225>

Korta, D. Z., Christiano, A. M., Bergfeld, W., Duvic, M., Ellison, A., Fu, J., Harris, J. E., Hordinsky, M. K., King, B., Kranz, D., Mackay-Wiggan, J., McMichael, A., Norris, D. A., Price, V., Shapiro, J., & Atanaskova Mesinkovska, N. (2018). Alopecia areata is a medical disease. *Journal of the American Academy of Dermatology*, 78(4), 832–834. <https://doi.org/10.1016/j.jaad.2017.09.011>

Maryland Department of Health. (2023). Medicaid DME/DMS/Oxygen Approved List of Items. <https://health.maryland.gov/>

Mioton, L. M., & Dumanian, G. A. (2018). Targeted muscle reinnervation and prosthetic rehabilitation after limb loss. *Journal of Surgical Oncology*, 118(5), 807-814. <https://doi.org/10.1002/jso.25256>

National Institute for Health and Care Excellence (NICE) (2020). Artificial iris insertion for acquired aniridia. Interventional procedures guidance (IPG)674. <https://www.nice.org.uk/>

National Institute for Health and Care Excellence (NICE) (2008). Direct skeletal fixation of limb or digit prostheses using intraosseous transcutaneous implants. (IPG)270. <https://www.nice.org.uk/>

Ontario Health (Quality) (2019). Osseointegrated Prosthetic Implants for People With Lower-Limb Amputation: A Health Technology Assessment. *Ontario health technology assessment series*, 19(7), 1–126. pubmed.ncbi.nlm.nih.gov

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Medical Policy Manual Medical Policy	<i>Policy Number</i>	CMS16.18
		<i>Effective Date</i>	08/01/2023
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Ramstrand, N., Rusaw, D. F., & Möller, S. F. (2020). Transitioning to a microprocessor-controlled prosthetic knee: Executive functioning during single and dual-task gait. *Prosthetics and orthotics international*, 44(1), 27–35. <https://doi.org/10.1177/0309364619892773>

Regence. (2021). Durable Medical Equipment, Prosthetic and Orthotic Upgrades, Replacements, Duplicates, and Repairs. Medical Policy Manual. Durable Medical Equipment Policy Number 75. <https://www.regence.com>

Semasinghe, C. L., Madusanka, D. G. K., Ranaweera, R K P S, & Gopura, R A R C. (2019). Transradial prostheses: Trends in development of hardware and control systems. *The International Journal of Medical Robotics + Computer Assisted Surgery, MRCAS*, 15(1), e1960. <https://doi.org/10.1002/rcs.1960>

Shapiro, J., Hordinsky, M. (2022). Evaluation and diagnosis of hair loss. *UpToDate*. Retrieved May 9, 2023 from <https://www.uptodate.com/>

Thiele, J., Schöllig, C., Bellmann, M., & Kraft, M. (2019). Designs and performance of three new microprocessor-controlled knee joints. *Biomedizinische Technik. Biomedical Engineering*, 64(1), 119–126. <https://doi.org/10.1515/bmt-2017-0053>

Thompson, J. M., Park, M. K., Qureshi, A. A., & Cho, E. (2018). Race and alopecia areata amongst US women. *Journal of Investigative Dermatology Symposium Proceedings*, 19(1), S47-S50. <https://doi.org/10.1016/j.jisp.2017.10.007>

United Healthcare. (2023, April 1). *Lower Extremity Prosthetics*. Coverage Determination Guideline #2023T0645A. <https://www.uhcprovider.com/>

United Healthcare. (2022, July 1). *Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs*. Coverage Determination Guideline #CS104.0. <https://www.uhcprovider.com/>

United Healthcare. (2023, April 1). *Upper Extremity Myoelectric Prosthetic Devices*. Coverage Determination Guideline #2023T0641A. <https://www.uhcprovider.com/>

Virginia Prosthetics and Orthotics. (2022). *Lower Limb Devices*. <http://www.virginiaprosthetics.com>

XI. APPROVALS

Historical Effective Dates: 06/03/2016, 02/01/2021, 08/01/2022, 8/01/2023