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| BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN | MANUAL: MEDICAL POLICY |
| | REFERENCE NO.: MPO-490-0164 |
| EFFECTIVE DATE October 1, 2014 | SUBJECT: Myoelectric Prosthesis for the Upper Limb |

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Upper limb prostheses are used for amputations at any level from above the wrist to the shoulder.

Myoelectric prostheses use muscle activity from the remaining limb for the 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

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

- A. BCNEPA will provide coverage for myoelectric upper arm prosthetic components when medically necessary.
1. Myoelectric upper limb prosthetic components may be considered medically necessary when the following conditions are met:
 - a) The patient has an amputation or missing limb at the wrist or above (forearm, elbow, etc.); and
 - b) 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
 - c) The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device; and
 - d) The patient has demonstrated sufficient neurological and cognitive function to operate the prosthesis effectively; and
 - e) The patient is free of comorbidities that could interfere with function of the prosthesis (neuromuscular disease, etc.); and
 - f) Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, and 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.
 2. Myoelectric upper arm prosthetic components are considered not medically necessary under all other conditions.
- B. BCNEPA will not provide coverage for a prosthesis with individually powered digits, including but not limited to a partial hand prosthesis as this is considered investigational.

IV. DEFINITIONS:

Myoelectric: The use of electromyography signals from muscles to control the movements of a prosthesis.

Prosthesis: An artificial substitute or replacement of a part of the body such as an arm.

CODING:

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
 - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
 - The following list of codes may not be all-inclusive, and are subject to change at any time.
 - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
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PROCEDURE CODES

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| L6025 | L6925 | L6955 | L7007 | L7045 |
| L6715 | L6935 | L6965 | L7008 | |
| L6880 | L6945 | L6975 | L7009 | |