Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Upper Limb Prostheses

Effective: February 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the Fax numbers below	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care - A dual-eligible product); 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

An upper limb prosthesis is a device designed to replace the function of a missing upper limb or body part due to congenital absence or amputation. Upper limb prostheses can be controlled using body-powered system, externally powered system, or a combination of both systems. Prosthetic terminal devices replace lost hand function and include passive, body-powered, and externally powered hooks, and hands.

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations. When CMS and MassHealth do not provide guidance, the Plan's internally developed medical necessity guidelines are used. CMS and MassHealth coverage guidelines are not established for this service.

For the service Upper Limb Prostheses, evidence is sufficient for coverage. This criteria is used to assist in the appropriate Member selection and the appropriate protheses device to optimize best possible outcomes. The use of an upper limb protheses allows for Member's to have improved independent living, improved mobility, and reduce disability.

The use of this criteria in the utilization management process will ensure access to evidence based clinically appropriate care. See References section below for all evidence accessed in the development of these criteria.

Clinical Guideline Coverage Criteria

The Plan may authorize coverage of initial and replacement upper limb prosthesis when the requested prosthesis or component(s) is the most appropriate medically necessary device that adequately meets the functional needs of the Member. When possible, The Plan may cover a trial of upper limb prosthesis, with supporting documentation.

Initial Upper Limb Prostheses Authorization

The Plan may authorize the coverage of initial upper limb prosthesis, including body powered prosthesis, when **ALL** the following criteria are met:

1. Documentation confirms a comprehensive evaluation has been performed by a board certified [American Board of Certification (ABC) or Board of Certification (BOCP)] prosthetist and prescribed prosthesis/component(s) is based on prosthetist recommendation; **and**
2. Functional evaluation indicates requested device does not exceed that which is medically necessary to adequately meet the functional needs of the member; **and**
3. Member has sufficient cognitive function, neurological function, cardiovascular reserve, and musculoskeletal ability to effectively utilize requested device to complete activities of daily living (ADL's); **and**
4. Member will reach or maintain a predicted improved functional state, with the use of the prescribed prosthesis within a reasonable and predictable period of time.

Myoelectric Prosthesis

The Plan may authorize coverage of myoelectric upper limb prosthesis when criteria for initial upper limb prosthesis are met **and** when **ALL** the following additional criteria are met.

1. The Member has sufficient neurological, musculoskeletal, myocutaneous, and cognitive function to operate the prosthesis effectively; **and**
2. The Member has sustained a minimum of a trans metacarpal or above partial limb amputation; **and**
3. The Member has sufficient microvolt threshold in the residual limb to allow proper function of myoelectric prosthesis; **and**
4. A standard body powered prosthetic device cannot be used or is insufficient to meet the functional needs of the Member in performing activities of daily living; **and**
5. The Member functions in an environment that would not inhibit the function of the prosthesis (i.e., a wet environment or situations involving electrical discharges)

Electric Hand

The Plan may authorize coverage of electric hand or partial hand prosthetic component when criteria for initial upper limb prosthesis and myoelectric prosthesis are met and documentation from a board-certified prosthetist **ALL** of the following criteria are met:

1. Member requires use of device for independence in activities of daily living (ADL's) including:
    a. Dressing
    b. Personal hygiene, oral hygiene, and grooming
    c. Toileting
    d. Feeding; and
2. Member is willing and able to complete necessary training with Occupational Therapist or Physical Therapist who is trained and who specializes in terminal upper limb myoelectric prosthetic components, including partial hand/electric hand; **and**
3. Documented Occupational or Physical Therapy evaluation supports **ALL** of the following:
    a. Member has the potential to function independently with requested terminal device in a reasonable and predictable period of time; **and**
    b. ALL functions of the requested device (e.g., wrist rotation, number of articulating digits, thumb opposition, number of grip patterns) do not exceed that which is medically necessary to adequately meet the functional needs to the member; **and**
    c. Device will allow member the grip prehension and joint movement required to sustain a minimum level of independent daily living; **and**
    d. Member has sufficient cognitive, musculoskeletal, and neurological ability to utilize device to complete ADL's

Prostheses and Prosthetic Components for Recreational Purposes

Applicable to Harvard Pilgrim Health Care members Residing in Maine or with Maine Plans, or members residing in New Hampshire or with New Hampshire Plans. Please refer to the Member's plan documents for details. For members in an individual plan, prostheses and prosthetic components for recreational purposes is not covered.

The Plan may authorize coverage of **one** additional prosthesis and/or prosthetic component for Members under 18 years of age in Maine, or under 19 years of age in New Hampshire, for recreational purposes when the following criteria are met:

1. Documentation of a complete multidisciplinary assessment (e.g., medical record notes, Physical Therapy assessment, detailed written order completed by certified prosthetist and signed by the attending physician) including an evaluation by a certified prosthetic clinician with expertise in the evaluation and fitting for the requested device is required and includes **ALL** of the following:
    a. Requested prosthesis/prosthetic component is the most appropriate and least intensive model that meets the medical needs of the Member to maximize the Member's ability to perform recreational activity (e.g., swim), to maximize upper-limb function and to allow developmentally appropriate experiences; **and**
    b. Physical therapy evaluation and assessment (e.g., musculoskeletal, endurance) supports the Member is able to tolerate the physical demands of desired recreational activity; **and**
    c. Delivery of prosthesis by prosthetist will include education regarding any specialized maintenance and care of prosthesis/prosthetic components

Limitations

The Plan will not cover the following, as they are not considered medically necessary:

1. Swim prosthesis (**Note:** Unless covered per "Prostheses/prosthetic components for recreational purposes" criteria)
2. Shower prosthesis
3. Artificial limbs or parts thereof for cosmetic purposes only, including, but not limited to, nonfunctional prostheses, nonfunctional prosthetic covers and non-functional finger prostheses.
4. Prostheses with experimental/investigational components (including L6715. Refer to Medical Necessity Guidelines : Noncovered Investigational Services)
5. Devices intended for sports, recreation, or work-related purposes (**Note**: Unless covered per "Prostheses/prosthetic components for recreational purposes" criteria)
6. Prosthetic device/component(s)intended for athletics (e.g., high-tech competitive models)
7. Recreational prosthesis/prosthetic components for individuals who do not meet recommended weight or height guidelines of manufacturer
8. The Plan will not cover upgrade or enhancement of member's current prosthesis or prosthetic component(s) when member's current prosthesis or prosthetic component(s) meets their functional needs and allows the member to perform activities of daily living.
9. The Plan will not cover additional or duplicate prosthesis or prosthetic component(s).
10. The Plan will not cover repair or replacement of a spare, backup or duplicate prosthesis or prosthetic component(s)
11. Osseointegrated prostheses
12. Myoelectric sensors can be implanted beneath the skin to improve the prosthetic function and control
13. Targeted muscle reinnervation
14. LUKE arm and JACO Assistive Robotic Arm

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
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)
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement

Code	Description
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
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
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
L7499	Upper extremity prosthesis, not otherwise specified

The following code(s) are considered **experimental/investigational**

Table 2: CPT/HCPCS Codes

Code	Description
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement

References:

1. MassHealth 130 CMR 428.000: Prosthetics Services. Accessed August 21, 2025. 130 CMR 428.000: Prosthetics Services | Mass.gov
2. Mass. Gen. Laws § 176G-4S. Accessed August 21, 2025. General Law - Part I, Title XXII, Chapter 176G, Section 4S (malegislature.gov)
3. R.I.. Gen. Laws § 27-20-52. Accessed August 21, 2025. webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-52.
4. Maine. Gen. Laws § 24_a-56-4315. Coverage of prosthetic devices. Accessed August 21, 2025. Title 24-A, §4315: Coverage of prosthetic devices (maine.gov)
5. New Hampshire SB177 an act relative to health insurance coverage of prosthetics for children under 19 years of age. NHLA Bill Review: Bill Text - SB177 (2024). January 20, 2023. Accessed August 21, 2025. https://bills.nhliberty.org/bills/2024/SB177/revision/37669.
6. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services. Accessed November 8, 2024. 100-02 | CMS
7. Coverage Guidelines for Durable Medical Equipment; Orthotic and Prosthetic Devices. The Executive Office of Health and Human Services State of Rhode Island. Accessed August 21, 2025. Coverage Guidelines For Durable Medical Equipment | Executive Office of Health and Human Services (ri.gov)
8. Buccino F, Bunt A, Lazell A, Vergani LM. Mechanical Design Optimization of Prosthetic Hand's Fingers: Novel Solutions towards Weight Reduction. Materials (Basel). 2022;15(7):2456. Published 2022 Mar 26.
9. O'Brien E, Stevens PM, Mandacina S, Jackman C. Prosthetic management of unilateral transradial amputation and limb deficiency: Consensus clinical standards of care. J Rehabil Assist Technol Eng. 2021;8:20556683211065262. Published 2021 Dec 17.
10. VA/DoD Clinical Practice Guideline for the Management of Upper Limb Amputation Rehabilitation; version 2.0-2022. Access March 11, 2022 @ https://www.healthquality.va.gov/guidelines/Rehab/ULA/VADoDULACPG_ProviderSummary_Final_508.pdf.

Approval And Revision History

October 21, 2020: Reviewed by the Medical Policy Approval Committee (MPAC); renewed without changes

Subsequent endorsement date(s) and changes made:

- October 20, 2021: Reviewed by IMPAC, renewed without changes
- February 1, 2022: Template Update
- March 16, 2022: Reviewed by Medical Policy Approval Committee (MPAC) for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan with an effective date of June 1, 2022, L6026 added.
- November 16, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC; Language and criteria added for Prostheses and Prosthetic Components for Recreational Purposes in accordance with ME H.P. 741 – L.D. 1003 An Act to Improve Outcomes for Persons with Limb Loss effective January 1, 2024
- November 2023: Rebranded Unify to One Care and updated overview effective January 1, 2024
- October 17, 2024: Reviewed by MPAC, Language and criteria added for Prostheses and Prosthetic Components for Recreational Purposes in accordance with NH SB 177-FN An Act Relative to Health Insurance Coverage of Prosthetics for Children Under 19 Years of Age effective January 1, 2025.
- March 2025: Per CMS HCPCS the following codes added to prior authorization: L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6700, L7406 effective April 1, 2025
- September 5, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed
- October 1, 2025: Per CMS HCPCS the following codes added to prior authorization: L6034, L6035, L6036, L6038, L6039 effective October 1, 2025
- October 15, 2025: Reviewed by MPAC, renewed without changes, effective January 1, 2026
- November 19, 2025: Reviewed by MPAC, removed replacement prosthetic criteria, services have been removed from prior authorization; removed about 147 codes from prior authorization associated with a standard prosthetic build, services have been moved to covered, intent of MNG is to now just manage myoelectric and complex components of the prosthetic; limitations section updated, effective February 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.