Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness of upper limb prostheses.

Coverage Guidelines
NHP provides coverage for an upper limb prosthesis/components(s) when it is medically necessary for the treatment of illness or injury in order to improve functioning and when it is within the member’s applicable benefit.

Coverage includes but is not limited to: the purchase of the prosthetic/component(s) or replacement parts and repairs when it is no longer under warranty.

To obtain an upper limb prosthesis/component(s) for a member, the treating physical medicine and rehabilitation physician should contact a contracted NHP prosthetics provider directly. This provider must have a prosthetist on staff that is currently certified by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics Inc. (ABC), or the Board of Certification/Accreditation, International (BOC). The prosthetist needs to evaluate the member and coordinate with the treating provider the gathering and submitting to NHP all of the necessary clinical information for determining the benefit coverage and medical necessity of the requested prosthesis/component(s).

Body Powered Upper Limb Prosthesis Criteria
NHP covers a medically necessary FDA-approved body powered upper limb prosthesis/component(s) for a member\(^1\) when all of the following are met:
1. The request is for replacement of a missing limb or part of a limb;
2. There is member-specific clinical documentation including: prior medical and surgical history, co-morbid conditions, BMI, prior functional status, and prior treatment plans and outcomes, as well as documentation supporting the functional need of the technology or design feature of a given type of prosthesis/component(s) being requested;
3. The remaining limb can support the requested prosthesis/component(s) to allow its effective use;
4. For a permanent prosthesis/component(s) request, all known surgical revisions are completed and the residual limb is fully mature, generally 6 months post amputation or last significant revision;
5. The requested prosthesis/component(s) has a specific and detailed HCPCS definition;

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\(^1\) If the member is a child there must be social and clinical supports in place to assist in proper care and safe keeping of the prosthesis/component(s) and maintaining adherence. In the case of children, the burden of day-to-day management also rests with the caregivers, and every effort must be made to ensure that they are motivated and clearly committed to having the child gain the maximum benefit from the prosthesis/component(s).
6. The member\(^1\) will reach or maintain a predicted improved functional state, with the use of the prescribed prosthesis/component(s) within a reasonable and predictable period of time;
7. The requested prosthesis or component(s) is the most appropriate, least intensive, medically necessary model that adequately meets the medical needs of the member;
8. The requested prosthesis/component(s) can be safely and effectively managed by the member re: the prosthesis’ weight, stability and power;
9. The member has sufficient cognitive and physical capabilities to allow proper and independent functioning of the prosthesis/component(s) and to gain maximum functional benefit from the prosthesis/component(s);
10. The member\(^1\) is highly motivated and able to gain the maximum benefit from the requested prosthesis/component(s);
11. The member\(^1\) is expected to be highly adherent in the use of the prosthesis/component(s);
12. The member\(^1\) understands the prosthesis/component(s) functional limits and physical limitations, and understands and can demonstrate and ensure proper care, use, and safekeeping of the prosthesis/component(s);
13. For children who are still growing, the requested prosthesis/component(s) is designed to optimize use over time by optimally adjusting to growth; and
14. If a socket is being requested, the member does not have any condition that would prevent socket fitting or preclude socket wearing; and for a permanent socket request, the residual limb is fully mature; generally 6 months post amputation with stabilization of the stump circumference and socket fit for a period of at least 2-3 weeks.

Note: NHP will cover up to two test (diagnostic) sockets for an individual definitive prosthesis. Additional documentation of medical necessity is required for more than two test sockets.

**Myoelectric Upper Limb Prosthesis Criteria**

As of February 20, 2017 medical necessity for upper limb prostheses is determined through McKesson’s InterQual\(^\circ\) criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual\(^\circ\) Criteria Lookup link under the Resources Menu.

**Definitions**

Basic Activities of Daily Living: Basic activities of daily living (ADL) are routine activities that people tend to do every day without needing assistance. Generally there are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.

**Relevant Regulation**

MassHealth MCO Contract §2.6D

Massachusetts General Law: Coverage for prosthetic devices and repairs: M.G.L.c. 176 § 4S


**Related Policies**

- Durable Medical Equipment
- Experimental and Investigational

**Related NHP DME Information**

- DME Prior Authorization List

**Effective**

February 2017: Changes reflect the addition of InterQual\(^\circ\) myoelectric upper limb prosthesis criteria.

July 2016: New medical policy.

**References:**


