

Upper Extremity Prosthetic Devices (for Idaho Only)

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[➔ Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> Lower Extremity Prosthetics (for Idaho Only)

Application

This Medical Policy only applies to the state of Idaho, including Idaho Medicaid Plus plans.

Coverage Rationale

For medical necessity clinical coverage criteria for upper extremity prosthetics, refer to the [Idaho Medicaid Provider Handbook, Provider Guidelines, Durable Medical Equipment, Prosthetics, Orthotics and Supplies: Covered Services and Limitations: Prosthetics and Orthotics](#).

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements 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 claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
Upper Limb Prosthetics	
*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)

HCPCS Code	Description
Upper Limb Prosthetics	
*L6028	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at metacarpal level, including flexible or nonflexible interface, molded to patient model, including palm, for use without external power and/or prosthetic digit/thumb, not including inserts described by L6692
L6029	Upper extremity addition, test socket/interface, partial hand including fingers
L6030	Upper extremity addition, external frame, partial hand including fingers
*L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
*L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers
*L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material
*L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb
*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
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, above elbow or elbow disarticulation
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

HCPCS Code	Description
Upper Limb Prosthetics	
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, lock mechanism, excludes socket insert
*L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
*L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
*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, below elbow/wrist 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
*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
*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
*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
*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
*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
*L7009	Electric hook, switch or myoelectric controlled, adult
*L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
*L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
*L7259	Electronic wrist rotator, any type
*L7360	Six volt battery, each
*L7364	Twelve volt battery, each
L7366	Battery charger, twelve 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)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material

HCPCS Code	Description
Upper Limb Prosthetics	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7406	Addition to upper extremity prosthesis, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
L8465	Prosthetic shrinker, upper limb, each

Codes that are labeled with an asterisk (*) are not on the State of Idaho Medicaid Fee Schedule and therefore may not be covered by the State of Idaho Medicaid Program. For additional information on non-covered and excluded services, refer to the [Idaho Medicaid Provider Handbook, General Information, General Information and Requirements for Providers: Non-Covered and Excluded Services](#).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Prostheses are class I devices exempt from FDA review. For additional information, use product codes GXY, IQZ.

In 2014, the DEKA Arm System, which is a low- to moderate-risk medical device, was cleared for marketing by the FDA through the de novo 513(f)(2) classification process. Refer to the following websites for additional information:

- <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN120016>
- https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN120016.pdf

(Accessed October 9, 2025).

References

Idaho Medicaid Provider Handbook. Durable Medical Equipment, Prosthetics, Orthotics and Supplies, Covered Services and Limitations, Prosthetics and Orthotics. Available at:

<https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>. Accessed January 14, 2026.

Idaho Medicaid Provider Handbook. General Information and Requirements for Providers. Non-Covered and Excluded Services. Available at: <https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>. Accessed January 14, 2026.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Applicable Codes</p> <ul style="list-style-type: none"> • Added HCPCS codes L6034, L6035, L6036, L6038, and L6039 • Revised description for HCPCS codes L6028 and L7406 • Added notation to indicate HCPCS codes L6026, L6028, L6031, L6036, L6038, L6039, L6611, L6700, L6715, L6880, L6925, L6935, L6945, L6955, L6975, L7007, L7009, L7180, L7181, L7259, L7360, L7364, L7366, L7367, and L7368 are not on the State of Idaho Medicaid Fee Schedule and therefore may not be covered by the State of Idaho Medicaid Program; for additional information on non-covered and excluded services, refer to the <i>Idaho Medicaid Provider Handbook, General Information, General Information and Requirements for Providers: Non-Covered and Excluded Services</i> <p>Supporting Information</p> <ul style="list-style-type: none"> • Updated <i>References</i> section to reflect the most current information • Archived previous policy version CS360ID.C

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the

federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.