

Upper Extremity Prosthetic Devices (for North Carolina Only)

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for North Carolina Only) Lower Extremity Prosthetics (for North Carolina Only) Omnibus Codes (for North Carolina Only)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Indications for Coverage

Implantable devices/prostheses, such as artificial heart valves, are not prosthetics. If covered, these devices would be covered as a surgical service.

Prosthetic Devices

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5B, Orthotics & Prosthetics](#).

Servicing and Repairing Orthotic and Prosthetic Devices

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5B, Orthotics & Prosthetics](#).

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
L6000	Partial hand, thumb remaining
L6010	Partial hand, little and/or ring finger remaining
L6020	Partial hand, no finger remaining
*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)
*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 passive 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
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
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

HCPCS Code	Description
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	Interscapular thoracic, passive restoration (complete prosthesis)
L6370	Interscapular thoracic, passive restoration (shoulder cap only)
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
*L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
*L6386	Immediate postsurgical or early fitting, each additional cast change and realignment
L6388	Immediate postsurgical or early fitting, application of rigid dressing 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
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
L6600	Upper extremity additions, polycentric hinge, pair
L6605	Upper extremity additions, single pivot hinge, pair
L6610	Upper extremity additions, flexible metal hinge, pair
*L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615	Upper extremity addition, disconnect locking wrist unit
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction

HCPCS Code	Description
*L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition, flexion/extension and rotation wrist unit
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal
L6632	Upper extremity addition, latex suspension sleeve, each
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
L6646	Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
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
L6689	Upper extremity addition, frame type socket, shoulder disarticulation
L6690	Upper extremity addition, frame type socket, interscapular-thoracic
L6691	Upper extremity addition, removable insert, each
L6692	Upper extremity addition, silicone gel insert or equal, each
L6693	Upper extremity addition, locking elbow, forearm counterbalance
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, lock mechanism, excludes socket insert
*L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined 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 opening, 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

HCPCS 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
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
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, 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
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, multiple 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
*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
*L7008	Electric hand, switch or myoelectric, controlled, pediatric
*L7009	Electric hook, switch or myoelectric controlled, adult
*L7045	Electric hook, switch or myoelectric controlled, pediatric
*L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
*L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
*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, 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)

HCPCS Code	Description
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
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
*L7406	Addition to upper extremity prosthesis, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)
L7499	Upper extremity prosthesis, not otherwise specified
L7510	Repair of prosthetic device, repair or replace minor parts
L8465	Prosthetic shrinker, upper limb, each
L8499	Unlisted procedure for miscellaneous prosthetic services

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

Description of Services

A Prosthesis is an artificial device used to replace all or part of a missing body part and is intended to restore normal function. Meier and Melton (2014) identify the most common levels of amputations for the upper limb as the transradial (below elbow) and the transhumeral (above elbow). The Prosthesis is a tool that helps the single-limb amputee gain functional independence. Ideally, upper limb unilateral amputees should be able to accomplish things such as wearing the prosthetic during waking hours, performing basic Activities of Daily Living, and returning to work whenever possible. Upper limb Prosthesis can be classified into four categories of Prostheses:

- Passive Prosthesis is the lightest of all Prostheses and often termed as cosmetic. It has no motors and contains limited mechanical features.
- Body-powered Prosthesis comes from the individual's movements and uses a body harness and strap, which connects to a cable system that operates the device. Advantages include that it is lightweight and durable and may be waterproof; disadvantages include a required harness, strength, and range-of-motion capability from the user.
- Externally powered Prosthesis is powered by batteries contained within the system; controlled by electromyographic signals, force-sensing resistors, and pull/push switches; and most often reserved for high-level amputees. Advantages include that little or no harnessing of the device is required, it generates more force, and it appears more cosmetic. Disadvantages include that it has a short battery life and requires daily charging, it is not waterproof, and it is more complex. Therefore, it is prone to breakage and repair.
- Hybrid Prosthesis combines body-powered components and myoelectric/externally powered components in one device. This type of Prosthesis is most commonly used by transhumeral and shoulder disarticulation amputees and reserved for high-level amputees.

(National Academies of Sciences, Engineering, and Medicine; 2017)

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

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Orthotics & Prosthetics, 5B. Available at: <https://medicaid.ncdhhs.gov/5b-orthotics-prosthetics/download?attachment>. Accessed January 7, 2025.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p data-bbox="337 205 1042 237">Medical Records Documentation Used for Reviews</p> <ul data-bbox="337 237 1495 575" style="list-style-type: none"><li data-bbox="337 237 716 268">• Added language to indicate:<ul data-bbox="386 268 1495 575" style="list-style-type: none"><li data-bbox="386 268 1438 331">○ 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<li data-bbox="386 331 1495 394">○ Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested<li data-bbox="386 394 1463 457">○ The patient's medical record must contain documentation that fully supports the medical necessity for the requested services<li data-bbox="386 457 1393 520">○ This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures<li data-bbox="386 520 1425 575">○ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request <p data-bbox="337 575 586 606">Applicable Codes</p> <ul data-bbox="337 606 1487 800" style="list-style-type: none"><li data-bbox="337 606 1149 638">• Updated list of applicable HCPCS codes to reflect quarterly edits:<ul data-bbox="386 638 997 701" style="list-style-type: none"><li data-bbox="386 638 997 669">○ Added L6034, L6035, L6036, L6038, and L6039<li data-bbox="386 669 915 701">○ Revised description for L6028 and L7406<li data-bbox="337 701 1487 800">• Added notation to indicate HCPCS codes L6034, L6035, L6036, L6038, and L6039 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p data-bbox="337 800 662 831">Supporting Information</p> <ul data-bbox="337 831 959 865" style="list-style-type: none"><li data-bbox="337 831 959 865">• Archived previous policy version CSNCT0641.03

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.