

## Medical Policy



### Upper Extremity Orthoses

#### ▼ Description

**Orthotics are rigid or semi-rigid appliances** used for the purpose of supporting or correcting a weak or deformed body part. They are also designed for restricting or eliminating motion in a diseased or injured part of the body.

An orthosis may be either prefabricated or custom fabricated. A prefabricated orthosis (off-the-shelf) is one which is manufactured in quantity without a specific patient in mind. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). A custom fabricated orthosis (custom-made) is one that is designed for a specific individual. It may be required for fitting of an abnormal limb, contour, knee deformity or an unusual size. The use of a prefabricated orthosis may be precluded.

Orthotic devices for the upper extremities are devices used for the treatment of injuries and disorders of segments of the shoulder/elbow/wrist/hand. These devices are used for the purposes of supporting a weak or deformed extremity, or restricting or eliminating motion in a diseased or injured part of the body.

#### ▼ Policy

Orthotic devices for the upper extremities are **reasonable and necessary** for Members meeting coverage criteria.

#### ▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. Shoulder/elbow/wrist/hand orthoses, and fracture brace will be covered for Members meeting one of the following criteria:
  - a. Member has a diagnosis of recent surgery to the upper extremity or cast removal (within 21 days of request)
  - b. Stable fracture of the upper extremity
  - c. Diagnosis of rheumatoid arthritis, carpal tunnel syndrome or tendonitis of the wrist or hand



- d. Stable fracture of the humerus, radius, ulna, carpal or metacarpal bones
- e. Sprain or strain
- f. Acromioclavicular (joint) dislocation or fracture of clavicle.
- g. Complex regional pain disorder
- h. Joint contractures due to burns

#### Limitations:

1. Repair of an upper extremity orthoses will be considered reasonable and necessary for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional.
2. The replacement of an upper extremity orthosis will be considered reasonable and necessary when any of the following criteria is met:
  - a. A change in the physical condition of the Member.
  - b. When necessitated by irreparable damage not due to misuse, intentional or non-intentional.
  - c. The cost of repair to the upper extremity orthosis would exceed the purchase price.

#### Exclusion

1. Items not meeting the definition of an orthotic.
2. Maintenance and repairs covered under warranty.
3. Items intended for sports related purposes, exercise equipment, or physiotherapy.
4. A second piece of equipment for the same or similar medical purpose as existing equipment
5. Devices/appliances considered to be experimental. For example, the use of myoelectric upper extremity orthotic devices (e.g. MyoPro, MyoMo) is considered investigational and not medically necessary for all indications, including but not limited to use by individuals with stroke, trauma, or neurological disorders.
6. Addition to upper extremity orthoses, sock, fracture or equal (L3995) is considered not reasonable and necessary since it is not required for the proper functioning of the upper extremity orthoses. Addition to upper extremity orthoses, sock, fracture or equal (L3995) is considered not reasonable and necessary since it is not required for the proper functioning of the upper extremity orthoses.



7. Due to the lack of specificity of the diagnoses listed below (included but not limited to), a prefabricated upper extremity orthoses will be considered on an individual case by case basis.

Pain in joint

Stiffness of joint

Unspecified disorder of joint

### ▼ HCPCS Level II Codes and Description

#### A4565 Slings

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| L3650 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                     |
| L3660 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3670 | SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                    |
| L3675 | SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT    |
| L3677 | SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT                              |
| L3700 | ELBOW ORTHOSIS WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3701 | ELBOW ORTHOSIS (EO), ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3710 | ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3720 | EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED  |
| L3730 | EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED   |
| L3740 | EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED                         |



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| L3760 | ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE   |
| L3762 | ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINT, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT        |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE  |
| L3810 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ('C') BAR   |
| L3815 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST  |
| L3820 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P. EXTENSION STOP   |
| L3825 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP   |
| L3830 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST   |
| L3835 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST  |
| L3840 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB   |
| L3845 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH M.P. STOP   |
| L3850 | WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST   |
| L3855 | WHFO, ADDITION TO SHORT AND LONG OPPONENS,   |



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|       | ADJUSTABLE M.P. FLEXION CONTROL   |
| L3860 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND I.P.   |
| L3890 | ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH  |
| L3908 | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3910 | WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3912 | HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3914 | WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDES FITTING/ADJUSTMENT  |
| L3915 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3916 | WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3917 | HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3918 | HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3920 | HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3922 | HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3923 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3924 | WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3926 | WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |



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| L3928 | HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                                     |
| L3930 | WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                              |
| L3932 | FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3934 | FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3936 | WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3938 | WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3940 | WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                           |
| L3942 | HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3944 | HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                                  |
| L3946 | HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3948 | FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3950 | WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3952 | WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3954 | HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3956 | ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT  |
| L3960 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                    |
| L3962 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION   |



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|       | POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3968 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT     |
| L3969 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3970 | SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM   |
| L3972 | SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL  |
| L3974 | SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR  |
| L3980 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3981 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS    |
| L3982 | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |
| L3984 | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3995 | ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH   |
| L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED  |

### **Important Note:**

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.



Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

## ▼ References

Neighborhood Health Plan of Rhode Island: Clinical Medical Policy Durable Medical Equipment (DME), Supplies, Prosthetics/Orthotics.  
<http://www.nhpri.org/matriarch/documents/CMP-018.02%20DME%209-10%281%29.pdf>

CMS Reference – NHIC (National Heritage Insurance Company) the DME MAC for Region A.  
[http://www.medicarenhic.com/dme/handout\\_cd/DME\\_MAC\\_A\\_Resources\\_Guide.pdf](http://www.medicarenhic.com/dme/handout_cd/DME_MAC_A_Resources_Guide.pdf)

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

Anthem: Upper Extremity Myoelectric Orthoses  
[https://www.anthem.com/medicalpolicies/policies/mp\\_pw\\_c174286.htm](https://www.anthem.com/medicalpolicies/policies/mp_pw_c174286.htm)

## Applicable URAC Standard



|        |                                     |
|--------|-------------------------------------|
| Core 8 | Staff operational tools and support |
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**Change/Authorization History**

| Revision Number | Date     | Description of Change   | Prepared / Reviewed by | Approved by    | Review Date: |
|-----------------|----------|---|------------------------|----------------|--------------|
| A               | 11-20-06 | Initial Release   | Rosanne Brugnani       | Ken Fasse      | n/a          |
| 01              |          | Annual Review – no changes  | Susan Glomb            | Ken Fasse      | Dec.2008     |
| 02              | 12-22-09 | Annual Review   | Susan Glomb            | Ken Fasse      | Dec.2009     |
| 03              | 01-05-10 | Discontinued codes: L0210, L3651, L3652, L3700, L3701, L3909, L3911, L6639                        | Susan Glomb            | Ken Fasse      |              |
| 04              | 12-07-10 | Annual Review – No changes  | Susan Glomb            | Ken Fasse      | Dec.2010     |
| 05              | 04-22-11 | Added to policy info regarding elastic support garments. (non-covered if not rigid or semi-rigid) | Susan Glomb            | Dr. Almasri    |              |
| 06              | 07-20-11 | Added Important Note to all Medical Policies and updated to reflect current policies.             | Susan Glomb            | Dr. B. Almasri |              |
| 07              | 12-2-11  | Annual Review. Combined Elbow Brace/Elbow Orthosis with this Policy. References added to policy.  | Susan Glomb            | Dr. B. Almasri | Dec. 2011    |
| 08              | 04-04-12 | Added reference to NH Medicaid  | Susan Glomb            | Dr. B. Almasri |              |
| 09              | 8-21-12  | Added complex regional pain disorder and joint contractures due to burns to the coverage criteria | Susan Glomb            | Dr. B. Almasri | August 2012  |
| 10              | 12-3-12  | Annual Review. No changes   | Susan Glomb            | Dr. B. Almasri | Dec 12       |
| 11              | 12-30-13 | Annual review. No changes   | Susan Glomb            | Dr. B. Almasri |              |
| 12              | 11-25-14 | Annual Review. No changes   | Susan Glomb            | Dr. B. Almasri |              |



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|----|----------|--|-------------|----------------|--|
| 13 | 12-30-14 | Added Code: L3981- Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments. | Susan Glomb | Dr. B. Almasri |  |
| 14 | 12-17-15 | Annual review. Removed reference to ICD-9 codes. Added information regarding Myoelectric Upper Extremity Orthoses being considered experimental/investigational.   | Lisa Wojno  | Dr. B. Almasri |  |