



i-Limb® Ultra

Myoelectric Upper Limb Prosthesis

Coding

Base Code	Description	Quantity
L6925, or	Wrist Disarticulation	1
L6935, or	Below elbow	1
L6945, or	Elbow disarticulation	1
L6955, or	Above elbow disarticulation	1
L6965, or	Shoulder disarticulation	1
L6975,	Interscapular-thoracic	1
Hand Codes		
L6880	Electric hand, switch or myoelectric controlled, independently articulating, digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1
L6882	Microprocessor control, terminal device (hand)	1
L6629	Quick disconnect lamination collar with coupling piece	1
L6890	Addition to upper extremity prosthesis, prefabricated glove for terminal device, and/or with touch screen capability	2
Wrist Options		
L6621	Flexion/extension wrist, with/without friction	1

Optional: L9900 – addition, extended warranty, Touch Care coverage

Responsibility for accurate coding lies solely with the provider treating the patient. Össur assumes no responsibility or liability for the provider's coding decisions. Össur's coding suggestions rest on its best judgment and are subject to revision based on additional information or changes in the alpha-numeric system.

Medical Necessity

- Adequate cognitive and neurological ability to use a myoelectric prosthesis
- Adequate myocutaneous function to operate the prosthesis
- Remaining musculature of the arm contains minimum microvolt threshold to allow for operation of the prosthesis
- A standard body-powered prosthesis cannot be used (brachial plexus injury, shoulder tendinitis or other shoulder injury, unable to wear harness) OR
- A standard body-powered prosthesis is insufficient to meet the patient's functional needs (need to do regular overhead activity)
- Absence of co-morbidity that may interfere with function of the prosthesis
- Patient does not work or live in an environment that may inhibit function of prosthesis (wet environment or situations involving electrical discharge)
- Functional evaluation indicates that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, and coordination movement of the prosthesis) when performing activities of daily living. This evaluation should consider the patient's needs for control, durability (maintenance), function (speed, work capability), and usability.

Suggested Outcome Measures to Support Medical Necessity Documentation*

**These may be performed and documented by an Occupational Therapist (OT)*

- PSFS – Patient Specific Functional Scale:
http://www.tac.vic.gov.au/_data/assets/pdf_file/0020/27317/Patient-specific.pdf
- Disabilities of Arm, Shoulder and Hand Questionnaire (DASH)
- Trinity Amputation and Prosthesis Experience Scales-Revised (TAPES-R)
- Upper Extremity Function Scale (UEFS) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4130402/>
- Southampton Hand Assessment Procedure (SHAP)
- Assessment of Capacity of Myoelectric control (ACMC)
- The Jebsen-Taylor Test of Hand Function (JTHF)
- Box and Block Test (BBT) AM-ULA and Brief Activity Measure for Upper Limb Amputees (BAM-ULA)

ICD 10 Diagnosis

Q71.00-Q71.93 Reduction deformities of upper limb

S48.011AS48.929S Traumatic amputation of shoulder and upper arm

S58.011AS58.929S Traumatic amputation of elbow and forearm

S68.011AS68.729S Traumatic amputation of wrist, hand and fingers

Z89.121-Z89.239 Acquired absence of limb

For additional information, including information on documentation review and pre-authorization assistance, contact Reimbursement411@ossur.com

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