

Upper Extremities Custom Orthoses

(Shoulder, elbow, wrist, hand, finger)

Date of Origin: 08/2019

Last Review Date: 07/24/2024

Effective Date: 08/01/2024

Dates Reviewed: 08/28/2019, 08/26/2020, 08/25/2021, 07/2022, 07/2023, 07/2024

Developed By: Medical Necessity Criteria Committee

I. Description

An orthosis is any medical device applied to or around, a bodily segment in the case of physical impairment or disability. Orthotics are rigid or semi-rigid appliances used for the purpose of supporting or correcting a weak or deformed body part. They can also be used for restricting or eliminating motion in a diseased or injured part of the body. Orthoses are devices, such as a brace, or splint, for supporting, immobilizing, or treating muscles, joints, or skeletal parts which are weak, ineffective, deformed, or injured. Orthotic devices for the upper extremities are devices used for the treatment of injuries and disorders of segments of the shoulder, elbow, wrist, hand or fingers.

Upper extremity orthoses with clearly defined therapeutic purposes may offer particular advantages at various stages of the rehabilitation program when managing limb deficits caused by deformity, paralysis, or pain. For long-term patient acceptance and utilization, orthoses need to fit precisely and be mechanically efficient while providing mobilization/immobilization to the upper limb. General concepts include supporting the joints, preventing deformity, and expanding functional parameters.

II. Criteria: CWQI HCS-0266

- A. Moda health considers custom orthotic devices for the upper extremities medically necessary for members meeting **ALL** of the following:
 - a. Must be ordered by the member's treating provider
 - b. When a member cannot be fitted with a prefabricated orthotic device
 - c. Shoulder/elbow/wrist/hand orthosis and fracture brace will be covered for members meeting **ONE** of the following criteria:
 - i. Member has a diagnosis of recent surgery to the upper extremity or cast removal (within 21 days of request) and there is a need for the following;
 1. Reduce pain by restricting the mobility of the affected body part
 2. Facilitate healing of the affected body part or related soft tissue
 3. Support weak muscles and/or deformity of the affected body part
 4. Increase range of motion
 5. Apply traction for either correction or prevention of contractures
 - ii. Non-surgical fracture of the upper extremity requiring stabilization
 - iii. Diagnosis of rheumatoid arthritis, osteoarthritis, overuse syndromes e.g. carpal tunnel syndrome or tendonitis of the wrist or hand

- iv. Sprain or strain
 - v. Acromioclavicular (joint) dislocation or fracture of clavicle
 - vi. Complex regional pain disorder
 - vii. Joint contractures due to burns
 - d. When ordered immediately post-operative for orthopedic surgeries such as rotator cuff repair, tendon repair, or open reduction internal fixation (ORIF)
 - i. Most orthotics in this situation are prefabs. If the request is for a custom orthotic send clinical documentation for the Medical Director's review
- B. Repair due to normal wear and tear is considered medically necessary when the item is a lateral purchase and the orthotic is still needed: Coverage is based on contract guidelines for replacement DME.
- C. The **replacement** of an upper extremity orthosis will be considered when ONE of the following criteria is met;
 - a. The physical condition of the member changes
 - b. There is irreparable damage to the orthosis but not as a result of intentional or non-intentional misuse
 - c. The cost to repair is to exceed the purchase price
- D. Orthotics are considered **not** medically necessary under the following indications:
 - a. Orthotics not prescribed by a qualified provider
 - b. Spring-loaded orthotics and static progressive stretch devices are not covered when conventional methods of treating stiff or contracted joint have not been attempted
 - c. Spring-loaded orthotics and static progressive stretch devices are not covered for longer than 3 months
 - d. Upgraded splints or orthotics may not be medically necessary
 - e. Over-the counter support devices are not covered
 - f. Orthotics used solely for sports or work-related activities
 - g. Orthotics containing convenience or luxury features (e. g. braces with microprocessor components), and if there is an existing appropriate standard alternative
 - h. The use of myoelectric upper extremity orthotic devices is considered investigational and not medically necessary for all indications, including but not limited to use by individuals with stroke, trauma, or neurological disorders
 - i. Addition to upper extremity orthoses, sock, fracture, or equal is considered not medically necessary since it is not required for the proper functioning of the upper extremity orthoses

III. Information Submitted with the Prior Authorization Request:

1. An order/prescription from the physician or healthcare provider responsible for the member's care that states the purpose of the orthosis
2. Documentation of the member's physical functional impairment related to the completion of activities of daily living without the prescribed device and the member's medical condition that requires long-term-use of the orthotic
3. Documentation of other devices that have been tried and found to be inadequate or contraindicated to meet the member's functional needs
4. Documentation addressing the need for a custom orthotic

IV. CPT or HCPC codes covered:

Codes	Description
Shoulder Orthotic, Custom	
L3671	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps custom fabricated, includes fitting and adjustment
L3674	Shoulder orthotic (SO), abduction positioning (airplane design), thoracic component and support bar, with or without non-torsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
Elbow Orthotic, Custom	
L3702	Elbow orthotic (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3720	Elbow orthotic (EO), double upright with forearm/arm cuffs, free motion, custom fabricated
L3730	Elbow orthotic (EO), double upright with forearm/ arm cuffs, extension/flexion assist, custom fabricated
L3740	Elbow orthotic (EO), double upright with forearm/ arm cuffs, adjustable position lock with active control, custom fabricated
L3763	Elbow-wrist-hand-orthotic (EWHO), rigid without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3764	Elbow-wrist-hand-orthotic (EWHO), includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	Elbow-wrist-hand-finger-orthotic (EWHFO), rigid without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	Elbow-wrist-hand-finger-orthotic (EWHFO), includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
Wrist-Hand-Finger Orthotic (WHFO), Custom	
L3806	Wrist-hand-finger-orthotic (WHFO), includes one or more non-torsion joint (s), turnbuckles, elastic bands/springs, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3808	Wrist-hand-finger-orthotic (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
Other Upper Extremity, Custom	
L3905	Wrist-hand-orthotic (WHO), includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L3913	Hand finger orthotic (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3919	Hand orthotic (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3921	Hand finger orthotic (HFO), includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3933	Finger orthotic, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
L3935	Finger orthotic, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
Shoulder, Elbow, Wrist, Hand Orthotic, Custom	
L3961	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design)
Additions to Arm Supports, Custom	
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component, and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3975	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3976	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component, and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component, and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
08/28/2019	New criteria	11/04/2019
08/26/2020	Annual Review: No changes	09/01/2020
08/25/2021	Annual Review: No changes	09/01/2021
07/27/2022	Annual Review: added 'custom' language to title and guidelines	08/01/2022
07/26/2023	Annual Review: added osteoarthritis, overuse syndromes diagnosis	08/01/2023
07/24/2024	Annual Review: No changes	08/01/2024

VII. References

1. Rahman, T., Sample, W., Seliktar, R., Alexandar, M. & Scavina, M. (2000). A body-powered functional upper limb orthosis. Journal of Rehabilitation Research and Development. <https://www.rehab.research.va.gov/jour/00/37/6/pdf/rahman.pdf>
2. Lunsford, T. R. & DiBello, T. V. (2016). Principles and components of upper limb orthoses. <https://musculoskeletalkey.com/principles-and-components-of-upper-limb-orthoses/>
3. Gonzalez-Fernandez, M., Taftian, D. & Hopkins, M. (2014). Upper and lower limb orthoses and therapeutic footwear. American Academy of Physical Medicine and Rehabilitation. <https://now.aapmr.org/upper-and-lower-limb-orthoses-and-therapeutic-footwear/>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
NCD/LCD Document (s):	

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC