i-Limb® Ultra

Myoelectric Upper Limb Prosthesis

i-Limb Ultra is a myoelectric, multi-articulating prosthetic hand that offers five individually powered digits and an electronically rotating thumb with manual overide.

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	Description	Quantity
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	Description	
L6621	Flexion/extension wrist, with/without friction	1

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

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Coding: Sockets

Socket Codes	Description	Quantity
L6680	Upper extremity addition, test socket for wrist disarticulation or below elbow	2
L6695	Addition to upper extremity prosthesis, BE/ AE, custom fabricated from existing mold or prefabricated, socket insert, silicone gel or elastomeric or equal, not for use with locking mechanism	1
L6696	Addition to upper extremity prosthesis, BE/ AE, custom fabricated socket inserts for congenital or atypical traumatic amputee, silicone gel or elastomeric or equal, for use with or without locking mechanism, initial only	1
L7400	Addition to upper extremity prosthesis, below elbow / wrist disarticulation, ultralight material (titanium, carbon fiber, or equal)	1
L7403	Addition to upper extremity prosthesis, below elbow, acrylic material	1

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 their best judgment and are subject to revision based on additional information or changes in the alpha-numeric system.

Medical Necessity as Defined by Payer Policy

- 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.

Documentation

In addition to the standard history and assessment documented for the patient, the following criteria should be addressed:

Criteria	Documentation
The patient has an amputation or missing limb at the wrist or above (i.e.,forearm, elbow, etc)	Level of amputation
The patient has sufficient neurological, myocutaneous and cognitive function to operate the prosthesis effectively	Using virtual training program, patient was able to appropriately control virtual hand and was able to verbalize how hand was controlled demonstrating neurological, myocutaneous, and cognitive function.
The patient is free of comorbidities that could interfere with maintaining function of the prosthesis (i.e., neuromuscular disease, etc)	Past medical history does not include any conditions that would impact function of myoelectric prosthesis.
The patient retains sufficient microvolt threshold in the residual limb to allow proper function of the prosthesis	Using myotesting device, patient was able to demonstrate ability to cross thresholds using selected myosites. These signals demonstrate ability to control the i-limb device.
Standard body powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the patient in performing activities of daily living	Upon review of functional deficits it was determined that the patient cannot complete all ADL, work, and leisure tasks with a standard body powered device. Additionally, use of a myoelectric device will put less strain on the involved limb. The patient would benefit from a multi-articulating hand prosthetic device. This device enables improved grasp and dexterity including unique grip patterns such as lateral pinch, tip-to-tip, three jaw chuck/ palmar prehension as well as cylindrical, hook, and spherical grasp, which significantly increases the use of the affected limb.
The patient does not function in an environment that would inhibit function of the prosthesis (i.e., a wet environment or a situation involving electrical discharges that would affect the prosthesis).	ADLS

Outcome Measures to Support Medical Necessity

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**