PREMERA HMO

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MEDICAL POLICY – 1.04.502

Myoelectric Prosthetic and Orthotic Components for the Upper Limb

BCBSA Ref. Policy:	1.04.04
Effective Date:	Jun. 1, 2025
Last Revised:	May 12, 2025
Replaces:	1.04.04

RELATED MEDICAL POLICIES:

1.04.503	Microprocessor-Controlled Prostheses for the Lower Limb
8.03.01	Functional Neuromuscular Electrical Stimulation

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

Clicking this icon returns you to the hyperlinks menu above.

Introduction

After a person has had a hand or arm amputated, an artificial limb (prosthesis) may be used. Myoelectric prostheses have been developed that give much better control of the arm than other types of prostheses. These devices take electrical signals generated by the muscles in the remaining part of the arm, amplify them, and then use those signals to move the joints in the arm. These myoelectric prostheses give the person more natural and better control of their limb. This policy describes when a myoelectric prosthetic hand or arm may be medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Device	Medical Necessity
Myoelectric upper limb prostheses and conventional grip myoelectric prosthetic hands (L6026 and L6880)	**Myoelectric upper limb prosthetic components with conventional grip myoelectric prosthetic hands (see Figure 1 below) may be considered medically necessary when ALL of the following criteria are met:** • The individual has an amputation or missing limb at the wrist or above (e.g., forearm, elbow) **AND** • Standard body-powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the individual in performing activities of daily living **AND** • The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device **AND** • The individual has demonstrated sufficient neurologic and cognitive function to operate the prosthesis safely and effectively **AND** • The individual is free of comorbidities that could interfere with function of the prosthesis (e.g., neuromuscular disease) **AND** • The results of a functional evaluation indicate that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual (e.g., gripping, releasing, holding, coordinating movement of the prosthesis) when performing activities of daily living. This evaluation should consider the individual's needs for control, durability (maintenance), function (speed, work capability), and usability.
Custom fabricated gloves for an upper extremity prosthesis (L6895)	**Custom fabricated gloves for an upper extremity prosthesis are considered not medically necessary because they are not primarily medical in nature.**
Myoelectric upper limb prosthetic devices	**Myoelectric upper limb prosthetic components are considered not medically necessary when the criteria in this policy are not met.**

Device	Investigational
Prosthetic whole hand attachment with mechanical fingers (that uses full or partial myoelectric power) (L6880)	**A prosthetic whole hand attachment with individually powered (multiarticulating) fingers (digits) (see Figure 1 below) that uses full or partial myoelectric power for independent movement of individual joints is considered investigational.** **Note:** Advanced technology full or partial myoelectric prosthetic hand attachments with individually powered digits are designed to replace the finer control of missing fingers either in their entirety or in part (e.g. SensorHand, bebionic Hand, and others). Articulation (independent movement) of the prosthetic finger joints involves sophisticated biomechanical technology; in contrast to the conventional grip myoelectric prosthetic hand that is an alternative to a hook-type hand attachment. As yet, the value of a myoelectric prosthetic hand with jointed, individually powered fingers over a conventional myoelectric hand has not been proven.
Intent decoding modules (IDMs) (L6700)	**Intent decoding modules (IDMs) or pattern recognition control add on modules used with myoelectric upper limb prostheses are considered investigational (e.g., Coapt's Complete Control Gen2, Ottobock's MyoPlus, and Infinite Biomedical Technologies' Sense). (See Definition of Terms).**
Myoelectric partial hand prosthesis (L6026, L6715)	**A prosthesis with individually powered digits (1 or more digits), including but not limited to a myoelectric partial hand prosthesis is considered investigational (e.g., i-Limb, i-Digits, Vincent partial hand, Vincent finger, and others). (See Figure 1)**
Advanced upper-limb prosthetic components with both sensor and myoelectric controls (L7499)	**Advanced upper-limb prosthetic components with both sensor and myoelectric control are considered investigational (e.g., the LUKE arm)**
Myoelectric controlled upper limb orthoses (L8701, L8702)	**Myoelectric controlled upper limb orthoses are considered investigational (e.g., MyoPro)**

Documentation Requirements

The individual's medical records submitted for review should document that medical necessity criteria are met. The record should include detailed history and physical documenting ALL of the following criteria are met:

- The individual has an amputation or missing limb at the wrist or above (that is, forearm, elbow, etc.)
- Standard body-powered prosthetic devices cannot be used or is insufficient to meet the functional needs of the individual in performing activities of daily living
- The remaining musculature of the arm(s) contains the minimum microvolt threshold to allow operation of a myoelectric prosthetic device
- The individual has demonstrated sufficient neurological and cognitive function to operate the prosthesis safely and effectively
- Absence of a comorbidity that could interfere with function of the prosthesis (e.g., neuromuscular disease)
- Result of the functional evaluation indicating that with training, use of a myoelectric prosthesis is likely to meet the functional needs of the individual

Coding

*Partial hand prostheses that utilize body powered individually articulating digits must be submitted with HCPCS code L7499. Code L7499 should be used to describe the complete device, and thus the use of more than one code is considered incorrect coding not separately payable (unbundling).[14]

**HCPCS code L7499 (Upper Extremity Prosthesis, Not Otherwise Specified) must not be used for the billing of any additional features or components, programming, adjustment, etc. with HCPCS codes L6026, L6715, L6880, or L7007-L7009 as these codes are considered all-inclusive. The use of HCPCS code L7499 on initial issue, with the any of the above HCPCS codes, is considered unbundling.[15]

Code	Description
HCPCS	
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(s)**

Code	Description
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement (new code effective 04/01/25)
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement (A terminal device is an addition to an upper extremity prosthesis that replaces a missing hand in function, appearance, or both).**
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)**
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 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
L6965	Shoulder disarticulation, 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
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

Code	Description
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.
L7499	Upper extremity prosthesis, not otherwise specified*
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated (use to report: MyoPro)
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated (use to report: MyoPro)

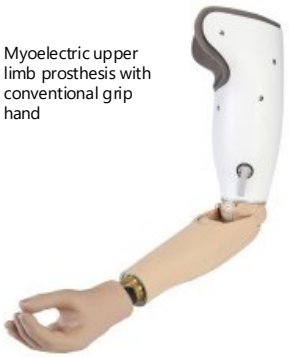
Related Information

Definition of Terms

Intent Decoding Modules are add on components to upper limb myoelectric prostheses that translate surface EMG muscle signals from electrodes into prosthetic commands using the user's residual muscles and advanced machine learning algorithms. This pattern recognition control allows for more natural, fluid, and intuitive movement at the hand, wrist, or elbow of the prosthesis giving the user reportedly greater precison and functionality of their upper limb prosthesis. Most systems wirelessly connect to an app for greater calibration personalization. These modules are applied by a prosthetist.

Amputees should be evaluated by an independent qualified professional to determine the most appropriate prosthetic components and control mechanism (e.g., body-powered, myoelectric, or combination of body-powered and myoelectric). A trial period may be indicated to evaluate the tolerability and efficacy of the prosthesis in a real-life setting.

Figure 1



Myoelectric upper limb prosthesis with conventional grip hand

Prosthetic hand attachment with mechanical fingers

Note: A prosthesis described as a hybrid-type typically combines body power and external power components into one prosthetic limb. An individual may receive a hybrid limb which combines power sources such as body power and external power (myoelectric).

Sources: **http://myomo.com**, **https://www.mobiusbionics.com/**, **https://www.armdynamics.com/our-care/finger-and-partial-hand-prosthetic-options**, **https://www.ottobockus.com/prosthetics/upper-limb-prosthetics/solution-overview/myoelectric-prosthetics/** Accessed April 14, 2025.

Benefit Application

In this policy, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease, or congenital defect, irrespective of whether a functional impairment is present.

This reconstructive benefit may be applied in cases in which the myoelectric prosthesis is requested based on appearance. Not all benefit contracts include benefits for reconstructive services as defined by this policy. Benefit language supersedes this document.

Evidence Review

Description

Myoelectric prostheses are powered by electric motors with an external power source. The joint movement of an upper-limb prosthesis or orthosis (e.g., hand, wrist, and/or elbow) is driven by microchip-processed electrical activity in the muscles of the remaining limb or limb stump.

Background

Upper-Limb Amputation

Upper-limb prostheses are used for amputations at any level, from the hand to the shoulder. The need for a prosthesis can occur for a number of reasons, including trauma, surgery, or congenital anomalies.

Treatment

The primary goals of the upper-limb prostheses are to restore function and natural appearance. Achieving these goals also requires sufficient comfort and ease of use for continued acceptance by the wearer. The difficulty of achieving these diverse goals with an upper-limb prosthesis increases with the level of amputation (digits, hand, wrist, elbow, shoulder), and thus the complexity of joint movement increases.

Upper-limb prostheses are classified into three categories depending on the means of generating movement at the joints: passive, body-powered, and electrically powered movement. All three types of prostheses have been in use for more than 30 years; each possesses unique advantages and disadvantages.

Passive Prostheses

The passive prostheses rely on manual repositioning, typically using the opposite arm and cannot restore function. This unit is the lightest of the three prosthetic types and is thus generally the most comfortable.

Body-Powered Prostheses

The body-powered prosthesis uses a body harness and cable system to provide functional manipulation of the elbow and hand. Voluntary movement of the shoulder and/or limb stump extends the cable and transmits the force to the terminal device. Prosthetic hand attachments, which may be claw-like devices that allow good grip strength and visual control of objects or latex-gloved devices that provide a more natural appearance at the expense of control, can be opened and closed by the cable system. Individual complaints with body-powered prostheses include harness discomfort, particularly the wear temperature (heat generated by wearing the prosthesis), wire failure, and the unattractive appearance.

Myoelectric Prostheses

Myoelectric prostheses use muscle activity from the remaining limb for control of joint movement. Electromyographic (EMG) signals from the limb stump are detected by surface electrodes, amplified, and then processed by a controller to drive battery-powered motors that move the hand, wrist, or elbow. Although upper arm movement may be slow and limited to one joint at a time, myoelectric control of movement may be considered the most physiologically natural.

Myoelectric hand attachments are similar in form to those offered with the body-powered prosthesis but are battery-powered. Commercially available examples are listed in the **Regulatory Status** section.

A hybrid system, a combination of body-powered and myoelectric components, may be used for high-level amputations (at or above the elbow). Hybrid systems allow for control of two joints at once (i.e., one body-powered, one myoelectric) and are generally lighter and less expensive than a prosthesis composed entirely of myoelectric components.

A multiarticulating myoelectric hand prosthetic functions by individually powering all five digits to grasp by conforming to the objects shape and fluctuating the grip strength. Devices vary in function and options including, but not limited to, the ability to be controlled by a mobile device app, conductive tips for mobile device use, multiple wrist options and skin colored silicone glove covers. The prosthetic may be described as anthropomorphic (human like) in its appearance and shape.

A partial hand myoelectric prosthetic is designed to replace the function of one or more missing fingers as a result of a partial hand amputation. It is intended for use for an amputation at a transmetacarpal level or higher.

Technology in this area is rapidly changing, driven by advances in biomedical engineering and by the US Department of Defense Advanced Research Projects Agency (DARPA), which is funding a public and private collaborative effort on prosthetic research and development. Areas of development include the use of skin-like silicone elastomer gloves, "artificial muscles," and sensory feedback. Smaller motors, microcontrollers, implantable myoelectric sensors, and reinnervation of remaining muscle fibers are being developed to allow fine movement control. Lighter batteries and newer materials are being incorporated into myoelectric prostheses to improve comfort.

The Life Under Kinetic Evolution (LUKE Arm) (previously known as the DEKA Arm System) was developed in a joint effort between DEKA Research & Development and the US Department of Defense Advanced Research Projects Agency program. It is the first commercially available myoelectric upper-limb that can perform complex tasks with multiple simultaneous powered movements (e.g., movement of the elbow, wrist, and hand at the same time). In addition to the electromyographic electrodes, the LUKE Arm contains a combination of mechanisms, including switches, movement sensors, and force sensors. The primary control resides with inertial measurement sensors on top of the feet. The prosthesis includes vibration pressure and grip sensors.

Myoelectric Orthoses

The MyoPro (Myomo) is a myoelectric powered upper-extremity orthotic. This orthotic device weighs about 1.8 kilograms (4 pounds), has manual wrist articulation, and myoelectric initiated

bi-directional elbow movement. The MyoPro detects weak muscle activity from the affected muscle groups. A therapist or prosthetist/orthoptist can adjust the gain (amount of assistance), signal boost, thresholds, and range of motion. Potential users include individuals with traumatic brain injury, spinal cord injury, brachial plexus injury, amyotrophic lateral sclerosis, and multiple sclerosis. Use of robotic devices for therapy has been reported. The MyoPro is the first myoelectric orthotic available for home use.

Summary of Evidence

For individuals who have a missing limb at the wrist or higher who receive myoelectric upper-limb prosthesis components at or proximal to the wrist, the evidence includes a systematic review and comparative studies. Relevant outcomes are functional outcomes and quality of life. The goals of upper-limb prostheses relate to restoration of both appearance and function while maintaining sufficient comfort for continued use. The identified literature focuses primarily on individual acceptance and rejection; data are limited or lacking in the areas of function and functional status. The limited evidence suggests that, when compared with body-powered prostheses, myoelectric components possess the similar capability to perform light work; however, myoelectric components could also suffer a reduction in performance when operating under heavy working conditions. The literature has also indicated that the percentage of amputees who accept the use of a myoelectric prosthesis is approximately the same as those who prefer to use a body-powered prosthesis, and that self-selected use depends partly on the individual's activities of daily living. Appearance is most frequently cited as an advantage of myoelectric prostheses, and for individuals who desire a restorative appearance, the myoelectric prosthesis can provide greater function than a passive prosthesis with equivalent function to a body-powered prosthesis for light work. Because of the different advantages and disadvantages of currently available prostheses, myoelectric components for persons with an amputation at the wrist or above may be considered when passive or body-powered prostheses cannot be used or are insufficient to meet the functional needs of the individual in activities of daily living. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have a missing limb at the wrist or higher who receive sensor and myoelectric controlled upper-limb prosthetic components, the evidence includes a series of publications from a 12-week home study. Relevant outcomes are functional outcomes and quality of life. The prototypes for the advanced prosthesis were evaluated by the US military and Veterans Administration. Demonstration of improvement in function has been mixed. After several months of home use, activity speed was shown to be similar to the conventional

prosthesis, and there were improvements in the performance of some activities, but not all. There were no differences between the prototype and the participants' prostheses for outcomes of dexterity, prosthetic skill, spontaneity, pain, community integration, or quality of life. Study of the current generation of the sensor and myoelectric controlled prosthesis is needed to determine whether newer models of this advanced prosthesis lead to consistent improvements in function and quality of life. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have a missing limb distal to the wrist who receive a myoelectric prosthesis with individually powered digits, no peer-reviewed publications evaluating functional outcomes in amputees were identified. Relevant outcomes are functional outcomes and quality of life. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with upper-extremity weakness or paresis who receive a myoelectric powered upper-limb orthosis, the evidence includes a small within-subject study. Relevant outcomes are functional outcomes and quality of life. The largest study (N=18) identified tested participants with and without the orthosis but did not provide any training with the device. Performance on the tests was inconsistent. Studies are needed that show consistent improvements in relevant outcome measures. Results should also be replicated in a larger number of individuals. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this policy are listed in **Table 1** below.

Table 1. Summary of Key Clinical Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT06684730	Comparison of Standard Myoelectric Hand and Bionic Hand Use in Individuals With Upper Limb Amputation	22	Jan 2026

NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT03401762	Wearable MCI [myoelectric computer interface] to Reduce Muscle Co-activation in Acute and Chronic Stroke	96	Dec 2025
NCT05768802	Evaluation of Myoelectric Implantable Recording Array (MIRA) in Participants With Transradial Amputation (MIRA)	5	Dec 2029
NCT03178890[a]	The Osseointegrated Human-machine Gateway	18	May 2024 (unknown status)

NCT: national clinical trial

[a] Denotes industry-sponsored or co-sponsored trial

Practice Guidelines and Position Statements

No guidelines or statements were identified.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Manufacturers must register prostheses with the Restorative and Repair Devices Branch of the US Food and Drug Administration (FDA) and keep a record of any complaints, but do not have to undergo a full FDA review.

Available myoelectric devices include, but are not limited to, the following:

- iDigits (Touch Bionics [now part of Össur])
- i-limb (Touch Bionics [now part of Össur])
- SensorHand Speed (Otto Bock)
- Michelangelo Hand (Otto Bock)
- LTI Boston Digital Arm System (Liberating Technologies)

- Utah Arm Systems 3 (Fillauer Motion Control)
- bebionic (Ottobock)

In 2014, the DEKA Arm System (DEKA Integrated Solutions, now DEKA Research & Development), now called the LUKE arm (Mobius Bionics) was cleared for marketing by FDA through the de novo 513(f)(2) classification process for novel low-to moderate-risk medical devices that are first-of-a-kind.

FDA product codes: GXY, IQZ.

The MyoPro (Myomo) is registered with the FDA as a class 1 limb orthosis.

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History

Date	Comments
03/10/14	New PR (PREMERA) policy to replace 1.04.04. Myoelectric upper limb prostheses and conventional grip myoelectric prosthetic hands may be considered medically necessary when criteria are met. Myoelectric prosthetic hand attachments with mechanical fingers that have independently powered joints are considered investigational.
09/03/14	Interim Update. Policy Guidelines added with details about when orthotics, prosthetics, or prosthetic components added to a conventional prosthesis are not covered. Added The Deka Arm System to the Regulatory Status section. No new references added. Policy statements unchanged.
01/05/15	Coding update. New HCPCS codes L6026 (replaces L6025 deleted 12/31/14) and L7259 added to the policy.
08/11/15	Annual Review. Policy updated with literature review through May 12, 2015. ErgoArm and Michelangelo Hand added to Regulatory Status section. Table of Clinical Trials added. No references added. Policy statements unchanged.
01/28/16	Minor update. Added HCPCS L7181 to coding table.
05/01/16	Annual Review, approved April 12, 2016. Policy statements unchanged. No references added.
03/01/17	Annual review, approved February 14, 2017. Policy updated with literature review through November 21, 2016; no references added. Policy statements unchanged.
04/11/17	Coding update; removed HCPCS code L6025 as it was terminated on 12/31/2014.
04/14/17	Coding update; added HCPCS code L6925.
09/22/17	Policy moved into new format; no change to policy statements.
05/01/18	Annual Review, approved April 10, 2018. Policy updated with literature review through January 2018; references 5 and 7-13 added. Investigational statements added for myoelectric orthoses and prostheses with both sensor and myoelectric control. Added

Date	Comments
	statement that gloves for upper extremity prostheses are not medically necessary. Title changed from "Myoelectric Prosthetic Components for the Upper Limb" to "Myoelectric Prosthetic and Orthotic Components for the Upper Limb". Added HCPCS codes L6890 and L6895.
12/18/19	Minor update, added product name examples, LUKE arm and MyoPro.
01/01/19	Coding update, added new HCPCS codes L8701 and L8702 (new HCPCS codes effective 1/1/19).
02/23/19	Coding update, removed HCPCS code L6890.
06/01/19	Annual Review, approved May 7, 2019. Policy updated with literature review through January 2019; no references added. Policy statements unchanged.
06/01/20	Annual Review, approved May 5, 2020. Policy updated with literature review through February 2020; no references added. Policy statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. Policy updated with literature review through December 13, 2020; no references added. Policy statements unchanged.
06/01/22	Annual Review, approved May 9, 2022. Policy updated with literature review through December 20, 2021; no references added. Policy statements unchanged except for minor edits only; intent unchanged.
10/01/22	Interim Review, approved September 13, 2022. Added a prosthesis with individually powered digits, including but not limited to, a myoelectric partial hand prosthesis is considered investigational. Added HCPCS code L7499. Changed the wording from "patient" to "individual" throughout the policy for standardization.
06/01/23	Annual Review, approved May 5, 2023. Policy updated with literature review through December 19, 2022; no references added. Policy statements unchanged.
04/01/24	Coding update. Added HCPCS code L7180.
06/01/24	Annual Review, approved May 13, 2024. Policy updated with literature review through January 29, 2024; no references added. Policy statements unchanged.
04/01/25	Interim Review, approved March 24, 2025. Added policy statement that intent decoding modules (IDMs) or pattern recognition control add on modules used with myoelectric upper limb prostheses are considered investigational. Added new HCPCS code L6700.
06/01/25	Annual Review, approved May 12, 2025. Policy updated with literature review through January 31, 2025; no references added. Policy statements unchanged except for a minor edit; policy intent unchanged.

and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.