



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

July 10, 2025

TO: Interested Party

RE: Consultation Summary Project 2455-DMEPOS – Upper Extremity
Prostheses

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration relative to Project Number 2455-DMEPOS. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: Medicaid does not recognize several of the passive and myoelectric healthcare common procedure coding system (HCPCS) codes necessary to provide either a passive or myoelectric prosthesis.

Response: HCPCS codes related to the proposed policy that Michigan Department of Health and Human Services (MDHHS) has determined to expand coverage to will be added to the Community Health Automated Medicaid Processing System (CHAMPS) Code Rate and Reference Tool upon the effective date of the final policy and posted on the Medical Supplier database/fee schedule.

Comment: How will this policy affect or change coverage for current adult upper extremity patients?

Response: This policy would impact current upper extremity prosthetic device users if requesting replacement for their existing prosthesis or requesting an upgrade to a higher-level prosthesis (e.g., from a body-powered to a myoelectric). MDHHS does not replace or provide upgrades to a higher-level prosthesis when the beneficiary's current prosthesis continues to meet their medical/functional needs, is in good repair, and is under the Medicaid frequency limits.

Comment: Please consider using terminology of "prosthesis" or plural "prostheses" in place of "prosthetic" or "prosthetics". The proper terminology is prosthetic device or prosthesis.

Response: The policy will be updated accordingly when incorporated into the [MDHHS Medicaid Provider Manual](#).

Comment: Is the \$150,000-\$200,000 the estimated lifetime cost per patient?

Response: The estimated cost is the total annual cost to Medicaid based upon review of claims and prior authorization data from the past five fiscal years.

Comment: Several commenters made suggested changes to the passive prostheses definition to incorporate additional functions of the passive prosthesis.

Response: Upon review of comments received, MDHHS will update the passive prostheses definition in the final policy to state as follows:

Passive prostheses are not functionally activated, can be lightweight, often require repositioning, can be locked into place (typically by the opposing limb) and are primarily cosmetic but offer postural balance, anatomical symmetry, and can be used for specific activities requiring use of two limbs (e.g., to steady objects).

Comment: Several commenters made suggested changes to the body-powered prostheses definition to incorporate additional functions and features of body-powered prostheses.

Response: Upon review of comments received, MDHHS will update the body-powered prostheses definition in the final policy to reflect the additional functions and features of this type of prosthetic device. The final definition is as follows:

Body-powered prostheses use mechanical linkage and/or cable(s), and a body suspension (e.g., body harness) system or method activated by the residual limb, shoulder, or opposite limb to activate the prosthetic device to control extremity movement, positioning and grasping movements.

Comment: The electrodes in myoelectronic prostheses can make contact with the residual limb or other strategic body surfaces to detect electromyographic signals from the muscles, can the definition be revised to include this information?

Response: The final policy definition for myoelectronic prostheses will state the following:

Myoelectric (electric) prostheses use surface electrodes (of the residual limb or other strategic body surface) to detect electromyographic signals from the muscle, sending signals to a battery powered controller to control and move the prosthesis.

Comment: It is suggested that the definition of hybrid prostheses change to: Hybrid prosthetics utilize a combination of varying electronic controllers (i.e. switches, myoelectrodes, force sensing receptors, servos, etc.) OR a combination of body-powered AND electronic components, to activate the prosthetic for functional movement. This type of prosthetic allows movement of two joints at one time (for simultaneous control). Hybrids are mainly used for amputations at or above the elbow, or for higher levels of amputation (shoulder disarticulation, fore-quarter, etc.).

Response: The definition in the proposed policy indicates that hybrid prostheses utilize combinations of electronic and body-powered componentry to activate the prosthetic device. The proposed definition will remain as indicated.

Comment: For the standards of coverage under the passive prosthesis please consider "The beneficiary is physically, developmentally, and cognitively able and willing to use the prosthesis."

Response: A requirement under the passive prosthesis standards of coverage is that the beneficiary is able and willing to use the device.

Comment: Consider changing the following statement under the standards of coverage for body powered prostheses, "The beneficiary has the cognitive and musculoskeletal ability to perform activities of daily living (ADLs) using the prosthetic," to "The beneficiary is expected to have the ability to perform activities of daily living (ADLs) using the prosthesis in a reasonable amount of time."

Response: Note under the standards of coverage for body powered prostheses, the clinical team evaluation documents the anticipated functional goals using the device to accomplish daily living tasks in a reasonable time-period.

Comment: Consider changing the statement regarding microvoltage for myoelectric prostheses to “the muscle to which the electrode is attached can generate sufficient signal to functionally control and operate the prosthesis. Newer control methods that use physiological readings not explicitly muscle microvoltage are on the market awaiting the Pricing, Data Analysis and Coding (PDAC) approval.

Response: MDHHS will keep the current language until the newer technology has been approved by PDAC and/or new HCPCS codes are developed specific to the new technology.

Comment: Under the myoelectric or hybrid prostheses consider expanding the examples of environmental factors that may be contraindicated to include dusty, electromagnetic fields or other environments.

Response: It is expected prosthetists follow manufacturer guidelines and indications regarding all environments where myoelectric prosthesis use would be contraindicated.

Comment: Consider "Up to two test sockets per limb are permitted prior to the terminal device being delivered. Test socket(s) should be utilized with the terminal device for dynamic fitting for a period of time to allow for loss of volume, change in residual limb shape due to muscle atrophy and hypertrophy and in the case of myoelectric prosthesis, refine electrode placement. Submitted documentation must establish the medical reason for two test sockets. Static fit of test socket without terminal device is not adequate reason for a second test socket."

Response: The information provided in this suggestion will be taken into consideration when providers submit prior authorizations for review but is more detail than is needed for policy.

Comment: I suggest the following regarding the 90-day guarantee: "The prosthetic must be guaranteed for period of 90 days or the manufacturer's warranty after delivery of the device (any modifications to the terminal device or componentry within 90 days of the delivery are part of the overall service and may not be separately billed)." Fit of a device cannot be guaranteed due to patient physiology, weight gain/loss, medications, other medical conditions etc. This is the importance of keeping the patient in test socket(s) for an extended period of time.

Response: MDHHS considered the overall time from amputation to the point of delivery of the terminal prosthesis. As indicated any modifications to the terminal device within 90 days are included in the overall service and not separately billed.

Comment: Clearly define what documentation and for what purpose. For billing all documentation should be less than one year old. Limiting documentation less than 90 days old creates an undue burden on the prosthetic providers to schedule with beneficiary and obtain physician and OT/PT documentation and prior authorization.

Response: Medicaid covers the least costly alternative that meets the beneficiary's medical/functional need. Documentation is required to substantiate the medical/functional need and the beneficiary's ability to use the requested device. In addition to the clinical team's evaluation and treatment plan as indicated in the proposed policy, all devices require the prescription/order of the ordering practitioner (e.g., physician, nurse practitioner, physician assistant or clinical nurse specialist) and a certificate of medical necessity (refer to Section 1.6 Medical Necessity in the Medical Supplier Chapter of the [MDHHS Medicaid Provider Manual](#)).

Comment: The Noncovered portion of the proposed policy indicates that devices used solely for recreational purposes and more than two test sockets per limb are not covered. Please consider covering more than two test sockets and covering recreational prostheses (e.g., prosthetic feet for the purposes of running or for paralympic sports).

Response: As indicated in the proposed policy, up to two test sockets per limb are permitted prior to the terminal device being delivered. Submitted documentation must establish the medical reason for two test sockets. The provider may submit a prior authorization request and provide documentation substantiating the need for over two test sockets.

Medicaid provides medically necessary items and does not cover items for recreational or social reasons. Refer to the Medical Supplier Chapter, Section 1.11 Noncovered Items: [MDHHS Medicaid Provider Manual](#).

Comment: Several commenters suggested adding multiple HCPCS codes to the policy and adding specific device features to the standards of coverage.

Response: The purpose of policy is to provide the minimum requirements for standards of coverage, documentation and prior authorization. Covered HCPCS codes related to the proposed policy can be found on the medical supplier database and in the CHAMPS Code Rate and Reference tool. Device features and functions are described in the definitions portion of the proposed policy.

Thank you for your inquiry. We trust that previous responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Lisa Trumbell at trumbelll@michigan.gov.

Sincerely,

A handwritten signature in dark ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services