

## Medical Policy



### Upper Extremity Orthoses

#### Description

Orthotics such as a brace or splint are rigid or semi-rigid appliances used for supporting or correcting a weak or deformed body part. They are also designed for restricting or eliminating motion in a diseased or injured part of the body.

An orthosis may be either prefabricated or custom fabricated. A prefabricated orthosis (off-the-shelf) is one which is manufactured in quantity without a specific patient in mind. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). A custom fabricated orthosis (custom-made) is one that is designed for a specific individual. It may be required for fitting of an abnormal limb, contour, knee deformity or an unusual size. The use of a prefabricated orthosis may be precluded.

Orthotic devices for the upper extremities are devices used for the treatment of injuries and disorders of segments of the shoulder/elbow/wrist/hand.

#### Policy

Orthotic devices for the upper extremities are **reasonable and necessary** for members meeting coverage criteria.

#### Policy Guidelines

##### Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. Upper extremity orthoses are covered in the treatment of upper extremity injury or post-surgery when there is a need for the following:
  - To reduce pain, that is a result of a primary diagnosis (refer to #7 on exclusion list below), by restricting mobility of the affected body part.
  - To facilitate healing following an injury to the affected body part or related soft tissue.
  - To facilitate healing following a surgical procedure on the affected body part or related soft tissue.
  - To support weak muscles and/or a deformity of the affected body part.
  - To increase range of motion.
  - To apply traction for either correction or prevention contractures.

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#### Limitations:

1. The **repair** of an upper extremity orthoses will be considered reasonable and necessary for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional.
2. The **replacement** of an upper extremity orthosis will be considered reasonable and necessary when any of the following criteria is met (**see additional Replacement Guidelines below**):
  - a. A change in the physical condition of the Member.
  - b. When necessitated by irreparable damage not due to misuse, intentional or non-intentional.
  - c. The cost of repair to the upper extremity orthosis would exceed the purchase price.

#### Exclusions:

1. Items not meeting the definition of an orthotic. For example, elastic support garments do not meet the definition of an orthotic because they are not rigid or semi-rigid devices. Devices that are not rigid (without stays) or semi-rigid should be coded A4467.
2. Maintenance and repairs covered under warranty.
3. Items intended for sports-related purposes, exercise equipment, or physiotherapy.
4. A second piece of equipment for the same or similar medical purpose as existing equipment
5. Devices/appliances considered to be experimental. For example, the use of myoelectric upper extremity orthotic devices such as L8701 and L8702 (e.g., MyoPro, MyoMo) is considered investigational and not medically necessary for all indications, including but not limited to use by individuals with stroke, trauma or neurological disorders.
6. Addition to upper extremity orthoses, sock, fracture or equal (L3995) is considered not reasonable and necessary since it is not required for the proper functioning of the upper extremity orthoses.

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7. Due to the lack of specificity of the diagnoses listed below (included but not limited to) a prefabricated upper extremity orthosis will be considered on an individual case-by-case basis.
  - Pain in joint
  - Stiffness of joint
  - Unspecified disorder of joint
8. A device whose primary purpose is to serve as a convenience to a person caring for the member.
9. Orthotics when used to prevent injury in a previously uninjured limb.
10. A custom fabricated orthotic when the member's needs can be met with a prefabricated orthotic.

#### Replacement Guidelines

Replacement refers to the provision of an identical or nearly identical item. Situations involving the provision of a different item because of a change in medical condition are not addressed in this section.

Equipment which the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). A physician's order and/or new Certificate of Medical Necessity (CMN), when required, is needed to reaffirm the medical necessity of the item.

Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment. If the item of equipment has been in continuous use by the patient on either a rental or purchase basis for the equipment's useful lifetime, the beneficiary may elect to obtain a new piece of equipment. Replacement may be reimbursed when a new physician order and/or new CMN, when required, is needed to reaffirm the medical necessity of the item.

The reasonable useful lifetime of durable medical equipment is determined through program instructions. In the absence of program instructions, A/B MACS (B) may determine the reasonable useful lifetime of equipment, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment. Replacement due to wear is not covered

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during the reasonable useful lifetime of the equipment. During the reasonable useful lifetime, Medicare does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the beneficiary. (See subsection A in Medicare Manual.)

The replacement guidelines apply to all lines of business unless otherwise noted.

#### HCPCS Level II Codes and Description

A4565	SLINGS
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
A4570	SPLINT
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3700	ELBOW ORTHOSIS WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3701	ELBOW ORTHOSIS (EO), ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED
L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED

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| L3740 | EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED   |
| L3760 | ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE   |
| L3762 | ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINT, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT              |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT       |
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE |
| L3809 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE   |
| L3810 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ('C') BAR   |
| L3815 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST  |
| L3820 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P. EXTENSION STOP   |
| L3825 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP   |
| L3830 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST   |
| L3835 | WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING   |

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	EXTENSION ASSIST
L3840	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB
L3845	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH M.P. STOP
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST
L3855	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL
L3860	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND I.P.
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3910	WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3914	WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDES FITTING/ADJUSTMENT
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3916	WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3920	HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

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L3922	HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3924	WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3926	WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3928	HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3930	WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3936	WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3938	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3940	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3942	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3944	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3946	HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3950	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT



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L3952	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3968	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3970	SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM
L3972	SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL
L3974	SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR



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EQUAL, EACH

L3999	UPPER LIMB ORTHOSIS, 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
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

#### Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

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Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### References

Amerigroup: Upper Extremity Myoelectric Orthoses. OR-PR.00005.  
[https://medpol.providers.amerigroup.com/dam/medpolicies/amerigroup/active/policies/mp\\_pw\\_c174286.html](https://medpol.providers.amerigroup.com/dam/medpolicies/amerigroup/active/policies/mp_pw_c174286.html)

Last accessed/reviewed December 12, 2025.

Health Partners Minnesota Health Care Programs  
[https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY\\_184945](https://www.healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_184945)

Last accessed and reviewed 12/12/2025.

Medicare Carriers Manual Part 3 Claims Process Transmittal 1815  
<https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r1815b3.pdf> Last accessed and reviewed 12/12/2025.

Standard Documentation Requirements for All Claims Submitted to DME MACs  
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>  
Accessed 12/12/24.

#### SPECIAL COVERAGE INFORMATION PER PLAN:

<b>FOR MEDICARE ADVANTAGE MEMBERS AND PLANS FOLLOWING MEDICARE GUIDELINES:</b>	Any codes that are <b>non-covered</b> by Medicare would also be considered <b>non-covered</b> . Examples include, but not all-inclusive, are codes A4566 and A4570.
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#### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	

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01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review	Susan Glomb	Ken Fasse	Dec.2009	
03	01-05-10	Discontinued codes: L0210, L3651, L3652, L3700, L3701, L3909, L3911, L6639	Susan Glomb	Ken Fasse		
04	12-07-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
05	04-22-11	Added to policy info regarding elastic support garments. (non-covered if not rigid or semi-rigid)	Susan Glomb	Dr. Almasri		
06	07-20-11	Added Important Note to all Medical Policies and updated to reflect current policies.	Susan Glomb	Dr. B. Almasri		
07	12-2-11	Annual Review. Combined Elbow Brace/Elbow Orthosis with this Policy. References added to policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
08	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
09	8-21-12	Added complex regional pain disorder and joint contractures due to burns to the coverage criteria	Susan Glomb	Dr. B. Almasri	August 2012	
10	12-3-12	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
11	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
12	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		

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13	12-30-14	Added Code: L3981- Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments.	Susan Glomb	Dr. B. Almasri		
14	12-17-15	Annual review. Removed reference to ICD-9 codes. Added information regarding Myoelectric Upper Extremity Orthoses being considered experimental/investigational.	Lisa Wojno	Dr. B. Almasri		
15	12-09-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
16	12-15-17	Annual Review. Updated references.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
17	12-05-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2018	
18	01-07-19	Updated policy according to references.	Lisa Wojno/Carol D	Dr. C. Lerchin	January 2019	
19	9-18-19	Added L3809 to HCPCS codes/description list, updated L3807 description.	Carol Dimech	Dr. C. Lerchin	September 18, 2019	
20	12-13-19	Annual review. Added codes L8701, L8702 considered experimental, investigational.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
21	12-09-20	Annual Review. Added Amerigroup reference.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
22	12-10-21	Annual review. Added NCD and LCD verbiage to "Important Note". Updated coding section with corrected	Carol Dimech	Dr. C. Lerchin	December 2021	December 2021

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		descriptors for L8701, L8702. Replaced physician with treating practitioner.				
23	6-15-22	Added Replacement Guidelines to policy.	Carol Dimech	Dr. C. Lerchin	6-15-22	June 2022
24	12-13-22	Annual review. Updated policy references.	Lisa Wojno	Dr. C. Lerchin	December 13, 2022	December 2022
25	12-11-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 11, 2023	December 11, 2023
26	12-12-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-12-24	12-12-24
27	12-12-25	Annual review. No changes.	Susan Kazmierski	Dr. C. Lerchin	12-12-25	12-12-25