

# Insurance Coverage Guide

## Hero Arm Insurance Coverage

At Open Bionics we have support available to help you secure the funding you need to get your own Hero Arm. There are multiple funding pathways to explore, including health insurance. Over 70% of Hero Arm orders are funded by insurance. In this guide our Upper Limb Prosthetist in New York, Daniel Green will help shed some light on the process you of getting your Hero Arm authorized by insurance.

Please note this guide is in no way an attempt to lead anyone toward a certain insurance company or to globally rule out coverage possibilities for certain payors. Keep in mind that prosthetic coverage is not the only factor to consider when choosing an insurance plan, especially for those of you that frequently have other medical costs to consider.

### The Challenge - Insurance Denials

You may have gone through the process of getting your Hero Arm authorized by insurance only to be faced with a denial. Why? Daniel explains:

The main code denied when submitting claims for Hero Arms is:

L6880 - *"Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)"*

This code describes the Hand of the Hero Arm as well as most other multi-grip myoelectric hands that are currently on the market. The most common reasons for denial that we come across in submitting these claims is that the above code is considered *"Experimental/Investigational"* under the insurance policy or there is no evidence to support that a multi-grip myoelectric hand is more functional than a less costly single grip myoelectric hand. The summary of these reasons from the payors is essentially that there is not enough published peer-reviewed research proving that this technology is more effective than an alternative, less costly option. However, I can tell you that this research does now exist which is why Medicare, the NHS (England), PDAC and the FDA have all approved this technology as medically necessary.

When we review these plan policies we often find that the insurance companies are still referencing outdated articles that are no longer relevant and they fail to update their policies by reviewing the more current literature. We subsequently point this out in our appeals with reference to more up to date, accurate articles.

### Which insurers tend to deny Hero Arms?

With so many variations between employer plans, state policies, plan options, etc. there are way too many variables to make this all inclusive. However, we have been studying trends amongst payors and will share our findings with you.

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Amongst the major payor groups, Blue Cross/ Blue shield plans are the most consistent in denying Hero Arms. There are a small handful of local and state BCBS plans that will cover, and we have seen some approvals from BC federal and Anthem BC. However, the large majority of BCBS plans claim that Multi-Grip Myoelectric arms are “*experimental/investigational*” and appeals through BCBS are often quickly rejected.

We also get somewhat frequent denials from Cigna and United Healthcare (UHC), however these organizations tend to vary greatly by specific plan, the denials are less consistent than with BCBS, and it seems we are getting more approvals lately from both of these payors as long as we have good justification of medical necessity from the Prosthetist and the Prescribing Physician. UHC managed medicaid plans often state that the Hero Arm doesn't meet the requirement of “*minimum necessity*” meaning that it goes beyond what is expected of them to cover as a medically necessary device. That being said, keep in mind that with any Managed Medicaid Plan, things can get tricky as every state has its own laws and coverage guidelines. The best thing you can do when navigating medicaid plans is educate yourself on coverage options before signing up or making changes.

For those of you that are Kaiser Permanente members, it's highly unlikely that they will cover a multi-grip myoelectric arm or that they will allow you to see an out of network provider. However, Kaiser's policies vary by region and you can always escalate your case and try to get an individual exception. You will need to be very persistent to give yourself a chance.

## The Good News - Insurance companies that cover the Hero Arm

The good news is that it seems many insurance companies are reviewing the most current literature and updating their plans accordingly. I mentioned above that UHC and Cigna seem to be approving Hero Arms more consistently than before, although there are still a fair amount of denials from them. There are some widely used insurance plans that we have seen very consistently cover Hero Arms. Some examples are Aetna/Meritain, Molina, Humana, Medicare, Champ VA and Tricare, and most Medicare Advantage plans. Again, keep in mind that, even if you have one of these insurances, make sure you check your individual plan for more details.

### **What can I do to help get my Hero Arm covered?**

The biggest piece of advice I can give you is to educate yourself and do your own research at every step of the process. This includes not only doing your research when picking out an insurance plan (if you have the luxury of doing so) but also asking questions along the way and reviewing your plan before you start the process of getting a new prosthesis.

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You can call your insurance company's customer service and verify the codes yourself (remember L6880 is the big one when considering a multi-grip myo such as the Hero Arm but you can ask your prosthetics provider for a full list of codes if you'd like). However, don't stop there. Go to your online portal or speak with your HR/Benefits department and ask for a copy of the policy and review it yourself. You want to check for any exclusions on prosthetics and any verbiage related to the code "L6880" or "multi-grip myoelectric" hands. If you have a BC/BS plan, I would highly recommend reviewing your plan thoroughly for the phrase "Experimental/Investigational". If you do find that your plan excludes this code, don't be afraid to bring this up as a problem to your employer. Companies frequently review their available medical plans and if they know there's a major problem with the plan for one or more of their employees, there is a possibility they may consider that when choosing the upcoming plans or possibly even make an exception for you. It certainly can't hurt to make them aware of this.

## **Choose a provider that will go the distance with you**

At Open Bionics, we pride ourselves in providing the best possible patient experience. This includes working through the insurance authorization process with you. We will appeal every denial and do everything within our power to try to get your Hero Arm approved. However, we realize that not everyone is able to get their Hero Arm through us or may ultimately decide to go with a different prosthetic arm. That being said, I wanted to give some advice relevant to this topic when choosing a provider.

When choosing a prosthetics provider, make sure you ask questions to weigh their experience with upper limb prosthetics and be sure you feel confident in their abilities to provide you with a quality prosthesis. Equally important to their clinical abilities is their willingness to go the distance for you to help you get your arm approved. If you walk into a prosthetics facility and the front desk people blow you off and it feels like the prosthetist is rushing you out as soon as they get in the room, it's probably a pretty good preview of what's going to happen when it's time to submit an appeal to your insurance company.

It's not uncommon for your insurance provider to have a very limited number of "In-Network" Prosthetic Providers that they work with. Keep in mind that you often have the option to see an "Out-of-Network" Provider. You are your best advocate for yourself and your insurer is much more likely to grant a request to see an out-of-network provider if it comes from you directly. If you've had a less than optimal experience with an in-network provider in the past, don't be afraid to express this to your insurance company. If you have yet to see an in-network provider, they may or may not request you at least have an evaluation with them before having the ability to go out-of-network, but if you are not happy with what they have to offer, definitely plead your case to the insurance company on why a different provider would be beneficial.

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Your physician that prescribes your prosthesis is equally important. Much of the medical justification has to come from the MD or DO who is prescribing the prosthesis. Although the prosthetist is the expert on the device, Medicare and most insurance companies see the prosthetist's notes as supportive to the physician's notes meaning that the physician's notes are just as, or more important than the prosthetist's notes. Prosthetists will often guide physicians in the right direction but the physician ultimately has to be willing to provide extensive documentation on the medical necessity of the prescribed prosthesis.

## Be your own advocate

We are noticing that most successful appeals contain letters from the prosthetist, the physician, and the patient/potential user themselves. In the event that an appeal is needed, It helps greatly to have a physician and prosthetist that are willing to write a quality appeal letter for you but, if you have noticed one trend from this paper at this point, I hope it is that you need to be your own advocate. The appeals are reviewed by an actual person so this is when you want to pitch into the process and write a letter that makes your situation personal to the reviewer. Don't be afraid to plead your case and make it known how important this is to you as well as point out the consequences of not having access to this technology. Don't be afraid to make the person reviewing the case feel bad if they deny it because, quite frankly, they should feel bad for denying you of a medically necessary device that will make your daily life easier. It's also helpful to point out how this can reduce your risk of needing further medical care. For example, if you are starting to experience overuse symptoms on the other side, or if you are having back/shoulder pain from using a body powered device, make sure you point this out in your appeal letter and highlight how this can potentially save the insurance company money in the long run.



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