COVERAGE:

Prosthetic appliances MAY BE ELIGIBLE FOR COVERAGE when prescribed by a qualified provider to replace absent or nonfunctioning parts of the body by an artificial substitute, whether surgically implanted or worn as an anatomic supplement.

Prosthetic appliances include, but are not limited to:

**SURGICAL PROSTHESIS** -

- artificial joints necessary for joint repair and reconstructive surgery;
- breasts, internal and external (including a surgical brassiere), for post-mastectomy reconstruction;
- cardiac pacemakers, atomic or electronic;
- cochlear implants;
- intra-ocular lenses;
- maxillofacial and intra-ocular lenses as replacement of either surgically removed or congenitally absent crystalline lenses of the eye;
- penile prostheses in men suffering impotency resulting from disease or injury

Note: See contract as many contracts have exclusions for services or supplies provided for, in preparation for, or in conjunction with the treatment of sexual dysfunction.

- urethral sphincters for urinary incontinence; and,

**NONSURGICAL PROSTHESIS** -

- artificial eyes;
- artificial limbs replacing all or part of absent extremities;
- speech aids;

(The Touch Talker Speech Unit and similar devices are not considered a covered speech aid as they do not replace an absent or nonfunctioning part of the body.)

- urinary collection and retention systems (Foley catheters,
tubes, bags, etc.) in cases of permanent urinary incontinence.

The following Prosthetic Appliances or Devices MAY NOT BE ELIGIBLE FOR COVERAGE as they are often excluded by the member’s contract: Check contract.

- Dentures replacing teeth or structures directly supporting teeth;
- Electrical continence aids, either anal or urethral;
- Hairpieces for alopecia;
- Hearing aids;

Note: Texas law indicates: "...benefits must be provided for the necessary care and treatment of loss or impairment of speech or hearing that are not less favorable than for physical illness generally"

- Implants for cosmetic purposes; and,
- Penile prostheses for psychogenic impotence

DESCRIPTION:

PROSTHETICS are artificial substitutes which replace all or part of a body organ, OR replace all or part of the function of a permanently inoperative, absent, or malfunctioning body part.

RATIONALE:

None

PRICING:

Coverage should include supplies necessary for the effective use of a covered prosthetic appliance (i.e., batteries needed to operate an artificial larynx, harnesses, and stump socks essential to use of an artificial limb), as well as adjustment, repairs, and replacement of the device.

When a breast prosthesis is covered by the contract, two (2) special surgical bras per year can also be covered.

Shoes (a pair), when either one or both shoes are an integral part of the artificial limb(s), should be considered covered services.

Adjustments and repairs to the device(s) are covered when they are necessary to make the equipment functional for as long as the equipment continues to be medically required.

Replacement is provided for the device(s) only if:

- wear and tear has made them ineffective,
- the device malfunctions, and/or
- the patient's size changes and adjustments to the device can no longer be made (i.e., a child grows and artificial limb no longer fits or functions).

DISCLAIMER:
State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.