

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 24.1
TITLE: PROSTHETIC DEVICES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(14)

RELATED AUTHORITY: 32 CFR 199.4(d)(3)(vii)

I. EFFECTIVE DATE

February 5, 1997, for certain prosthetic Investigational Device Exemptions (IDE's) (see [Chapter 2, Section 17.8](#), *Requirements for Food and Drug Administration Approval for Medical Devices*).

II. PROCEDURE CODE(S)

- A. CPT codes: 92330-92335, 92393
- B. HCPCS Level II codes: L5000-L9900, V2623-V2629

III. DESCRIPTION

An artificial substitute for a missing body part.

IV. POLICY

The purchase of prosthetic devices is limited to artificial limbs and eyes, and as of October 5, 1994, voice prostheses to include mechanical hand-held voice prostheses. Surgical implants that are approved for use in humans by the U.S. Food and Drug Administration are covered as an essential and integral part of an otherwise covered surgical procedure.

V. POLICY CONSIDERATIONS

A. Claims for substitutions of a body part (prosthetic device) are not subject to the limitations and considerations that apply to durable medical equipment (see [Chapter 2, Section 17.1](#), *Durable Medical Equipment*).

B. Since prosthetic devices are custom made, requiring a physician's prescription/orders for their fitting and/or construction, payment may be made solely on the basis of medical necessity without an accompanying prescription. Purchase is limited to one initial device per missing body part. Replacement purchases should be reviewed for medical necessity.

Note: Generally, a breast prosthesis is replaced every two years. Requests for a replacement prior to a two-year period are subject to medical review to determine reason for replacement.

C. The selection of an appropriate device will depend on fit, functional performance and patient acceptance. The physical evaluation will include, as applicable, residual limb length and circumference, active range of motion, terminal device grasp force and mechanical range.

D. Myoelectrical prostheses are not excluded from coverage. As an example, a myoelectrical prosthesis with a hand is an acceptable alternative to conventional prosthesis with a hook.

E. The appropriate HCPCS code (V2623-V2629) should be used for the supply of custom ocular prostheses or service that is covered when furnished incident to physician's services or on a physician's order. Pricing of Level II HCPCS codes will follow the allowable charge methodology.

F. Prosthetic devices with a FDA approved investigational device exemption (IDE) categorized by the FDA as non-experimental/investigational (FDA Category B) will be considered for coverage. Coverage is dependent on the device meeting all other requirements of the law and rules governing CHAMPVA and upon the beneficiary involved meeting FDA approved IDE study protocols (see [Chapter 2, Section 17.8](#), *Requirements for Food and Drug Administration Approval for Medical Devices*).

VI. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (unproven) (FDA Category A) IDEs (see [Chapter 2, Section 17.8](#), *Requirements for Food and Drug Administration Approval for Medical Devices*).[38 CFR 17.272(a)(14)]

END OF POLICY