

FOREIGN MEDICAL PROGRAM POLICY MANUAL

CHAPTER: 2
SECTION: 10
TITLE: PROSTHESIS SERVICES/DEVICES

AUTHORITY: PL 104-204; 38 CFR 17.35

I. PROCEDURE CODE(S)

92393

HCPCS L5000-L9999, V2623-V2629

II. DEFINITION

A prosthetic device is an artificial substitute for a missing body part such as artificial limbs and eyes.

III. POLICY

A. Prosthesis services/devices are covered when medically necessary for a service-connected condition.

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

C. Replacement of a prosthesis is covered when required due to growth, a change in the patient's condition, or normal wear and tear.

D. Surgical implants that have Food and Drug Administration (FDA) approval are covered.

IV. POLICY CONSIDERATIONS

A. Prosthetic devices with an FDA approved investigational device exemption (IDE) and categorized by the FDA as non-experimental/investigational will be considered for coverage. Coverage is dependent upon the device meeting all other requirements of the law and upon the device meeting FDA approved IDE study protocols.

B. Replacement purchases will be reviewed for medical necessity. The claim

should include the physician's prescription for replacement and the reason the replacement is needed.

C. Second devices may be covered by FMP only after determination of need in each specific case. Such determination will be based on seriousness of disability, availability of adequate local facilities for prompt repair or replacement of the particular device, and individual need of the veteran.

V. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (unproven).

END OF POLICY