

CHAPTER 7
SECTION 5.4

PROSTHETIC DEVICES

Issue Date: September 19, 1990

Authority: [32 CFR 199.4\(d\)\(3\)\(vii\)](#)

I. PROCEDURE CODES

HCPCS Level II Codes L5000-L9999, V2623-V2629

II. DESCRIPTION

An artificial substitute for a missing body part.

III. POLICY

The purchase of prosthetic devices is limited to artificial limbs, 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.

IV. POLICY CONSIDERATIONS

A. Claims for substitution of a body part (prosthetic device) are not subject to the limitations and considerations that apply to durable medical equipment ([OPM Part Two, Chapter 4, Section I.C.1.](#)).

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. Ocular prostheses should be priced using the appropriate HCPCS V2623-V2629 code. CPT procedure code 92393 should not be used.

F. Prosthetic devices with an 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 TRICARE and upon the beneficiary involved meeting FDA-approved IDE study protocols. See TRICARE/CHAMPUS Policy Manual, [Chapter 7, Section 10.1](#).

V. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (FDA Category A) IDEs. See TRICARE/CHAMPUS Policy Manual, [Chapter 7, Section 10.1](#).

VI. EFFECTIVE DATE

February 5, 1997, for certain prosthetic IDEs. (See [Chapter 7, Section 10.1](#)).

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