

CHAPTER 7
SECTION 4.4

PROSTHETIC DEVICES

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I. PROCEDURE CODES

HCPCS Level II Codes L5000 - L9999, V2623 - V2629

II. DESCRIPTION

An artificial substitute for a missing body part.

III. POLICY

A. 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.

B. 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.

C. Replacement of a prosthetic is covered when required due to growth or a change in the patient's condition.

IV. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (FDA Category A) IDEs.

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