

## Corporate Medical Policy

### Prosthetic Appliances

**File Name:** prosthetic\_appliances  
**Origination:** 7/1979  
**Last CAP Review:** 8/2004  
**Next CAP Review:** No further review scheduled  
**Last Review:** 9/2011

**Active policy, no longer scheduled for routine literature review.**

#### Description of Procedure or Service

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Prosthetic appliances are used as a replacement for all or part of a body organ (including contiguous tissue). They may also be used to replace all or part of the function of a permanently inoperative, absent, or malfunctioning body part. Examples are cardiac pacemakers (frequently implanted) and an artificial leg (worn outside the body).

#### Policy

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**Active policy, no longer scheduled for routine literature review.**

**BCBSNC will provide coverage for prosthetic appliances when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.**

#### Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

#### When Prosthetic Appliances are covered

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Prosthetic Appliances are covered when both of the following conditions are met:

- When they are prescribed by a physician; and
- When they replace absent or non-functioning body parts regardless of whether they are surgically implanted or worn outside the body.

Prosthetic appliances that may be considered eligible for coverage include the following:

1. Surgical Prosthesis -
  - a. Bone screws, bolts, nails, plates, and vitallium heads necessary for joint repair and reconstructive surgery;
2. Breasts - internal and external (including a surgical brassiere) for post-mastectomy reconstruction (Refer to Medical Policies specific to Breast Prosthesis);
3. Cardiac pacemakers, atomic or electronic;
4. Maxillofacial devices necessary for reconstructive surgery;
5. Lenses (intraocular or contact) and Eyeglasses as listed below:

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- a. Intraocular lens(es) (IOL) inserted for either surgically removed or congenitally absent crystalline lens(es) of the eye. The IOL is considered a "prosthesis" replacing the natural lens of the eye. For the two listed indications, **one pair** of external lens(es) (contacts or lens(es) within a frame) due to a prescription change following surgery is covered.
  - b. For members who have had cataract extraction or members with congenitally absent crystalline lens(es) **who have not had** intraocular lens insertion, contact lens(es) or lens(es) within a frame are considered to be prosthetic appliances (the member has **no lens** [natural or IOL]). The first pair of contact lens(es) or lens(es) within a frame are covered, as well as additional pair of lens(es) each time the member's prescription changes.
  - c. Although not a prosthetic appliance, therapeutic soft (hydrophilic) contact lens(es) (corneal bandage) are considered medically necessary for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocoele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis, or for other therapeutic reasons. Therapeutic contact lenses are designed to aid in protecting and helping to heal the ocular surfact. These unique lenses are frequently combined with precise medication delivery schedules to heal the eye.
6. Penile prosthesis in men suffering impotency resulting from disease or injury (refer to medical policy on Sexual Dysfunction Treatment, Male);
  7. Prosthetic nose and ears;
  8. Urethral sphincters for urinary incontinence;
  9. Nonsurgical prostheses:
    - a. Artificial eyes;
    - b. Artificial gut systems, such as parenteral feeding devices necessary for long-term nutrition in cases of severe and otherwise fatal pathology of the alimentary tract;
    - c. Artificial limbs replacing all or part of absent extremities (see also Corporate Medical Policy titled, "Microprocessor-Controlled Prostheses for the Lower Limb");
    - d. Colostomy and other ostomy accoutrements directly related to ostomy care;
    - e. Electronic speech aids in post-laryngectomy or permanently inoperative situations;
    - f. "Space shoes" when used as a substitute device when all or a substantial portion of the forefoot is absent;
    - g. Urinary collection and retention systems (foley catheters, tubes, bags) in cases of permanent urinary incontinence.

## When Prosthetic Appliances are not covered

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The following prosthetic appliances are considered **not medically necessary**. BCBSNC does not provide coverage for services, supplies, drugs or charges that are not medically necessary. This is not an all inclusive list:

- Modifications to the prosthesis that are not required to perform the patient's standard activities of daily living.
- Prosthetic appliances that have been neglected, misused, or abused by the member or member's caregiver. Repairs or replacements will be the member's responsibility.
- Prosthetic appliances that do not provide a therapeutic benefit to a patient in need because of certain medical conditions or illnesses.

The following prosthetic appliances are non-covered because they are **excluded** from benefits:

Cosmetic enhancements such as hair follicles, nails, and skin tones (does not include skin color such as white for white or black for black),

- Dentures, replacing teeth or structures directly supporting teeth (refer to Reconstructive Dental Services policy for these services for patients with head and/or neck surgery and trauma),
- Electrical continence aids - either anal or urethral,
- For comfort or convenience,

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- Hairpieces, wigs and hair implants for any diagnosis, male or female,
- Implants for cosmetic purposes,
- Lens(es) for keratoconus,
- Penile prostheses for psychogenic impotence (refer to medical policy on Sexual Dysfunction).

## Policy Guidelines

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BCBSNC will provide coverage for the purchase, fitting, adjustments, repairs, and replacements of prosthetic appliances based on the member's previous level of function following permanent loss of a body part provided the member has benefits for these services. (For example, if the member was an athlete prior to the loss of his leg, it is likely that he will continue to be physically active after his loss.)

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes:*L5000-L9900, S0515, V2623, V2624, V2625, V2626, V2627, V2628, V2629, V2630, V2631, V2632

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

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

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual

Medical Policy Advisory Group 3/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

BCBSA Medical Policy Reference Manual, 1.04.01, 7/12/01

Specialty Matched Consultant Advisory Panel - 9/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.04.01, 4/16/04

Specialty Matched Consultant Advisory Panel - 8/2004

## Policy Implementation/Update Information

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7/79	Original policy issued
6/83	Reaffirmed
2/97	Revised - National Association reviewed 11/30/96. Locally added references to specific

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- policies on Breast Prosthesis, Penile Prosthesis. Added "deluxe prosthesis will be reimbursed the same as conventional prosthesis". Policy changed to Local with local changes.
- 3/99 Reviewed by MPAG. Reaffirmed.
- 7/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 3/00 Added phrase under noncovered services to refer reader to Reconstructive Dental Services policy for dentures, replacing teeth or structures directly supporting teeth for patients with head and/or neck surgery or trauma.
- 10/00 Specialty Matched Consultant Advisory Panel. No changes recommended for criteria. System coding changes. Medical Policy Advisory Group review. No changes in criteria. Approve.
- 5/02 Removed the reference to "deluxe prostheses" under when it is covered. Policy revised under when it is not covered to include additional indications. Statements added to the Policy Guidelines section to clarify coverage when benefits are available. Format changes.
- 10/02 Specialty Matched Consultant Advisory Panel. No change to criteria. System coding changes.
- 12/02 Added codes K0556, K0557, K0558, K0559 to the policy.
- 01/03 System coding changes.
- 10/14/04 Specialty Matched Consultant Advisory Panel review 8/27/2004 with no changes made to policy criteria. References added. Benefits Application and Billing/Coding sections updated for consistent policy language. Policy Guidelines section updated to bold first sentence and underline the term, "previous" for emphasis. Policy status changed to "Active policy, no longer scheduled for routine literature review." K codes deleted from Billing/Coding due to being deleted codes per HCPCS.
- 1/20/05 These are the first quarter 2005 HCPCS codes: L5685, L5856, L5857, L6694, L6695, L6696, L6697, L6698, L7181. Policy number added in key word section.
- 4/07/05 New HCPCS code K0670 added effective 4/1/05 to Billing/Coding section of policy.
- 5/19/05 Under "Policy" section, moved "Active policy, no longer scheduled for routine literature review" from last sentence to beginning of section. Under "When Covered" section, revised 2.e. to read "Lenses (intraocular or contact) and Eyeglasses" and added i., ii., and iii. IOL is covered as a "prosthesis" replacing the natural lens of the eye for either surgically removed or congenitally absent crystalline lens(es) of the eye. For these two indications, one pair of external lens(es) (contacts or lens(es) within a frame) due to a prescription change following surgery is covered. For members who have had a cataract extraction or members with congenitally absent crystalline lens(es) who **have not had IOL inserted**, contact lens(es) or lens(es) within a frame are covered as prosthetic appliances. The first pair of contact lens(es) or lens(es) within a frame are covered, as well as additional pair of lenses each time the member's prescription changes. Therapeutic soft (hydrophilic) contact lens(es) (corneal bandage) are considered medically necessary for the treatment of acute or chronic corneal pathology with examples provided. Under "When not Covered" section - added #12. Lens(es) for keratoconus. Notice given 5/19/05. Effective date 7/21/05.
- 7/21/05 HCPCS code V2630, V2631, V2632 added Billing/Coding section of policy.
- 8/7/06 In the section "When Prosthetic Appliances are Not Covered," the list of prosthetic appliances was divided into prosthetic appliances that are not medically necessary and prosthetic appliances that are excluded from benefits. This is not an all inclusive list. HCPCS codes updated. (adn)
- 7/20/09 In the "When Prosthetic Appliances are Not Covered" section, deleted the following from the first bulleted item: For example, a knee prosthesis controlled by microprocessors as they are not typically required to perform standard activities of daily living. (adn)
- 4/13/10 Benefits Application section reworded. Reformatted the outline in the When Covered section.

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Level II Modifiers (K0-K4) removed from Policy Guidelines section. (adn)

6/22/10 Policy Number(s) removed (amw)

3/29/11 Removed deleted HCPCS code, Q1003, from “Billing/Coding” section. (btw)

10/1/11 Deleted “hearing aids” from the list in the When Prosthetic Appliances Are Not Covered section. (adn)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.