

Prostheses

Benefit Coverage

Medically necessary prostheses for maintaining normal Activities of Daily Living, defined as “Mobility skills required for independence and normal everyday living. Recreational, leisure, or sports activities are not included.” Covered services include the initial fitting, replacement after expected life of the item, and repairs (regardless if due to damage). Supplies necessary for the operation and functioning of the prostheses are covered. Benefits are provided at the most effective level of care that is consistent with professionally recognized standards of practice.

Copayment

See the member’s *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Other Services

Surgically Implanted Devices
Orthotics, Prosthetics (external)
Durable Medical Equipment

Benefit Exclusions

- Dental implants
- Routine maintenance
- Backup or alternate items
- Lost or broken: Dentures (full or partial), orthodontic retainers, fixed dental bridgework, removable orthodontic aligners, Obstructive Sleep Apnea oral appliances (within the warranty period of 5 years), TMJ appliances, oral obturators, radiation shields used to cover the face and jaws during radiation treatment, and oral medicament carriers. .
- Any and all dental “prosthodontic” appliances.

Benefit Limitations

- Payment authorization will be provided for the least costly item that will meet the patient's medical needs.
- Surgically implanted accommodative lenses (e.g., Crystalens) that correct the post cataractomy eye and allow ciliary muscles to accommodate the optic lens for presbyopia are not covered. Such accommodative lenses are not medically necessary as the standard intraocular lens restores the eye to a functional state.

Prostheses

Examples of Covered Services

- Artificial eye
- Artificial hand
- Artificial leg
- Additional replacement devices to allow for growth and development
- Breast prosthesis after mastectomy; mastectomy bra (paid at surgical level of benefits and not subject to plan copayment for prostheses)
- Blom-Singer and artificial larynx prostheses following a laryngectomy

Examples of Covered Surgically Implanted Prosthetic Devices

- Breast implant after mastectomy
- Cochlear implants
- Hip prosthesis (pins, screws, rods)
- Pacemaker and supplies
- Prosthetic eye
- Blom-Singer and artificial larynx prostheses

Examples of Non-Covered Services

- Dental implants
- Any and all dental prosthetic devices to include, but not limited to, fixed bridgework, dentures (full or partial), facial-jaw prosthesis provided primarily for cosmetic reasons
- Accommodative intraocular implants (e.g., Crystalens)
- Investigational or Experimental prosthetic devices

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement