

### 514C.25 Coverage for prosthetic devices.

1. *a.* Notwithstanding the uniformity of treatment requirements of [section 514C.6](#), a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall provide coverage benefits for medically necessary prosthetic devices when prescribed by a physician licensed under [chapter 148](#). Such coverage benefits for medically necessary prosthetic devices shall provide coverage for medically necessary prosthetic devices that, at a minimum, equals the coverage and payment for medically necessary prosthetic devices provided under the most recent federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. § 1395k, 1395l, and 1395m, and 42 C.F.R. § 410.100, 414.202, 414.210, and 414.228, as applicable.

*b.* For the purposes of [this section](#), “*prosthetic device*” means an artificial limb device to replace, in whole or in part, an arm or leg.

2. *a.* [This section](#) applies to the following classes of third-party payment provider policies, contracts, or plans delivered, issued for delivery, continued, or renewed in this state on or after July 1, 2009:

(1) Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

(2) An individual or group hospital or medical service contract issued pursuant to [chapter 509](#), [514](#), or [514A](#).

(3) An individual or group health maintenance organization contract regulated under [chapter 514B](#).

(4) A plan established pursuant to [chapter 509A](#) for public employees.

(5) An organized delivery system licensed by the director of public health.

*b.* [This section](#) shall not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers’ compensation or similar insurance, or automobile medical payment insurance.

3. Notwithstanding [subsection 1](#), paragraph “*a*”, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses that is issued for use in connection with a health savings account as authorized under Tit. XII of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. No. 108-173, may impose the same deductibles and out-of-pocket limits on the prosthetics coverage benefits required in [this section](#) that apply to substantially all health, medical, and surgical coverage benefits under the policy, contract, or plan.

2009 Acts, ch 89, §1