

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.

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; 2017 Acts, ch 148, §77](#)