State of Iowa Department of Corrections

Policy and Procedures

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Chapter 6: HEALTH SERVICES
Sub Chapter: ACUTE/SPECIALTY SERVICES
Related DOC Policies: HSP 631
Administrative Code Reference: N/A
Subject: AUTHORIZATION OF PROSTHETIC DEVICE(S)
ACA Standards: 5-ACI-6C-05
PREA Standards: N/A
Responsibility: Dr. Michael Riley
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Authority:

1. PURPOSE

To enable patients with an inability to independently perform major functional activities, as determined by a medical provider, to have the opportunity to obtain evaluation for medical prostheses for the purpose of functioning safely in a correctional environment.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to ensure that referrals to prosthetist services are provided where medically indicated.

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3. DEFINITIONS - As used in this policy:

Prosthesis - an artificial device to replace or augment a missing or impaired part of the body.

Referral - the process of directing or redirecting to an appropriate specialist or agency for definitive treatment.

Major Functional Activities – Includes, but not limited to, activities of transfer, ambulation, self-care, and balance.

4. PROCEDURE

A. Determination of Medical Necessity and Referral Process

1. The determination of medical necessity for a prosthesis and referral to a prosthetist shall be based upon an individualized assessment of the patient's functional impairment and anticipated benefit from the device. Factors to be considered include, but are not limited to, activities prior to amputation, anticipated future activities, ability to safely use the device, ability to participate in necessary rehabilitation, and medical, neurological, cognitive, or other conditions that may affect the patient's rehabilitation potential or anticipated functional benefit from the prosthesis.

2. Medical necessity for a prosthetic device shall be determined on an individualized basis and is not established solely by the presence of an amputation or other anatomical impairment. The determination shall consider whether the device is clinically appropriate and reasonably expected to provide meaningful functional benefit, including improving the patient's ability to perform major functional activities, preventing or substantially reducing clinically significant morbidity, or facilitating participation in medically appropriate rehabilitation.

3. If the Prosthetic Clinic at University of Iowa Hospital and Clinics is utilized for those patients requiring medical prosthetic devices, an electronic medical referral form, **HSF-301D** *Medical Referral*, will be completed by the referring licensed medical practitioner, as well as IDOC Policy **HSP-608 Attachment A**, *Payment Authorization Form*. (**5-ACI-6C-05**).

4. Replacement cost of State issued prosthetics may be the responsibility of the patient if destruction results from negligence or misuse by the patient.

5. Prosthetist recommendations are considered on a case-by-case basis and require approval by the IDOC Health Services Administrator, the IDOC Nursing Administrator, and the Administrator of Nursing at the fiscally responsible facility. The completion of IDOC Policy **HSP-608 Attachment A**, *Payment Authorization Form* is required. All prosthetic devices are subject to appropriate security review. Identified security concerns shall be addressed in consultation with the treating medical practitioner to determine whether reasonable alternatives or accommodations are available.

B. Ocular Prosthetics

Ocular prosthetics help maintain the shape of the eye socket preventing craniofacial deformity, prevent tissue in the eye socket from growing to fill the empty space, and support function of both the upper and lower eyelids. Further, ocular prosthetics reduce the appearance-related social avoidance as well as symptoms of anxiety and depression common in the correctional environment. Ocularist referral and the subsequent provision of ocular prosthetics requires approval by the IDOC Health Services Administrator as well as the IDOC Nursing Administrator and the Administrator of Nursing at the fiscally responsible facility and are considered on a case-by-case basis.

C. Other Prosthetic Devices

Other prosthetic devices, i.e., hearing aids, orthotics, and special footwear, will not routinely be provided. Specific medical practitioner documentation must support a patient need of such device to function safely within the correctional environment. Hearing aids require approval by the IDOC Health Services Administrator as well as the IDOC Nursing Administrator and the Nursing Services Director at the fiscally responsible facility and are considered on a case-by-case basis.

1. Any authorized specialty footwear being issued to a patient shall be documented in the Electronic Medical Record (EMR) and, when appropriate, recorded on the individual's personal property inventory in accordance with Departmental policy.

    a. Specialty footwear shall be black in color.

D. Authorization of Metal Devices

When medically appropriate and clinically effective, prosthetic devices and orthopedic equipment constructed of plastic or other non-metallic materials shall be utilized whenever feasible. If the treating licensed medical practitioner determines that a metal component is medically necessary or if a non-metal alternative is not clinically appropriate or is cost prohibitive, a metal device may be authorized.

1. Any authorized metal prosthetic or orthopedic device shall be subject to the following requirements:

    a. A Medical Metal Equipment alert shall be entered into the patient's Electronic Health Record (EHR).

    b. A photograph of the authorized device shall be uploaded into the patient's Electronic Health Record (EHR).

    c. The device shall be documented and tracked through the work class and equipment log, including issuance and return to Health Services.

    d. The device must undergo documented security inspections at least weekly, or more frequently as determined by facility security.