State of Iowa Department of Corrections
Policy and Procedures

Policy Number: HSP-608
Applicability: Institution
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: N/A
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
Effective Date: February 2024
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.

3. DEFINITIONS

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

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

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

4. PROCEDURE

A. The determination of medical necessity for a prosthesis and referral to a prosthetist is based on the patient's potential functional abilities as determined by the primary medical provider considering factors including, but not limited to, activities prior to amputation, potential future activities, demonstration of initiative and motivation to use the device(s), the ability to participate in an extensive course of physiotherapy and rehabilitation, and therefore must be free of cognitive dysfunction, severe neurological impairment, congestive heart failure, and any condition of impaired energy tolerance such as chronic obstructive pulmonary disease. Sufficient time is afforded for the primary provider to make such a determination.

B. As the prosthetic device in and of itself is not a medical necessity; but rather, the medical necessity lies in the ability to function safely within the correctional environment, patients that are independent in their major functional activities are not eligible for referral for prosthetic devices unless, 1) the device is required for entry into a work release program that has the obvious potential for producing marketable skills, or 2) the device is required to substantially minimize significant morbidity and mortality associated with not having the device

C. 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**).

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

E. 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 security approval.

F. 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.

G. 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 Administrator of Nursing at the fiscally responsible facility and are considered on a case-by case basis.