

---

## DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

---

HB 1235 Reengrossed

2026 Regular Session

Hebert

**Abstract:** Modifies the requirements for health insurance coverage of prosthetic and custom orthotic devices and services. Specifies medical necessity standards, expands coverage for additional devices, and sets guidelines for prior authorization, repair and replacement services, and network access. Establishes annual benefit limits, outlines reporting requirements, and definitions. Mandates Medicaid coverage for prosthetic and custom orthotic devices and services.

Present law mandates that health coverage plans provide coverage for prosthetic and orthotic devices and services. It establishes guidelines for medical necessity, cost-sharing, repair and replacement, prior authorization, and provider accreditation. Additionally, it defines key terms while outlining limitations and exceptions.

Proposed law modifies medical necessity determinations to ensure consideration of recommendations from the treating physician or advanced practice provider, as well as input from the treating orthotist or prosthetist, including the outcomes of a functional assessment.

Proposed law requires that coverage be at least equivalent to the prevailing Medicare payment rate for prosthetic and orthotic devices. Furthermore, it mandates coverage for an additional upper or lower extremity prosthetic or orthotic device, when medically necessary for physical activity, bathing, showering, or whole-body health.

Proposed law stipulates coverage for a separate bathing or showering device when neither the primary nor additional device facilitates safe bathing.

Proposed law permits prior authorization but forbids the denial of habilitative or rehabilitative benefits solely based on actual or perceived disability. Proposed law prohibits the denial of prosthetic or custom-orthotic benefits to individuals with limb loss when comparable benefits would be available to nondisabled individuals.

Proposed law allows for copayments, deductibles, and coinsurance that are no more restrictive than those applied to other benefits. Proposed law also mandates coverage for repair and replacement when medically necessary, which includes instances where the enrollee's physiological condition changes, the device is irreparably damaged, or when repair is not cost-effective.

Proposed law guarantees access to medically necessary prostheses and custom orthoses from a minimum of two distinct in-state providers. Proposed law stipulates that referral and full

reimbursement (with the exception of in-network cost-sharing) is required when medically necessary devices are unavailable within the network.

Proposed law requires that prosthetic devices be supplied by an accredited facility and that prosthetic services be prescribed by a licensed physician. Proposed law stipulates that individual health plans must recognize prostheses and custom orthoses as rehabilitative and habilitative services for the purpose of essential health benefits.

Proposed law authorizes an annual benefit limit of no less than \$50,000 per limb, allowing for more favorable coverage if applicable. Furthermore, it mandates that health coverage plans report claims data for the plan years 2027-2028 to the commissioner, with aggregated reporting due to legislative committees by July 1, 2029.

Proposed law directs the Louisiana Medicaid program to provide coverage for prosthetic and custom orthotic devices and services when medically necessary. Proposed law delineates coverage for devices, services, materials, components, instruction, repair, and replacement as specified in R.S. 22:1049.

Proposed law tasks the La. Department of Health with submitting state plan amendments, promulgating rules, and undertaking necessary actions for implementation. Coverage requirements are set to take effect for new plans beginning January 1, 2027, and for existing plans upon renewal, but no later than January 1, 2028. The reporting requirements will commence on July 1, 2029.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1049; Adds R.S. 40:1259.11)