Medical Policy

Eye Prosthesis

Description

Eye prosthesis is an artificial replacement of an eye.

Policy

An eye prosthesis is considered **reasonable and necessary** when the member requires an artificial replacement.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. An eye prosthesis is covered for a Member with absence or shrinkage of an eye due to birth defect, trauma or surgical removal.

Limitations:

1. Prosthetic eye, plastic custom after removal (V2623) -

   An order for the initial eye prosthesis which is signed and dated by the ordering physician must be kept on file by the provider. The physician's records must contain information which supports the medical necessity of the item ordered. The ocularist's documentation of the necessity for replacement prosthesis is appropriate documentation for that claim if the replacement is necessitated by other than medical reasons such as an accidental loss.

   Replacement eye prostheses are covered every five (5) years with exceptions allowed when documentation supports medical necessity for more frequent replacement.

2. Polishing/resurfacing of ocular prosthesis (V2624)

   Polishing and resurfacing is covered on a twice per year basis.

3. Enlargement of ocular prosthesis (V2625)

   One enlargement of the prosthesis is covered without documentation. Additional enlargements are rarely medically necessary and are therefore covered only when there is information in the medical record which supports medical necessity. This information must be available on request.

4. Reduction of ocular prosthesis (V2626)

   One reduction of the prosthesis is covered without documentation. Additional reductions are rarely medically necessary and are therefore covered only when there is information in the medical record which supports medical necessity. This information must be available on request.

5. Scleral cover shell over shrunken eye (V2627)

6. Fabrication and fitting of ocular conformer (V2628)

Exclusions/Coding Guidelines:

1. Trial scleral cover shells are not separately payable. They are included in the allowance for scleral cover shells, V2627.
2. Replacement of an ocular prosthesis is governed by the five (5) year reasonable useful lifetime rule. Replacement of a prosthesis or prosthetic component prior to 5 years is covered if the prosthesis is irreparably damaged, lost or stolen.
3. Replacement of an ocular prosthesis because of loss or irreparable damage may be reimbursed without a physician's order when it is determined that the prosthesis as originally ordered still fills the member's medical needs.
4. The right (RT) and/or left (LT) modifiers must be used with all HCPCS codes in this policy. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without the RT and/or LT modifiers, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.
5. PROSE® (BostonSight, Needham, MA) devices are designed to rest on the sclera or white part of the eye and are used to treat ocular surfaces diseases, including some types of "dry eye." When the PROSE® device is used as a treatment for either of the following indications listed below, the correct HCPCS code to use is V2627 (scleral cover shell):
   - Treatment of an eye rendered sightless and shrunken by inflammatory disease; or,
   - Treatment of "dry eye" where the PROSE® device serves as a substitute for the function of the diseased lacrimal gland.

   When the PROSE® device is used for any conditions other than those listed above, the device must be coded with HCPCS code V2531 (contact lens, scleral,

gas permeable, per lens) and is subject to the Medicare refractive lens statutory coverage exclusion.

HCPCS Level II Codes and Description

V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Eye Prosthesis

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

CGS Administrators, LLC Jurisdiction B DME MAC, Eye Prosthesis. Local Coverage Determination No. L33737; revised date October 1, 2015. Accessed December 2017; 11-19-19.

Noridian Healthcare Solutions, LLC Jurisdiction A DME MAC, Eye Prosthesis. Local Coverage Determination No. L33737; revised October 1, 2015. Accessed December 2017

Applicable URAC Standard

Core 8	Staff operational tools and support

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	July 2007	Revision: DMERC reference removed	Rosanne Brugnoni	Ken Fasse		
02		Annual Review/ No changes	Susan Glomb	Ken Fasse	Dec.2008	
03	July 2009	Revised: RT/LT modifier instructions. SADMERC changed to PDAC	Susan Glomb	Ken Fasse		
04	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2009	

05	12-1-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12	
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-15	Annual Review. Updated Medicare Reference.	Lisa Wojno	Dr. B. Almasri	November 2015	
11	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-15-17	Annual Review. Updated DME MAC reference names.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
13	12-01-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2018	
14	11-19-19	Annual review. Revised: RT and LT modifier billing instructions. Coding guidelines for the Prose device.	Carol Dimech	Dr. C. Lerchin	November 2019	11-01-19