Medical Policy

Facial Prosthesis

Description

A facial prosthesis is used when there is loss or absence of facial tissue due to disease, trauma, surgery, or a congenital defect.

Policy

Facial prosthesis is **reasonable and necessary** for Members meeting coverage criteria.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the member's treating practitioner; and
2. There is loss or absence of facial tissue due to disease, trauma, surgery or a congenital defect; and
3. Adhesives, adhesive remover, skin barrier wipes, and tape used in conjunction with a facial prosthesis are covered.

Limitations:

1. The following services and items are included in the allowance for a facial prosthesis and, therefore, are not separately billable or payable.
    a. Evaluation of the member
    b. Pre-operative planning
    c. Cost of materials
    d. Labor involved in the fabrication and fitting of the prosthesis
    e. Modifications to the prosthesis made at the time of delivery of the prosthesis or within 90 days thereafter
    f. Repair due to normal wear or tear within 90 days of delivery
    g. Follow-up visits within 90 days of delivery of the prosthesis
2. Modifications to a prosthesis are separately payable when they occur more than 90 days after delivery of the prosthesis, and they are required because of a change in the Member's condition.
3. Repairs are covered when there has been accidental damage or extensive wear to the prosthesis that can be repaired. If the expense for repairs exceeds the estimated expense for a replacement prosthesis, no payments can be made for the amount of the excess.
4. Replacement of a facial prosthesis is covered in cases of loss or irreparable damage or wear or when required because of a change in the Member's condition

that cannot be accommodated by modification of the existing prosthesis. When replacement involves a new impression/moulage rather than use of a previous master model, the reason for the new impression/moulage must be clearly documented and submitted with the claim.

5. If an ocular prosthesis is dispensed to the Member as an integral part of a facial prosthesis, the ocular prosthesis component must be billed by the provider of the facial prosthesis. (For information on ocular prostheses that are not part of orbital prostheses, refer to the medical policy on Eye Prostheses.)

Exclusions:

1. Follow-up visits which occur more than 90 days after delivery and which do not involve modification or repair of the prosthesis are non covered services.
2. Skin care products related to the prosthesis, including but not limited to cosmetics, skin cream, cleansers, etc., are non covered.

HCPCS Level II Codes and Description

A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH
A5120	SKIN BARRIER, WIPES OR SWABS, EACH
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

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L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM
V2629	PROSTHETIC EYE, OTHER TYPE

Documentation Requirements

1. An order for each item billed must be signed and dated by the treating practitioner and submitted with the claim.
2. A separate treating practitioner order is not required for subsequent modifications, repairs, or replacement of a facial prosthesis. A new order is required when different supplies are ordered.
3. When code L8048 is used for a miscellaneous prosthesis or prosthetic component, the claim must be accompanied by a clear description and a drawing/copy of photograph of the item provided and the medical necessity.
4. When code V2629 is billed, the claim must be accompanied by a complete description of the item.
5. Claims for replacement, repair or modification of a facial prosthesis must include an explanation of the reason for the service.
6. When additional documentation is required, it should be submitted with the claim.

Coding Guidelines

1. A nasal prosthesis (L8040) is a removable superficial prosthesis, which restores all or part of the nose. It may include the nasal septum.
2. A midfacial prosthesis (L8041) is a removable superficial prosthesis, which restores part or all of the nose plus significant adjacent facial tissue/structures but does not include the orbit or any intraoral maxillary component. Adjacent facial tissue/structures include one or more of the following: soft tissue of the cheek, upper lip, or forehead.
3. An orbital prosthesis (L8042) is a removable superficial prosthesis, which restores the eyelids and the hard and soft tissue of the orbit. It may also include the eyebrow. This code does not include the ocular prosthesis component.
4. An upper facial prosthesis (L8043) is a removable superficial prosthesis, which restores the orbit plus significant adjacent facial tissue/structures but does not include the nose or any intraoral maxillary component. Adjacent facial

tissue/structures include one or more of the following: soft tissue of the cheek or forehead. This code does not include the ocular prosthesis component.

5. A hemi-facial prosthesis (L8044) is a removable superficial prosthesis, which restores part or all of the nose plus the orbit plus significant adjacent facial tissue/structures but does not include any intraoral maxillary component. This code does not include the ocular prosthesis component.
6. An auricular prosthesis (L8045) is a removable superficial prosthesis, which restores all or part of the ear.
7. A partial facial prosthesis (L8046) is a removable superficial prosthesis which restores a portion of the face, but which does not specifically involve the nose, orbit, or ear.
8. A nasal septal prosthesis (L8047) is a removable prosthesis, which occludes a hole in the nasal septum but does not include superficial nasal tissue.
9. If a facial prosthesis has a component which is used to attach it to a bone-anchored implant or to an internal prosthesis (e.g., maxillary obturator), that component should be billed separately using code L8048. This code should not be used for implanted prosthesis anchoring components. Code L8048 is also used for a facial prosthesis that is not described by a specific code, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047.
10. Code V2623 describes an ocular prosthesis, which is custom fabricated.
11. Code V2629 is used for an ocular prosthesis that is not custom fabricated (i.e., stock prosthesis).
12. Covered modifications or repairs are billed using code L8049 for the labor components and code L8048 for any materials used. Time reported using code L8049 should only be for laboratory modification/repair time and associated prosthetic evaluation used only for services after 90 days from the date of delivery of the prosthesis. Evaluation not associated with repair or modification is non covered and should not be coded as L8049.
13. Adhesives, adhesive remover, and tape used in conjunction with a facial prosthesis should be billed using codes A4364, A4455, A4356, A4450, or A4452. The unit of service is specified for each code. For tape, one unit of service is 18 square inches. Therefore, a roll of tape 1/2" X 3 yds. would be 3 units; 1" x 3 yds. would be 6 units. Other skin care products related to the prosthesis should generally not be billed t, but if they are billed at the beneficiary's request, code A9270 (non covered item or service) should be used.
14. When a new ocular prosthesis component is provided as an integral part of an orbital, upper facial or hemi-facial prosthesis, it should be billed using code V2623 or V2629 on a separate claim line. When a replacement facial prosthesis utilizes an ocular component from the prior prosthesis, the ocular prosthesis code should not be billed.

15. When a prosthesis is needed for adjacent facial regions, a single code must be used to bill for the item whenever possible. For example, if a defect involves the nose and orbit, this should be billed using the hemi-facial prosthesis code and not separate codes for the orbit and nose. This would apply even if the prosthesis is fabricated in two separate parts.
16. Right (RT) and left (LT) should be documented on the claim with facial prosthesis codes when applicable.
17. Providers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items if Medicare related.

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.

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

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Northwood follows all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

References

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

CGS Administrators, LLC Jurisdiction B DME MAC, Facial Prosthesis. Local Coverage Determination No. L33738; Last accessed/reviewed November 4, 2025.

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	July2007	Revised requirements for billing codes L8048 and V2629	Susan Glomb	Ken Fasse		
02		Annual Review / no changes	Susan Glomb	Ken Fasse	Dec.2008	
03	July 2009	Revised RT/LT Modifier instructions. Changed SADMERC to PDAC.	Susan Glomb	Ken Fasse		
04	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2009	
05	01-05-10	Added code A4456 for adhesive remover, wipes, any type ea. Discontinued code A4365 with limit of 50 ea.	Susan Glomb	Ken Fasse		
06	12-01-10	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. Almasri		

07	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-09-15	Annual Review. Updated coverage criteria and Medicare reference.	Lisa Wojno	Dr. B. Almasri	November 2015	
11	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-13-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-11-19	Annual Review. Modified the billing requirements that required the RT LT to be billed on the same line with a quantity of 2 as they may be billed on separate lines.	Lisa Wojno	Dr. Lerchin	November 2019	
15	11-09-20	Annual review. Per Medicare: Changed treating physician to treating practitioner. Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS.	Carol Dimech	Dr. C. Lerchin	November 9, 2020	November 9, 2020
16	11-09-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 9, 2021	
17	11-14-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-14-22	11-14-22
18	11-9-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-9-23	11-9-23

19	11-12-24	Annual review. No changes	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-12-24	11-12-24
20	11-4-25	Annual review. Updated reference.	Lisa Wojno	Dr. C. Lerchin	11-4-25	11-4-25