

Payment Policy | Ocular Prosthetic Services



EFFECTIVE DATE: 12/01/2000
POLICY LAST UPDATED: 03/15/2007

OVERVIEW

This payment policy documents the coverage determination for ocular prosthetic services. An ocular prosthetic is an artificial eye which is used to replace a missing or damaged eye.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products

A prosthetic eye (V2623) is a covered service under the member's prosthesis benefit. 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 five (5) years is covered if the prosthesis is irreparably damaged, lost, or stolen.

- Polishing/resurfacing of an ocular prosthesis (V2624) is covered twice per year.
- One enlargement (V2625) or reduction (V2626) is covered annually. Additional enlargement or reductions are rarely medically necessary.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

An ocular prosthetic is an artificial eye which is used to replace a missing or damaged eye. An ocular prosthetic is indicated for a patient with absence or shrinkage of an eye due to trauma, surgical removal, or congenital anomaly.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable medical equipment/prosthetic benefits/coverage.

CODING

Blue CHiP for Medicare and Commercial

V2623	V2624	V2625	V2626
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RELATED POLICIES

None

PUBLISHED

Policy Update	Nov 2000
Policy Update	Sep 1997

REFERENCES

None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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