Medical Coverage Policies

Ocular Prosthetic Services

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Policy:

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.

Medical Criteria:

Not applicable; claims reimbursement policy.

Policy:

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.

Coverage:

Benefits may vary. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable medical equipment/prosthetic benefits/coverage.

Also Known As:

Glass eye
Artificial eye

Related Topics:
Not applicable

Published:

Policy Update, November 2000
Policy Update, September 1997

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