

## 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

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