

LCD for Eye Prosthesis (L11529)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11529

LCD Title

Eye Prosthesis

Contractor's Determination Number

EYE20070701

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CMS National Coverage Policy

None

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 07/01/2007

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

An eye prosthesis is covered for a patient with absence or shrinkage of an eye due to birth defect, trauma or surgical removal.

Polishing and resurfacing (V2624) is covered on a twice per year basis.

One enlargement (V2625) or reduction (V2626) of the prosthesis is covered without documentation. Additional enlargements or 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 upon request.

If an item or service does not meet the criteria specified in this section, it will be denied as not medically necessary unless there is documentation in the medical record clearly explaining the medical necessity in the individual situation

LCD Information

Coverage Topic

Durable Medical Equipment
Prosthetic Devices

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service.

LT - Left side

RT - Right side

HCPCS CODES:

L9900 ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE

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

V2628 FABRICATION AND FITTING OF OCULAR CONFORMER

V2629 PROSTHETIC EYE, OTHER TYPE

ICD-9 Codes that Support Medical Necessity

Not specified.

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless

General Information

"there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The physician's records must contain information which supports the medical necessity of the item ordered. The ocularist's documentation of the necessity for a replacement prosthesis is appropriate documentation for that claim if the replacement is necessitated by other than medical reasons.

When billing for an item or service at a greater frequency than that described in the policy, there must be documentation in the patient's medical records that corroborates the order and supports the medical necessity of the items and quantities billed. This information must be available upon request.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/30/1993

End Date of Comment Period

06/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

EYE003

General Information

Revision History Explanation

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: DMERC references.

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy Article

HCPCS CODES AND MODIFIERS:

Added: L9900

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY, RT and LT

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added standard language concerning coverage of items without an order.

Revised coverage and payment of polishing and resurfacing services from once to twice per year.

COVERED ICD-9 CODES:

No Changes

CODING GUIDELINES:

Added requirement to use the RT and LT modifiers.

DOCUMENTATION REQUIREMENTS:

Added standard language concerning use of the EY modifier for items without an order.

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11529 from DME PSC TriCenturion (77011) LCD L11529.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A33613 - Eye Prostheses - Policy Article - Effective July 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Eye Prostheses - Policy Article - Effective July 2009 (A33613)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A33613

Article Type

Article

Key Article

Yes

Article Title

Eye Prostheses - Policy Article - Effective July 2009

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Primary Geographic Jurisdiction

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Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

07/01/2005

Article Revision Effective Date

07/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

Trial scleral cover shells are not separately payable. They are included in the allowance for scleral cover shells, V2627.

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.

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 patient's medical needs.

CODING GUIDELINES

Trial scleral shells must be billed with code L9900.

The right (RT) and/or left (LT) modifiers must be used with all HCPCS codes in this policy. When the same code for bilateral items (left and right) is billed on the same date of service, bill for both items on the same claim line using the RTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Prosthetic Devices

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 07/01/2009

CODING GUIDELINES:

Revised: RT/LT modifier instructions.

Changed: SADMERC to PDAC.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A33613 from DME PSC TriCenturion (77011) Article A33613.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy.

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Noted: Trial scleral shells as not separately payable.

Added: Reasonable useful lifetime guidelines.

CODING GUIDELINES:

Added: Guideline for trial scleral shells.

Related Documents

LCD(s)

[L11529 - Eye Prosthesis](#)