
Prosthetic Eyes

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This section contains information about prosthetic eyes and program coverage (*California Code of Regulations* [CCR], Title 22, Section 51317[g]).

Program Coverage

A written prescription by a physician or optometrist is required for the provision of prosthetic eyes.

Repairs

CPT® code 92499 (unlisted ophthalmological service or procedure) is used to bill for repair of a prosthetic eye. Justification for the repair must be included with the claim for payment. This service can be billed to Medi-Cal directly “By Report” without prior authorization.

Refitting

HCPCS code V2629 (prosthetic eye, other type) is used to bill for refitting of prosthetic eyes. This service requires a valid *Treatment Authorization Request* (TAR) or *Service Authorization Request* (SAR) for payment. Justification for the refitting must be included with the TAR/SAR for authorization.

Polishing/Resurfacing

For HCPCS code V2624 (polishing/resurfacing of ocular prosthesis), two paid claims per 12-month period for the same recipient and same provider are allowed without TAR/SAR. Additional services within the same 12-month period will require a valid TAR/SAR and medical documentation justifying additional benefits.

Service Description

The following services are included in the global fee for codes V2623 and V2627 and cannot be billed as a separate service:

Code V2623:

- Evaluation and impression of the ophthalmic socket
- Development of a fitting model or pattern (in acrylic plastic or wax)
- Painting the iris and sclerotic colorings to replicate the anatomical characteristic of the fellow eye
- Finishing
- Delivery of the completed prosthesis
- Six months follow-up care

Code V2627:

- Evaluation and impression of the globe
- Development of a fitting model or pattern (usually in acrylic plastic)
- Painting the iris and sclerotic colorings to replicate the anatomical characteristics of the fellow eye
- Finishing
- Delivery of the completed prosthesis
- Six months follow-up care

Documentation Requirements For TARs/SARs

The following documentation is required to be submitted with the TAR or SAR for all the following HCPCS codes. Failure to do so will result in denial of the TAR/SAR. For instructions on how to submit a TAR, refer to the *TAR Completion* section.

Codes V2623 (prosthetic eye, plastic, custom) and V2627 (sclera cover shell) must include the following:

- A written prescription by a physician or optometrist in the medical record
- An explanation of the need for the prosthetic eye
- Prior prosthetic eye history
- Description and justification other than a pre-cast prosthesis

For replacement of a prosthetic eye or sclera cover shell, one of the following justifications must be included:

- To accommodate changes resulting from orbital development in persons under 18 years of age
- When necessary to prevent a significant disability
- When prior prosthesis was lost or destroyed due to circumstances beyond the recipient's control
- When the prior prosthesis can no longer be rehabilitated

Code V2625 (enlargement of ocular prosthesis) and V2626 (reduction of ocular prosthesis) must include justification for why this service is medically indicated.

If there is one paid claim in history, justification for a second claim in a 12-month period must include one of the following conditions that supports medical necessity on the TAR/SAR:

- Socket growth or contracture
- Lagophthalmos
- Ptosis
- Lower lid laxity
- Entropion
- Ectropion
- Implant exposure and other conditions can often be improved or minimized with the appropriate prosthetic modifications.

Code V2628 (fabrication and fitting of ocular conformer) must include:

- A written prescription by a physician or optometrist in the medical record.
- Justification for why this service is medically indicated.
- Documentation of post-surgical use to prevent closure and/or adhesions between the orbit and eyelid during the healing process.

Code V2629 must include:

- A description of prosthetic eye services not covered by codes V2623 – V2628.
- Justification for why this service is medically indicated.
- For payment, a copy of the Adjudication Response and/or an attachment indicating the description of the service being billed as in either “Re-fitting” or “Transparent Sclera Shell” must be included with the claim.

Modifiers

The following prosthetic eye procedure codes must be billed with modifier SC (medically necessary service or supply) for payment or the claim will be denied:

«Eye Procedure Codes to be Billed with Modifiers SC»

<u>HCPCS Code</u>	<u>Description</u>
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis

The following prosthetic eye procedure codes must be billed with modifiers NU (new equipment) or RA (replacement/repair) for payment or the claim will be denied:

«Eye Procedure Codes to be Billed with Modifier NU or RA»

<u>HCPCS Code</u>	<u>Description</u>
V2623	Prosthetic eye, plastic, custom
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye, other type

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.