## Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>18003 - DME MAC J-C</td>
<td>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, Virgin Islands, Arizona, California, Guam, Hawaii, Idaho, Kansas, Missouri, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Virginia, Virgin Islands, Arizona, California, Guam, Hawaii, Idaho, Kansas, Missouri, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Virginia, Virgin Islands, Arizona, California, Guam, Hawaii, Idaho, Kansas, Missouri, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>DME MAC</td>
<td>19003 - DME MAC J-D</td>
<td>Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Missouri, North Dakota, Nebraska, Nevada, Oregon, South Dakota</td>
</tr>
</tbody>
</table>

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.
### LCD Information

#### Document Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD ID</td>
<td>L33737</td>
</tr>
<tr>
<td>Original ICD-9 LCD ID</td>
<td>L11519, L27034, L11529, L194</td>
</tr>
<tr>
<td>LCD Title</td>
<td>Eye Prostheses</td>
</tr>
<tr>
<td>Original Effective Date</td>
<td>For services performed on or after 10/01/2015</td>
</tr>
<tr>
<td>Revision Effective Date</td>
<td>For services performed on or after 01/01/2017</td>
</tr>
<tr>
<td>Revision Ending Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Retirement Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period Start Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period End Date</td>
<td>N/A</td>
</tr>
</tbody>
</table>

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2017 American Medical
Association. All Rights Reserved. CPT is a registered
trademark of the American Medical Association.
Applicable FARS/DFARS Apply to Government Use. Fee
schedules, relative value units, conversion factors
and/or related components are not assigned by the
AMA, are not part of CPT, and the AMA is not
recommending their use. The AMA does not directly or
indirectly practice medicine or dispense medical
services. The AMA assumes no liability for data
contained or not contained herein.

The Code on Dental Procedures and Nomenclature
(Code) is published in Current Dental Terminology
(CDT). Copyright © American Dental Association. All
rights reserved. CDT and CDT-2016 are trademarks of
the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS
MANUAL, 2014, is copyrighted by American Hospital
Association ("AHA"), Chicago, Illinois. No portion of
OFFICIAL UB-04 MANUAL may be reproduced, sorted in
a retrieval system, or transmitted, in any form or by
any means, electronic, mechanical, photocopying,
recording or otherwise, without prior express, written
consent of AHA." Health Forum reserves the right to
change the copyright notice from time to time upon
written notice to Company.

CMS National Coverage Policy None

Coverage Guidance

**Coverage Indications, Limitations, 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.
The purpose of a Local Coverage Determination (LCD) is to provide information regarding “reasonable and necessary” criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the “reasonable and necessary” criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the “reasonable and necessary” criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Eye prostheses are covered for a beneficiary 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 reasonable and necessary unless there is documentation in the medical record clearly explaining the medical necessity in the individual situation.

GENERAL

A Detailed Written Order (DWO) (if applicable) 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 a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A
CPT/HCPCS Codes

**Group 1 Paragraph:** 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:**

**Group 1 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-10 Codes that Support Medical Necessity N/A

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

General Information

Associated Information

**DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless “there has been furnished such information as may be necessary in order to determine the amounts due such provider.” It is
expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the treating practitioner'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.

**GENERAL DOCUMENTATION REQUIREMENTS**

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

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

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

**POLICY SPECIFIC DOCUMENTATION REQUIREMENTS**

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

**Miscellaneous**

**Appendices**

**Utilization Guidelines**

Refer to Coverage Indications, Limitations and/or Medical Necessity

Sources of Information and Basis for Decision

N/A

**Revision History Information**

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
</table>
| 01/01/2017            | R4                      | Revision Effective Date: 01/01/2017  
COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  
Removed: Standard Documentation Language  
Added: New reference language and directions to Standard Documentation Requirements  
Added: General Requirements  
DOCUMENTATION REQUIREMENTS:  
Removed: Standard Documentation Language  
Added: General Documentation Requirements | • Provider Education/Guidance |

Back to Top
### Revision History

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Revision Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2016</td>
<td>R3</td>
<td>Added: New reference language and directions to Standard Documentation Requirements</td>
<td>Provider Education/Guidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removed: Standard Documentation Language</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added: Direction to Standard Documentation Requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removed: Supplier Manual reference from Miscellaneous</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removed: PIM reference from Appendices</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RELATED LOCAL COVERAGE DOCUMENTS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added: LCD-related Standard Documentation Requirements article</td>
<td></td>
</tr>
<tr>
<td>07/01/2016</td>
<td>R2</td>
<td>Revision Effective Date: 07/01/2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOCUMENTATION REQUIREMENTS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revised: Standard Documentation language</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added: Repair/Replacement Requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.</td>
<td></td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>Revision Effective Date: 10/31/2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revised: Standard Documentation Language to add covered prior to a beneficiary’s Medicare eligibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOCUMENTATION REQUIREMENTS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deleted: Reference to refill of supplies from Continued Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revised: Standard Documentation Language to add who can enter date of delivery date on the POD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Added: Instructions for Equipment Retained from a Prior Payer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revised: Repair to beneficiary-owned DMEPOS</td>
<td></td>
</tr>
</tbody>
</table>

### Associated Documents

- **Attachments**: N/A
- **Related Local Coverage Documents**: Article(s) [A52462 - Eye Prostheses - Policy Article](#) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)
- **Related National Coverage Documents**: N/A

Public Version(s) Updated on 05/03/2017 with effective dates 01/01/2017 - N/A Updated on 11/04/2016 with effective dates 07/01/2016 - 12/31/2016 Updated on 06/07/2016 with effective dates 07/01/2016 - N/A Updated on 04/09/2015 with effective dates 10/01/2015 - 06/30/2016 Updated on 04/04/2014 with effective dates 10/01/2015 - N/A

### Keywords

N/A Read the [LCD Disclaimer](#)
END OF LOCAL COVERAGE DETERMINATION
Per the Code of Federal Regulations, 42 C.F.R § 426.325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
Local Coverage Article:
Eye Prostheses - Policy Article (A52462)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction(s)</th>
</tr>
</thead>
</table>
Article Information

General Information

Article ID
A52462

Original Article Effective Date
10/01/2015

Original ICD-9 Article ID
A33712
A47092
A33613
A33672

Revision Effective Date
01/01/2017

Revision Ending Date
N/A

Retirement Date
N/A

Article Title
Eye Prostheses - Policy Article

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association (“AHA”), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

Article Guidance

Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES
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. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. “reasonable and necessary”).

Eye prostheses are covered under the Medicare Artificial Legs, Arms and Eyes benefit (Social Security Act §1861(s)(9)). In order for a beneficiary’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

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

The following services and items are included in the allowance for a eye prosthesis and, therefore, are not separately billable to or payable by Medicare under the prosthetic device benefit:

- Evaluation of the beneficiary
- Pre-operative planning
- Cost of materials
- Labor involved in the fabrication and fitting of the prosthesis
- Modifications to the prosthesis made at the time delivery of the prosthesis or within 90 days thereafter
- Repair due to normal wear or tear within 90 days of delivery
- Follow-up visits within 90 days of delivery of the prosthesis

Modifications to a prosthesis are separately payable when they occur more than 90 days after delivery of the prosthesis and they are required because of a change in the beneficiary’s condition.

Repairs are covered when there has been accidental damage or extensive wear to the prosthesis that can be repaired. If the expense for repairs exceeds the estimated expense for a replacement prosthesis, no payments can be made for the amount of the excess.

Follow-up visits which occur more than 90 days after delivery and which do not involve modification or repair of the prosthesis are noncovered services.

Claims for eye prostheses from nonphysicians provided in an office or nursing home setting are submitted to the DME MAC. Claims for eye prostheses from physicians in these settings are submitted to the local carrier. Claims for eye prostheses provided in an outpatient hospital setting are submitted to the local intermediary. Eye prostheses provided in an inpatient hospital setting are included in the payment made to the hospital; and, therefore should not be submitted to the DME MAC. Implanted prosthesis anchoring components should not be billed to the DME MAC.

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 beneficiary’s medical needs.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS.
When billing for an item or service at a greater frequency than that described in the policy, there must be documentation in the beneficiary’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.

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.

**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 RTLT modifiers and 2 units of service. Claims billed without the RT and/or LT modifiers 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.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

**Revision History Information**

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2017</td>
<td>R3</td>
<td>Revision Effective Date: 01/01/2017 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Removed: Reasonable Useful Lifetime verbiage</td>
</tr>
<tr>
<td>Revision History Date</td>
<td>Revision History Number</td>
<td>Revision History Explanation</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>07/01/2016</td>
<td>R2</td>
<td>POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: New reference language and directions to Standard Documentation Requirements Added: Replacement instructions (previously in the related LCD) RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article Revision Effective Date: 07/01/2016 NON-MEDICAL NECESSITY COVERAGE &amp; PAYMENT RULES: Added: Instructions for services and items included in the allowance of the eye prostheses, and not separately billable Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.</td>
</tr>
<tr>
<td>07/01/2016</td>
<td>R1</td>
<td></td>
</tr>
</tbody>
</table>

**Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33737 - Eye Prostheses](#)

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

**Public Version(s)** Updated on 05/03/2017 with effective dates 01/01/2017 - N/A Updated on 11/04/2016 with effective dates 07/01/2016 - N/A Updated on 06/07/2016 with effective dates 07/01/2016 - N/A Updated on 04/04/2014 with effective dates 10/01/2015 - N/A

**Keywords**

N/A Read the [Article Disclaimer](#)