

# Local Coverage Determination (LCD): Facial Prostheses (L33738)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## LCD Information

### Document Information

LCD ID L33738	Original Effective Date For services performed on or after 10/01/2015
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Original ICD-9 LCD ID <a href="#">L11556</a> <a href="#">L27001</a> <a href="#">L5046</a> <a href="#">L11571</a>	Revision Effective Date For services performed on or after 01/01/2017
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	Revision Ending Date N/A
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LCD Title Facial Prostheses	Retirement Date N/A
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Proposed LCD in Comment Period N/A	Notice Period Start Date N/A
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Source Proposed LCD N/A	Notice Period End Date N/A
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## **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.

A facial prosthesis is covered when there is loss or absence of facial tissue due to disease, trauma, surgery, or a congenital defect.

### 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.

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## **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:**

AV – Item furnished in conjunction with a prosthetic device, prosthetic or orthotic

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

KM - Replacement of facial prosthesis including new impression/moulage

KN - Replacement of facial prosthesis using previous master model

LT - Left side

RT - Right side

**HCPCS CODES:**

**Group 1 Codes:**

A4364 ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ

A4450 TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES

A4452 TAPE, WATERPROOF, PER 18 SQUARE INCHES

A4455 ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE

A4456 ADHESIVE REMOVER, WIPES, ANY TYPE, EACH

A5120 SKIN BARRIER, WIPES OR SWABS, EACH

L8040 NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8041 MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8042 ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8043 UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8044 HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8045 AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8046 PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8047 NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN

L8048 UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN

L8049 REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN

V2623 PROSTHETIC EYE, PLASTIC, CUSTOM

V2629 PROSTHETIC EYE, OTHER TYPE

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** Not applicable

**Group 1 Codes:** N/A

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** Not applicable

**Group 1 Codes:** N/A

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## **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

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## **Revision History Information**

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R4	<p>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            Added: New reference language and directions to Standard Documentation Requirements            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Removed: Standard Documentation Language            Added: Direction to Standard Documentation Requirements<sup>8</sup>            Removed: Supplier Manual reference from Miscellaneous            Removed: PIM reference from Appendices            RELATED LOCAL COVERAGE DOCUMENTS:            Added: LCD-related Standard Documentation Requirements article</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
07/01/2016	R3	<p>Revision Effective Date: 07/01/2016            DOCUMENTATION REQUIREMENTS:            Revised: Standard Documentation language Effective 04/28/2016            Added: Repair/Replacement Requirements 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.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
07/01/2016	R2	<p>Revision Effective Date: 08/01/2015            COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:            Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility            DOCUMENTATION REQUIREMENTS:            Deleted: Reference to refill of supplies from Continued Use            Revised: Standard Documentation Language to add who can enter date of delivery date on the POD            Added: Instructions for Equipment Retained from a Prior Payer            Revised: Repair to beneficiary-owned DMEPOS (Note: Standard Documentation Language updates noted above are effective for DOS on or after 10/31/2014)            POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:            Added: Language for HCPCS Codes A4450, A4452, A5120 when submitted without correct modifier</p>	<ul style="list-style-type: none"> <li>• Change in Assigned States or Affiliated Contract Numbers</li> </ul>
10/01/2015	R1		<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

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## [Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A52463 - Facial Prostheses - Policy Article](#) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#)

Related National Coverage Documents N/A

## **Keywords**

N/A Read the [LCD Disclaimer](#) [Back to Top](#)

**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: Facial Prostheses - Policy Article (A52463)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota
<a href="#">CGS Administrators, LLC</a>	DME MAC	18003 -	DME MAC J-C	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	16013 -	DME MAC J-A	
<a href="#">Noridian Healthcare Solutions, LLC</a>	DME MAC	19003 -	DME MAC J-D	

## Article Information

### General Information

**Article ID**

A52463

**Original Article Effective Date**

10/01/2015

Original ICD-9 Article ID

[A25513](#)[A47075](#)[A25186](#)[A25364](#)**Revision Effective Date**

01/01/2018

**Revision Ending Date**

N/A

**Article Title**

Facial Prostheses - Policy Article

**Retirement Date**

N/A

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### Article Guidance

**Article Text:****NONMEDICAL 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").

Facial prostheses are covered under the Medicare Artificial Legs, Arms and Eyes benefit (Social Security Act §1861(s)(9)). In order for a beneficiary 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 to meeting the benefit policy, there are specific statutory payment policy requirements, discussed below, that also must be met.

Adhesives, adhesive remover, skin barrier wipes, and tape used in conjunction with a facial prosthesis are covered.

The following services and items are included in the allowance for a facial 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

Claims for implanted components (e.g., titanium studs, magnets, etc.) and procedures used to affix the external facial prosthesis to the beneficiary are not the jurisdiction of the DME MAC. Claims for these items and services will be denied as wrong jurisdiction.

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.

Replacement of a facial prosthesis is covered in cases of loss or irreparable damage or wear or when required because of a change in the beneficiary's condition that cannot be accommodated by modification of the existing prosthesis. When replacement involves a new impression/moulage rather than use of a previous master model, the reason for the new impression/moulage must be clearly documented in the supplier's records and available upon request.

Claims for facial prostheses from nonphysicians provided in an office or nursing home setting are submitted to the DME MAC. Claims for facial prostheses from physicians in these settings are submitted to the local carrier. Claims for facial prostheses provided in an outpatient hospital setting are submitted to the local intermediary. Facial 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.

If an ocular prosthesis is dispensed to the beneficiary as an integral part of a facial prosthesis, the ocular prosthesis component must be billed by the supplier of the facial prosthesis. (For information on ocular prostheses that are not part of orbital prostheses, refer to the Eye Prostheses LCD.)

Skin care products related to the prosthesis, including but not limited to cosmetics, skin cream, cleansers, etc., are noncovered.

Claims for tape and adhesive (A4450, A4452, A5120) that are billed without an AV modifier or another modifier indicating coverage under a different policy will be rejected as missing information.

## **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.

Claims for tape and adhesive (A4450, A4452, A5120) that are submitted without AV modifier will be rejected as missing information.

When either code V2629 or L8048 is billed, the claim must be accompanied by a brief description of the item in the narrative field. When L8048 is provided, a drawing/photograph of the item provided must be available upon request.

The physician's records must contain information which supports the medical necessity of the item ordered. The prosthetist'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**

Codes for a facial prosthesis (L8040-L8047) describe a complete prosthesis, except as noted below for the use of code L8048 (UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN).

A nasal prosthesis (L8040) is a removable superficial prosthesis, which restores all or part of the nose. It may include the nasal septum.

A midfacial prosthesis (L8041) is a removable superficial prosthesis, which restores part or all of the nose plus significant adjacent facial tissue/structures, but does not include the orbit or any intraoral maxillary component. Adjacent facial tissue/structures include one or more of the following: soft tissue of the cheek, upper lip, or forehead.

An orbital prosthesis (L8042) is a removable superficial prosthesis, which restores the eyelids and the hard and soft tissue of the orbit. It may also include the eyebrow. This code does not include the ocular prosthesis component.

An upper facial prosthesis (L8043) is a removable superficial prosthesis, which restores the orbit plus significant adjacent facial tissue/structures, but does not include the nose or any intraoral maxillary component. Adjacent facial tissue/structures include one or more of the following: soft tissue of the cheek or forehead. This code does not include the ocular prosthesis component.

A hemi-facial prosthesis (L8044) is a removable superficial prosthesis, which restores part or all of the nose plus the orbit plus significant adjacent facial tissue/structures, but does not include any intraoral maxillary component. This code does not include the ocular prosthesis component.

An auricular prosthesis (L8045) is a removable superficial prosthesis, which restores all or part of the ear.

A partial facial prosthesis (L8046) is a removable superficial prosthesis which restores a portion of the face but which does not specifically involve the nose, orbit, or ear.

A nasal septal prosthesis (L8047) is a removable prosthesis, which occludes a hole in the nasal septum but does not include superficial nasal tissue.

Code L8048 is a miscellaneous code. There are limited scenarios where the use of miscellaneous code L8048 is appropriate:

1. If a facial prosthesis is not described by a specific code, L8040-L8047.
2. If a facial prosthesis has a component which is used to attach it to a bone-anchored implant or to an internal prosthesis (e.g., maxillary obturator), that component should be billed separately using code L8048. This code should not be used for implanted prosthesis-anchoring components.
3. Covered modifications or repairs are billed using code L8048 for any materials used and code L8049 for the labor components.

Code V2623 describes an ocular prosthesis, which is custom fabricated.

Code V2629 is used for an ocular prosthesis that is not custom fabricated (i.e., stock prosthesis).

When a new ocular prosthesis component is provided as an integral part of an orbital, upper facial or hemi-facial prosthesis, it should be billed using code V2623 or V2629 on a separate claim line. When a replacement facial prosthesis utilizes an ocular component from the prior prosthesis, the ocular prosthesis code should not be billed.

When a prosthesis is needed for adjacent facial regions, a single code must be used to bill for the item whenever possible. For example, if a defect involves the nose and orbit, this should be billed using the hemi-facial prosthesis code and not separate codes for the orbit and nose. This would apply even if the prosthesis is fabricated in two separate parts.

When codes A4450, A4452 and A5120 are used with a facial prosthesis, they must be billed with the AV modifier. For this policy, codes A4450, A4452 and A5120 are the only codes for which the AV modifier may be used.

When a replacement prosthesis is fabricated starting with a new impression/moulage, the KM modifier should be added to the code. When a replacement prosthesis is fabricated using a previous master model, the KN modifier should be added to the code.

Covered modifications or repairs are billed using code L8049 for the labor components and code L8048 for any materials used. Time reported using code L8049 should only be for laboratory modification/repair time and associated prosthetic evaluation used only for services after 90 days from the date of delivery of the prosthesis. Evaluation not associated with repair or modification is noncovered and should not be coded as L8049.

Adhesives, adhesive remover, and tape used in conjunction with a facial prosthesis should be billed using codes A4364, A4455, A4456, A4450, or A4452. The unit of service is specified for each code. For tape, one unit of service is 18 square inches. Therefore, a roll of tape 1/2" X 3 yds. would be 3 units; 1" x 3 yds. would be 6 units. Other skin care products related to the prosthesis should generally not be billed; but, if they are billed at the beneficiary's request, code A9270 (noncovered item or service) should be used.

The right (RT) and/or left (LT) modifiers must be used with facial prosthesis codes when applicable. If bilateral prostheses using the same code are billed on the same date of service, the code should be entered on a single claim line using the RLT modifiers and billed with 2 units of service. Claims billed with codes L8042–L8043 and L8045–L8046, 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.

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## **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

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
		Revision Effective Date: 01/01/2018
01/01/2018	R5	Added: Clarifying language regarding use of miscellaneous code L8048  <i>04/12/2018: At this time 21st Century Cures Act applies to new and revised LCDs that restrict coverage, which require comment and notice. This revision is to an article that is not a local coverage determination.</i> Revision Effective Date: 01/01/2017
01/01/2017	R4	Added: Policy specific documentation requirements from Documentation section of LCD RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R3	Revision Effective Date: 07/01/2016 Updated: Title to remove effective date
07/01/2016	R2	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.
10/01/2015	R1	Revision Effective Date: 08/01/2015 NON-MEDICAL NECESSITY COVERAGE & PAYMENT RULES: Revised: Language for HCPCS codes A4450, A4452, A5120, that are billed without correct modifier

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L33738 - Facial Prostheses](#)

**Related National Coverage Document(s)** N/A

**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 04/04/2018 with effective dates 01/01/2018 - N/A [Updated on 05/04/2017 with effective dates 01/01/2017 - N/A](#) Some older versions have been archived. Please visit [MCD Archive Site](#) to retrieve them. [Back to Top](#)

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## Keywords

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