



Cigna Medical Coverage Policy

Subject Prosthetic Devices: External Facial, Internal Ocular

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna

Coverage Policy

External Facial Prosthesis

Coverage for an external facial prosthesis is subject to the terms, conditions and limitations of the applicable benefit plan's External Prosthetic Appliances and Devices (EPA) or Durable Medical Equipment (DME) benefit and schedule of copayments. Coverage for replacement and/or repair of an EPA or DME item may vary depending on the benefit plan language. In addition, this service may be governed by state mandates. Under many benefit plans, coverage for EPA and DME is limited to the lowest-cost alternative.

Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage is available for an external facial prosthesis, the following conditions of coverage apply.

Cigna covers an external facial prosthesis (HCPCS code L8040, L8041, L8042, L8043, L8044, L8045, L8046, L0847 and L8048) as medically necessary when EITHER of the following conditions has been met:

- an external facial prosthesis is prescribed to compensate for the loss or absence of facial tissue as a result of disease, injury, surgery or congenital defect
- a replacement of a medically necessary external facial prosthesis when anatomical change or normal wear and tear renders the item ineffective or nonfunctional and readjustment/repair is not possible

Cigna does not cover a duplicate external facial prosthesis because it is considered a convenience item and not medically necessary.

Cigna does not cover the following supplies related to the care of, and/or application or removal of, an external facial prosthesis because each is a consumable item specifically excluded under most benefit plans and not medically necessary (this list may not be all-inclusive):

- cosmetics
- skin creams
- skin cleansers
- adhesives
- adhesive remover
- skin barrier wipes
- tape

Internal Ocular Prosthetic Device

Coverage for an internal prosthetic device, including maintenance, repair, or replacement, is generally subject to the terms, conditions and limitations of the applicable benefit plan's Internal Prosthetic/Medical Appliances benefit.

Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage is available for an internal ocular prosthesis, the following conditions of coverage apply.

Cigna covers an internal ocular prosthesis (HCPCS code V2623), including related services (i.e., polishing, resurfacing, reduction of prosthesis, enlargement of prosthesis), as medically necessary when the prosthesis is prescribed to compensate for the loss or shrinkage of an eye due to trauma, surgery, or congenital defect.

Cigna covers a scleral shell (HCPCS code V2627) as medically necessary for either of the following indications:

- an artificial support to orbital tissue for a shrunken and sightless eye
- treatment of dry eye refractory to medical management

Cigna does not cover a scleral shell when used solely to improve the appearance of a discolored eye because it is considered cosmetic and not medically necessary.

General Background

External facial prostheses are used to replace lost or absent facial tissue that is the result of disease, injury, surgery or a congenital defect or they may be considered an alternative to reconstructive surgery. An external device is usually made from silicone materials and requires frequent removal and cleaning while a surgically implanted prosthetic device is typically removed and cleaned less often. The function of the external prosthesis is to protect exposed tissues, cover exposed cavities, and restore physical appearance.

Common types of external facial prostheses include the following:

- auricular (ear)
- nasal (nose)
- midfacial (nose and adjacent tissues)
- orbital (orbit/eyelids)

- upper facial (orbit and adjacent tissues)
- hemifacial (nose, orbit and adjacent tissues)

An auricular prosthesis (HCPCS code L8045) is a removable superficial prosthesis that restores all or part of the ear. The function of the prosthetic ear may include directing sound into the auditory canal, supporting eyeglasses and acting as a hearing aide if required.

A nasal prosthesis (HCPCS code L8040) is a removable superficial prosthesis that restores all or part of the nose. It may include the nasal septum. The nasal prosthesis functions to direct airflow to the nasopharynx. It may also provide support for eyeglasses.

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

An orbital prosthesis (HCPCS code L8042) is a removable superficial prosthesis that restores the eyelids and the hard and soft tissue of the orbit. It may also include the eyebrow. This prosthesis does not include the ocular prosthesis; a function of the orbital prosthesis is to house the artificial eye.

An internal ocular prosthesis (V2623) is a prosthetic device that replaces the natural eye and is placed in the orbital prosthesis. This prosthesis functions to maintain the volume of the eye socket and the appearance of the eye, it does not restore vision.

A scleral shell (HCPCS V2627) is a prosthetic device that covers the entire surface of the eye and is often used to improve cosmesis by restoring the natural appearance of a disfigured or discolored eye. When used as an alternative to or to delay surgical enucleation for an eye that has shrunk from an inflammatory condition and is sightless, the device provides support to the surrounding orbital tissue, similar to the natural eye. Although infrequent, a scleral shell may also be used in combination with artificial tears to correct a dry eye. Dry eye is a condition that results from failure of the lacrimal gland to produce adequate tears. When used with artificial tears for the treatment of dry eye the shell prolongs the action of the moisture provided by the artificial tears and protects the surface of the eye. When used for this indication the shell enhances the functioning of the diseased lacrimal gland.

An upper facial prosthesis (HCPCS code L8043) is a removable superficial prosthesis that restores the orbit, plus significant adjacent facial tissue/structures, but does not include the nose, any intraoral maxillary prosthesis or ocular prosthesis. Adjacent facial tissue/structures include soft tissue of the cheek(s) or forehead.

A hemifacial prosthesis (HCPCS code L8044) is a removable superficial prosthesis that restores part or all of the nose, the orbit, and significant adjacent facial tissue/structures, but does not include any intraoral maxillary prosthesis or ocular prosthesis.

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

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

Prosthetic devices may be secured or retained in place by anatomical structures; however, in most cases the device is held in place with the use of a skin adhesive. Additionally, some devices may be held in place by implants, such as bone integrated titanium implants. The method chosen to secure the device and the type of device are usually dependent upon factors such as the degree of deformity, the person's ability to handle maintenance routines, the individual's occupation and lifestyle, and the availability of assistance when needed.

Skin care products (e.g., cosmetics, creams, and cleansers) related to care of the prosthesis, and the application and/or removal of the device are considered personal care items.

The following services and items are typically included in the allowance for a prosthetic device:

- the evaluation and fitting of the prosthesis
- the cost of base component parts and labor, as described in HCPCS base codes
- the repairs due to normal wear and tear during the 90-day period following the date of delivery
- adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery, when the adjustments are not necessitated by changes in the underlying tissue or the patient's functional ability

Use Outside of the US: No relevant information.

Summary

Facial prostheses may be constructed out of various materials including latex, foam latex, silicone, cold foam, and/or other materials; and are considered reasonable and necessary for patients who have absent facial tissue as a result of disease, injury, surgery or a congenital defect. Some patients may require the device when reconstruction cannot be achieved. The desired goal of the external facial prosthesis is to protect exposed tissues, cover exposed cavities, and to restore physical appearance.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Nasal Prosthesis

Covered when medically necessary:

CPT [®] * Codes	Description
21087	Impression and custom preparation; nasal prosthesis

HCPCS Codes	Description
L8040	Nasal prosthesis, provided by a nonphysician
L0847	Nasal septal prosthesis, provided by a nonphysician

Orbit Prosthesis

Covered when medically necessary:

CPT* Codes	Description
21077	Impression and custom preparation; orbital prosthesis

HCPCS Codes	Description
L8042	Orbital prosthesis, provided by a nonphysician

Ear Prosthesis

Covered when medically necessary:

CPT* Codes	Description
21086	Impression and custom preparation; auricular prosthesis

HCPCS	Description
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Codes	
L8045	Auricular prosthesis, provided by a nonphysician

Facial Prosthesis

Covered when medically necessary:

CPT* Codes	Description
21088	Impression and custom preparation; facial prosthesis

HCPCS Codes	Description
L8041	Midfacial prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician

Maxillofacial Prosthesis, External

Covered as medically necessary:

HCPCS Codes	Description
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician

Ocular Prosthesis

Covered as medically necessary:

HCPCS Codes	Description
V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2628	Fabrication and fitting of ocular conformed
V2629	Prosthetic eye, other type

Scleral Shell

Covered as medically necessary:

HCPCS Codes	Description
V2627	Scleral cover shell

Repair/Replacement

Covered as medically necessary:

HCPCS Codes	Description
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per 15 minutes
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician

Not medically necessary and not covered when used to report non-covered consumable supplies outlined in the coverage policy:

HCPCS Codes	Description
A4364	Adhesive, liquid, or equal, any type, per oz.
A4450	Tape, nonwaterproof, per 18 sq. in.
A4452	Tape, waterproof, per 18 sq. in.
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz.
A4456	Adhesive remover, wipes, any type, each
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code

***Current Procedural Terminology (CPT®) © 2013 American Medical Association: Chicago, IL.**

References

1. CGS. LCD for Facial Prostheses (L11556). Local medical review policies/local coverage determinations. Centers for Medicare & Medicaid Services (CMS). Revision effective date: 08/05/2011. Accessed February 27, 2014. Available at URL address: [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11556&ContrlId=140&ver=27&ContrVer=2&Cntrctr=140&name=CIGNA+Government+Services+\(18003%2c+DME+MAC\)&LCntrctr=94%7c140&bc=BAAEAAEIAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11556&ContrlId=140&ver=27&ContrVer=2&Cntrctr=140&name=CIGNA+Government+Services+(18003%2c+DME+MAC)&LCntrctr=94%7c140&bc=BAAEAAEIAAAAAA%3d%3d&)
2. CGS. LCD for Eye Prosthesis (L11519). Local medical review policies/local coverage determinations. Centers for Medicare & Medicaid Services (CMS). Revision effective date 8/5/2011. Accessed February 27, 2014. Available at URL Address: <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11519&ContrlId=140&ver=20&ContrVer=2&DocType=All&bc=AgIAAAAAAAAAAAAA%3d%3d&>
3. National Government Services (NGS).LCD Eye Prosthesis (L27034). Local medical review policies/local coverage determinations. Centers for Medicare & Medicaid Services (CMS). Revision effective date 7/1/2007. Accessed February 27, 2014. Available at URL address: <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27034&ContrlId=138&ver=6&ContrVer=1&DocType=All&bc=AgIAAAAAAAAAAAAA%3d%3d&>

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