Coverage

An ocular prosthesis is **not** covered for beneficiaries age twenty-one (21) and above.

An ocular prosthesis **is** covered for children under age twenty-one (21) regardless of the cause of the loss of the eyeball. Services related to the prosthesis are covered as follows:

- Medically necessary polishing/resurfacing is covered one (1) time per year. If the beneficiary requires more frequent service, the provider must submit a prior authorization request (Eyeglass/Hearing Aid Authorization Form).

- One (1) medically necessary enlargement or reduction of the prosthesis within five (5) years of the fitting date is covered without prior authorization. Additional enlargements or reductions are rarely medically necessary and are therefore covered only when prior approved.

Prior Authorization

Prior authorization is **not** required except as noted above.

Documentation Requirements

Medical necessity must be documented in the beneficiary medical record. For additional documentation requirements refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy and Section 29.13 for Documentation policy.