



Health & Human Services

## FACIAL PROSTHESIS

Service Authorization Required: Yes

CMN Required: No

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2023

## FACIAL PROSTHESIS

### Indications and limitations of coverage and medical appropriateness:

- Loss or absence of facial tissue due to disease, trauma, or congenital defect.
- Adhesive, adhesive remover, skin barrier wipes and tapes used in conjunction with a facial prosthesis are covered.
- Labor is included in the allowance of the prosthesis and will not be paid separately (includes cost of materials).
- Repairs are covered if accidental damage or extensive wear. If costs of repairs exceed 75% of the cost to replace, replacement is to be requested. Effective 6-15-13

### Documentation Requirements:

- The right and/or left modifier must be used when requesting.
- RB modifier is required for repair and/or replacement
- A prescription from prescribing physician/practitioner.
- Prescribing physician/practitioner note within 90 days of service authorization requested start date.

#### Date Revised

#### Revisions

February 2017

Reviewed and reformatted.

December 11, 2023

Reviewed and reformatted. Documentation Requirement section bullet four deleted and replaced with prescribing physician/practitioner note within 90 days of service authorization requested start date.



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