



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Coverage Policy Number 0331

Subject **Facial Prostheses, External**

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Hyperlink to Related Coverage Policies

Otoplasty/External Ear Reconstruction

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), 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 supercedes** 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. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

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.

Under many benefit plans formerly administered by Great-West Healthcare, a prosthetic device is only covered when 1) the device is not useful in the absence of an illness or injury, 2) is not disposable, 3) is able to withstand repeated use, and 4) is appropriate for use in the individual's home. Coverage includes repair or replacement of covered equipment only when repair or replacement is required as a result of normal usage.

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 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

General Background

Prosthetic appliances are devices used to replace a missing body part and are often referred to as "prosthetic devices," or "protheses." External facial prostheses are used to replace lost or absent facial tissue that occurred as a result of disease, injury, surgery or a congenital defect; in some cases, they may be considered an alternative to reconstructive surgery. An external prosthetic device is usually made from silicone materials and requires frequent removal and cleaning (i.e., daily), with the exception of a surgically implanted device which is removed less frequently. 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 L0842) 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 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. In other cases, the device may be held in place by implants, such as bone integrated titanium implants. The type of device and method chosen to secure the device is usually dependent upon factors such as the degree of deformity, the patient's ability to handle maintenance routines, occupation, lifestyle, and 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

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

Covered when medically necessary:

HCPCS Codes	Description
L8040	Nasal prosthesis, provided by a nonphysician
L8041	Midfacial prosthesis, provided by a nonphysician
L8042	Orbital prosthesis, provided by a nonphysician
L8043	Upper facial prosthesis, provided by a nonphysician
L8044	Hemi-facial prosthesis, provided by a nonphysician
L8045	Auricular prosthesis, provided by a nonphysician
L8046	Partial facial prosthesis, provided by a nonphysician
L8047	Nasal septal prosthesis, provided by a nonphysician
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician

L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician
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ICD-9-CM Diagnosis Codes	Description
738.0	Acquired deformity of nose
743.00	Clinical anophthalmos, unspecified
743.69	Congenital anomalies of eyelids, lacrimal system, and orbit, other
744.01	Anomalies of ear causing impairment of hearing, absence of external ear
744.09	Anomalies of ear causing impairment of hearing, other
744.21	Congenital absence of ear lobe
744.23	Microtia
744.3	Unspecified anomaly of ear
744.89	Specified anomalies of face and neck, other
744.9	Unspecified anomalies of face and neck
748.1	Other anomalies of nose
906.5	Late effect of burn of eye, face, head and neck
941.30-941.39	Full thickness skin loss due to burn (third degree NOS) of face, head and neck
941.40-941.49	Deep necrosis of underlying tissue due to burn (deep third degree) of face, head, and neck without mention of a loss of a body part
941.50-941.59	Deep necrosis of underlying tissue due to burn (deep third degree) of face, head, and neck with loss of a body part
V45.78	Acquired absence of organ, eye
V45.79	Other acquired absence of organ

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.
A4365	Adhesive remover wipes, any type, per 50
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.
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code

***Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

References

1. American Anaplastology Association (AAA). What is a prosthesis? About anaplastology: frequently asked questions. © 2009 International Anaplastology Association. Accessed February 23, 2010. Available at URL address: <http://www.anaplastology.org/about-anaplastology>
2. CIGNA HealthCare Medicare Administration. LCD for Facial Prostheses (L11556). Local medical review policies/local coverage determinations. Centers for Medicare & Medicaid Services (CMS). Revision effective date: 01/01/2010. Accessed February 15, 2011. Available at URL address: [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?ContrNum=18003&ContrTypeId=10&LCDId=11556&ver=25&ContrId=140&Cntrctr=140&name=CIGNA+Government+Services+\(18003%2c+DME+MAC\)&LCntrctr=94%7c140&bc=BAAEAAEAAAAA&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?ContrNum=18003&ContrTypeId=10&LCDId=11556&ver=25&ContrId=140&Cntrctr=140&name=CIGNA+Government+Services+(18003%2c+DME+MAC)&LCntrctr=94%7c140&bc=BAAEAAEAAAAA&)

Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	4/15/2010	0331	Facial Prostheses, External

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