



Health & Human Services

FACIAL PROSTHESIS

Service Authorization Required: Yes

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

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 the cost of repairs exceeds 75% of the cost of replacement, replacement should 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 a 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.

December 17, 2025

Reviewed and reformatted. Removed "CMN" verbiage from the header section.