



**Ocular Prosthetic Designs, LLC**

1120 South 31<sup>st</sup> Street, Temple, TX 76504  
Local Phone: (254) 410-7061 FAX: (254) 410-7062

**ORDER OF MEDICAL NECESSITY**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**\*Please Check and/or fill in any of the following that pertain to the above patient\***

\*This is not a Stand Alone Document, Please send along Medical Records to substantiate Medical Necessity\*  
(i.e.: Operative Report, Clinical Notes and/or Physicians recommendations)

**Procedure Codes**

- \_\_\_ V2623 Custom Ocular Prosthesis
- \_\_\_ V2624 Polishing of Ocular Prosthesis
- \_\_\_ V2625 Enlargement of Ocular Prosthesis
- \_\_\_ V2626 Reduction of Ocular Prosthesis
- \_\_\_ V2627 Custom Scleral Shell Prosthesis
- \_\_\_ V2628 Custom Conformer

**ICD10 Diagnosis Codes**

- \_\_\_ Z44.20 Encounter for fitting and adjustment of artificial eye  
    \_\_\_ .21 right / \_\_\_ .22 left eye
- \_\_\_ Z90.01 Acquired absence of eye
- \_\_\_ Z97.0 Presence of prosthetic eye
- \_\_\_ Q11.1 Anophthalmos
- \_\_\_ Q11.2 Microphthalmos
- \_\_\_ Q15.8 Other Congenital Malformations
- \_\_\_ H44.529 Atrophy of globe, unspecified
- \_\_\_ C69.20 Malignant neoplasm of Retina  
    \_\_\_ .21 right / \_\_\_ .22 left eye
- \_\_\_ .\_\_\_ Primary DX for loss of eye

**RE:** LT/OS \_\_\_ RT/OD \_\_\_ OU \_\_\_

**Length of Need:** Prosthesis: X Lifetime  
Polishing: X Every 6 months X Once a Yr \_\_\_

**Type of Surgery:** ENUC \_\_\_ EVIS \_\_\_ EXEN \_\_\_ or SCLERAL SHELL \_\_\_

**Surgery Date:** \_\_\_\_\_ **Type of Implant:** \_\_\_\_\_

**Reason for Medical Necessity:** \_\_\_\_\_

**Physician Name (Printed):** \_\_\_\_\_ **NPI #** \_\_\_\_\_ **Tax ID#** \_\_\_\_\_

**\*Physician Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

Original signature and date only, no stamps please

**Clinic Name and address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**PLEASE RETURN THE SIGNED AND DATED ORDER TO OUR BUSINESS OFFICE AND MAINTAIN A COPY IN THE PATIENTS MEDICAL FILE.** CMS requires that a copy of this order appear in the records of both the referring provider and the Ocularist and should be available upon request by Medicare.