CLINICAL MEDICAL POLICY	
Policy Name:	Face and Ear Prostheses
Policy Number:	MP-155-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	07/27/2026
Effective Date:	10/01/2026
Next Annual Review:	10/2027
Implementation Date:	03/18/2026
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Policy History

Date	Action
10/01/2026	Provider Effective date
04/15/2026	PARP Approval
03/18/2026	QI/UM Committee review/Approved
03/18/2026	Policy initially developed Medical policy based on PA DHS MAB MAB2026012902

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the DME Company's Medicaid products for medically necessary face and ear prostheses.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Procedures

1. Facial and ear prostheses may be considered medically necessary when the prosthesis is needed to compensate for the loss or absence of facial tissue as a result of disease, trauma, surgery or a congenital defect.

2. Required Documentation
   The following information should be submitted with an initial prior authorization request for face and ear prosthesis:
   - Medical records demonstrating the individual's current physical features, physical impairment or disability.
   - Diagnoses relevant to requested prosthetic device.
   - X-ray and/or MRI reports, if appropriate.
   - Physical therapy evaluation/assessment, if appropriate.

3. Repairs/Replacements
   - Repairs to facial and ear prosthesis may be considered medically necessary when there has been accidental damage or extensive wear to the prosthesis that can be repaired.

   - Replacement of facial and ear prosthesis may be considered medically necessary in cases of loss or irreparable damage or wear or when required because of a change in the individual's condition that cannot be accommodated by modification of the existing prosthesis. When replacement involves a new impression/moulage rather than use of a previous master model, the reason for the new impression/moulage must be clearly documented in the prosthesis provider's records and available upon request.

4. The following services and items are included in the allowance for a facial or ear prosthesis and, therefore, are not separately reimbursed:
   - Evaluation of the individual
   - Pre-operative planning
   - Cost of materials
   - Labor involved in the fabrication and fitting of the prosthesis
   - Modifications to the prosthesis made at the time delivery of the prosthesis or within 90 days thereafter
   - Repair due to normal wear or tear within 90 days of delivery
   - Follow-up visits within 90 days of delivery of the prosthesis.

   Note: Modifications to a facial or ear prosthesis may be considered medically necessary when the modification occur more than 90 days after delivery of the prosthesis and they are medically necessary because of a change in the individual's condition.

5. Contraindications
    - Other skin care products related to the prosthesis, including but not limited to cosmetics, skin cream, cleansers, etc., are not reimbursable as they are not considered medical items.
    - A duplicate external facial prosthesis is considered a convenience item and is considered not medically necessary.

6. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

Governing Bodies Approval

CMS
The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- Local Coverage Determination (LCD) Facial Prostheses (L33738)
- Local Coverage Article (LCA) Facial Prostheses - Policy Article (A52463)

Coding Requirements

Procedure Codes

HCPCS Code	Description
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH
A5120	SKIN BARRIER, WIPES OR SWABS, EACH
L8040*	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8041*	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8042*	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8043*	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8044*	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8045*	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8046*	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8047*	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM

* - Require Prior Authorization

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Pennsylvania Department of Human Services. Medical Assistance Bulletin Prior Authorization Guidelines for Face and Ear Prostheses. January 29, 2026. Accessed on February 19, 2026.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Facial Prostheses (L33738). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on February 19, 2026.
Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Facial Prostheses – Policy Article (A52463). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on February 19, 2026.