



TO: All Providers

RE: Expansion of Covered Facial Prosthetics under Medicaid Vision Benefit

IMPACTED PLANS: Medicaid, HIV-SNP, and HARP

Dear MetroPlusHealth Provider,

Facial prosthetics are custom-made external devices, typically constructed from medical-grade materials, designed to restore the appearance and/or function of malformed facial anatomy. **Effective since April 1, 2026**, the New York State Department of Health added the following facial prosthetic procedure codes to the *NYS Medicaid Fee- For-Service Vision fee schedule*.

These codes are in addition to services related to eye prosthetics that were previously available under the vision benefit. This change has been configured in our system as of the effective date. If applicable, you may need to **submit documentation** to ensure you will be reimbursed.

Vision Code	Code Description	Needs Prior Authorization
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE	NO
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT	NO
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES

CPT codes for facial prosthetics may be billed by providers enrolled under the **Category of Service (COS) “0405”** (Facial/Eye Prosthesis Supplier) who are certified anaplastologists. **Anaplastologists** design, fabricate, and dispense facial prosthetics (which may include eye prosthetics) and are certified by the **Board for Certification in Clinical Anaplastology (BCCA)**. Providers will be reimbursed for these prosthetics if they are an anaplastologist with an **active and valid BCCA certification**.

Reimbursements for facial and eye prosthetics will be in accordance with the FFS Vision Fee Schedule, available at [amedny.org/ProviderManuals/VisionCare](https://www.amedny.org/ProviderManuals/VisionCare). Please ensure that accurate modifiers are included in each claim submitted.

For certificate submissions and any additional questions, please contact the Provider Relations department at ProviderRelationsOps@metroplus.org.