

Detailed Written Order for Ocular Prosthetic Services/Devices

To: LeGrand Associates. 3800 Poplar Hill Road – Ste. E. Chesapeake, VA 23321. (757) 484-4900. Fax (757) 673-4722

THIS IS NOT A STAND ALONE DOCUMENT IT MUST BE ACCOMPANIED BY MEDICAL RECORDS TO SUBSTANTIATE MEDICAL NECESSITY (i.e.: OPERATIVE REPORT, CLINICAL NOTES AND/OR PHYSICIANS RECOMMENDATIONS)

Patient Name _____ DOB ____/____/____

Right eye (OD) _____ Left eye (OS) _____ Both eyes (OU) _____

Diagnosis Codes (ICD9/10)

Length of need: Lifetime

Notes:

____ V52.2 Fitting, Artificial Eye

____ Other: _____

Procedure Codes

____ V2623 Custom Ocular Prosthesis (Utilized in the enucleated or anophthalmic eye socket)

____ V2624 Polishing of Ocular Prosthesis (Utilized to resurface a prosthesis for dullness, scratches, and/or Protein deposits) Cleaning recommended Annually ____ Bi- Annually ____ PRN ____

____ V2625 Enlargement of Ocular Prosthesis (Used to refit a prosthesis when normal settling of the socket or Globe has occurred requiring enlargement of a prosthesis)

____ V2626 Reduction of Ocular Prosthesis (Utilized to refit a prosthesis when normal changes of the socket or Globe has occurred requiring reduction of a prosthesis)

____ V2627 Custom Scleral Shell Prosthesis (Utilized in the eviscerated, Phthisical or Microphthalmic socket or When a partial or complete blind globe requires prosthetic rehabilitation)

____ V2628 Therapeutic temporary conformer/prosthesis (utilized post operatively to develop socket depth or To rehabilitate a microphthalmic and/or contracted socket (conformer therapy) or as a trial shell Prior to a fitting a scleral shell prosthesis)

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

PLEASE RETURN THE SIGNED AND DATED ORDER TO OUR BUSINESS OFFICE AND MAINTAIN A COPY IN THE PATIENTS MEDICAL FILE

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Signature of Physician with credentials (Must be original)

Date of order

Printed Physician Name:

NPI Number:

Address:

Phone:

Fax

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