Page: 1 of 4

MEDICAL POLICY



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| MEDICAL POLICY DETAILS | | |
|--------------------------------|---|--|
| Medical Policy Title | Vitrectomy Chair/Face-down Positioning System | |
| Policy Number | 1.01.52 | |
| Category | Contract Clarification | |
| Original Effective Date | 04/24/14 | |
| Committee Approval | 04/24/14 | |
| Date | | |
| Current Effective Date | 04/18/24 | |
| Archived Date | 04/23/15 | |
| Archive Review Date | 04/28/16, 04/27/17, 04/26/18, 04/25/19, 04/16/20, 04/22/21, 04/21/22, 04/20/23, 04/18/24 | |
| Product Disclaimer | Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan or Child Health Plus product), | |
| | medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line. | |

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, use of a vitrectomy chair or face-down support system has been medically proven to be effective and, therefore, is considered **medically appropriate** following vitrectomy surgery, if a face-down position is required.

POLICY GUIDELINES

- I. The member's subscriber contract or rider thereto must provide coverage for durable medical equipment.
- II. Benefits for a vitrectomy chair/face-down support system are provided through rental only.

DESCRIPTION

A vitrectomy is the surgical removal of the vitreous humor and is performed to clear blood and debris from the eye, to remove scar tissue, or to alleviate traction on the retina. At the completion of the surgery, gas or silicone oil may be injected into the eye, creating a bubble for retinal tamponade in order to keep the retina in place. As the retina is located in the back of the eye, recovering patients may be required to maintain a face-down position in order for the bubble to effectively apply pressure to the area, to enhance healing. The pressure allows the retina to re-bond with the eye wall, while new vitreous forms and replaces the bubble. Common indications for vitrectomy include macular hole repair, detached retina, vitreous hemorrhage, macular pucker, macular edema, diabetic retinopathy, and trauma.

A vitrectomy chair or face-down support system is designed for use by patients who have undergone vitrectomy surgery and assists with maintaining the face-down positioning requirement. Some patients may require the position for only a day, while others may have to maintain several hours daily of a face-down position for as long as three weeks.

RATIONALE

A face-down vitrectomy system can assist in the maintenance of a face-down position, postoperatively, for those patients whose surgeon has recommended the device. Many patients are more readily able to comply with the strict positioning

Medical Policy: Vitrectomy Chair/Face-Down Positioning System

Policy Number: 1.01.52

Page: 2 of 4

requirements when utilizing the device. Some studies have demonstrated better outcomes in healing utilizing face-down positioning.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

CPT Codes

| Code | Description |
|------|-------------------------------|
| | There is no specific CPT code |

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HCPCS Codes

| Code | Description |
|------|---|
| | There is no specific HCPCS code; E1399 (durable medical equipment, miscellaneous) |
| | may be billed. |

ICD10 Codes

| Code | Description |
|----------|--|
| E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11.311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E10.319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E11.319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E10.329 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without |
| | macular edema |
| E11.329 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema |
| E10.339 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without |
| 110.337 | macular edema |
| E11.339 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without |
| | macular edema |
| E10.349 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without |
| | macular edema |
| E11.349 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema |
| E10.359 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular |
| | edema |
| E11.359 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular |
| | edema |
| H33.001- | Unspecified retinal detachment with retinal break (code range) |
| H33.009 | |
| Н33.011- | Retinal detachment with single break (code range) |
| H33.019 | |

Medical Policy: Vitrectomy Chair/Face-Down Positioning System

Policy Number: 1.01.52

Page: 3 of 4

| Code | Description |
|---------------|---|
| Н33.021- | Retinal detachment with multiple breaks (code range) |
| H33.029 | |
| Н33.031- | Retinal detachment with giant retinal tear (code range) |
| H33.039 | |
| Н33.041- | Retinal detachment with retinal dialysis (code range) |
| H33.049 | |
| H33.051- | Total retinal detachment (code range) |
| H33.059 | |
| H33.20-H33.23 | Serous retinal detachment (code range) |
| H33.40-H33.43 | Traction detachment of retina (code range) |
| H33.8 | Other retinal detachments |
| Н35.351- | Cystoid macular degeneration (code range) |
| H35.359 | |
| Н35.371- | Puckering of macula (code range) |
| H35.379 | |
| H35.721- | Serous detachment of retinal pigment epithelium (code range) |
| H35.729 | |
| Н35.731- | Hemorrhagic detachment of retinal pigment epithelium (code range) |
| H35.739 | |
| H35.81 | Retinal edema |
| H43.10-H43.13 | Vitreous hemorrhage (code range) |

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Medical Policy: Vitrectomy Chair/Face-Down Positioning System

Policy Number: 1.01.52

Page: 4 of 4

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*Key Article

KEY WORDS

Face-down Support System, Vitrectomy Chair, Vitrectomy Recovery Solutions, Vitrectomy Solution Day Timer System Seat

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, a vitrectomy chair/face-down support system is not addressed in National or Regional CMS coverage determinations or policies.