

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Vitreotomy Chair/Face-down Positioning System
Policy Number	1.01.52
Category	Contract Clarification
Original Effective Date	04/24/14
Committee Approval Date	04/24/14
Current Effective Date	04/20/23
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
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• 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.</li> <li>• 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.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

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

The member's subscriber contract or rider thereto must provide coverage for durable medical equipment. 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.

**Medical Policy: VITRECTOMY CHAIR/FACE-DOWN POSITIONING SYSTEM**

**Policy Number: 1.01.52**

**Page: 2 of 4**

**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 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**

<b>Code</b>	<b>Description</b>
	There is no specific CPT code

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**HCPCS Codes**

<b>Code</b>	<b>Description</b>
	There is no specific HCPCS code; E1399 (durable medical equipment, miscellaneous) may be billed.

**ICD10 Codes**

<b>Code</b>	<b>Description</b>
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 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

**Medical Policy: VITRECTOMY CHAIR/FACE-DOWN POSITIONING SYSTEM****Policy Number: 1.01.52****Page: 3 of 4**

<b>Code</b>	<b>Description</b>
H33.001- H33.009	Unspecified retinal detachment with retinal break (code range)
H33.011- H33.019	Retinal detachment with single break (code range)
H33.021- H33.029	Retinal detachment with multiple breaks (code range)
H33.031- H33.039	Retinal detachment with giant retinal tear (code range)
H33.041- H33.049	Retinal detachment with retinal dialysis (code range)
H33.051- H33.059	Total retinal detachment (code range)
H33.20-H33.23	Serous retinal detachment (code range)
H33.40-H33.43	Traction detachment of retina (code range)
H33.8	Other retinal detachments
H35.351- H35.359	Cystoid macular degeneration (code range)
H35.371- H35.379	Puckering of macula (code range)
H35.721- H35.729	Serous detachment of retinal pigment epithelium (code range)
H35.731- H35.739	Hemorrhagic detachment of retinal pigment epithelium (code range)
H35.81	Retinal edema
H43.10-H43.13	Vitreous hemorrhage (code range)

**REFERENCES**

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American Academy of Ophthalmology Retina Panel. Preferred practice Pattern Guidelines. Idiopathic macular hole. 2019 [https://www.aao.org/preferred-practice-pattern/idiopathic-macular-hole-ppp] accessed 03/23/23.

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**Medical Policy: VITRECTOMY CHAIR/FACE-DOWN POSITIONING SYSTEM**

**Policy Number: 1.01.52**

**Page: 4 of 4**

\*Yamashita T, et al. Individualized, spectral domain-optical coherence tomography-guided facedown posturing after macular hole surgery: minimizing treatment burden and maximizing outcome. Retina 2014 Jul;34(7):1367-75.

Ye T, et al. Macular hole surgery recovery with and without face-down posturing: a meta-analysis of randomized controlled trials. BMC Ophthalmol. 2019 Dec 21;19(1):265.

\*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.