POLICY STATEMENT:

Based upon our criteria and assessment of peer-reviewed literature, use of a vitrectomy chair or face-down support system is considered medically appropriate following vitrectomy surgery if a face-down position is required.

POLICY GUIDELINES:

A Durable Medical Equipment rider/coverage is required. 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 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.

CPT:

There is no specific CPT code.

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HCPCS:

There is no specific HCPCS code; E1399 may be billed.

ICD9:

361.00-361.07 Retinal detachment with retinal defect (code range)

361.2 Serous retinal detachment
361.81-361.89 Other forms of retinal detachment (code range)
362.01-362.06 Diabetic retinopathy (code range)
362.07 Diabetic macular edema
362.42 Serous detachment of retinal pigment epithelium
362.43 Hemorrhagic detachment of retinal pigment epithelium
362.54 Macular cyst, hole or pseudohole
362.56 Macular puckering
362.83 Retinal edema
379.23 Vitreous hemorrhage

**ICD10:**

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)
H338 Other retinal detachments
E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.329 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.339 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.349 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.349 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
H35.721-H35.729 Serous detachment of retinal pigment epithelium (code range)
H35.731-H35.739 Hemorrhagic detachment of retinal pigment epithelium (code range)
H35.351-H35.359 Cystoid macular degeneration (code range)
H35.371-H35.379 Puckering of macula (code range)
H3581 Retinal edema
H43.10-H43.13 Vitreous hemorrhage (code range)

REFERENCES:

Proprietary Information of Excellus Health Plan, Inc.

* 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.