

Meeting: Utilization Management Committee	Date: 10/17/2024
Title/Topic: Post-Vitrectomy Support Devices/Face Down Pillows	Policy Number: n05657
Purpose: Annual Review	Outcome: Choose an item.
Line of Business: Commercial and Medicare	Effective Date: 10/17/2024

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

Vitrectomy surgery involves the removal and replacement of some or all of the vitreous humor or fluid from the eye. During the procedure, the eye is often filled with air or a mixture of air and gas to prevent or repair retinal detachment, close a macular hole or for other necessary reasons. Post surgery, patients are expected to maintain a face down head positioning while the air or gas is maintained in position, and slowly reabsorbed over time as it is replaced with the clear aqueous fluid produced by the eye. Vitrectomy support devices assist the patient in maintaining this positioning following surgery.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of post vitrectomy support devices or pillows. This policy is due for annual review.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

Annual review has been conducted and the Post-Vitrectomy Support Devices/Face Down Pillows medical policy is presented for review and approval as written.

No changes were made to the intention or utilization guidance of this policy. Annual review was performed, a review of Up to Date was conducted for any articles or guidance, CPT code verification was completed.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

No coverage determinations (National (NCD) or Local (LCD)) were identified from the Centers for Medicare/Medicaid (CMS) pertaining to Post-Vitreotomy Support Devices.

Medicare Benefit Policy Manual Chapter 15-Covered Medical and Other Health Services (Rev. 12684, 06-13-24) 110.1-Definition of Durable Medical Equipment (Rev.10880, Issued: 08-06-21, Effective: 11-08-21, Implementation: 11-08-21) B. Medical Equipment 2. Equipment Presumptively Nonmedical. States that “Equipment which basically serves comfort or convenience functions or is primarily for the convenience of a person caring for the patient, such as elevators, stairway elevators, and posture chairs, do not constitute medical equipment. Similarly, physical fitness equipment (such as an exercycle), first-aid or precautionary-type equipment (such as preset portable oxygen units), self-help devices (such as safety grab bars), and training equipment (such as Braille training texts) are considered nonmedical in nature.”

No criteria were identified within MCG pertaining to Post-Vitreotomy Support Devices.

No articles or guidance identified within Up to Date.

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- None

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

10/17/2024- Annual review was completed. CMS, MCG, and Up to Date were reviewed for guidance updates. CPT code verification was performed. No changes made.

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy.

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Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test,

product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.