

n05657

Post-Vitrectomy Support Devices/Face Down Pillows

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) Utilization Management (UM) department, applies review guidelines for determinations involving medical necessity of post-vitrectomy face-down pillow or face-down support device. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. *In the absence of a Medicare National/Local Coverage Determination this medical policy would apply to our Medicare Advantage membership.*

Procedure Detail:

I. Description:

Vitrectomy surgeries involve the removal and replacement of the vitreous humor or fluid from the eye. The fluid is removed using small instruments inserted through tiny needle-size incisions in the eye wall. 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 reasons. The air or gas is slowly reabsorbed over time and replaced with the clear aqueous fluid produced by the eye. Several safeguards should be observed when there is an air/gas bubble in the eye, including maintaining proper head position. Oftentimes this means looking straight downward or lying on one side. Individuals should avoid looking upward or lying on their back for any significant timeframe, which can move of the gas/air bubble, causing corneal damage or accelerate cataract formation. Therefore, after vitrectomy surgery, one to two weeks of face down positioning is very common and post- vitrectomy face support devices are ideal.

II. Medical Indications/Criteria

- A. Network Health considers a post-vitrectomy face support device (post-vitrectomy face-down support system or pillow) medically necessary for individuals who:

1. Have undergone vitrectomy surgery **AND**
2. Are required to maintain a face down position in the post-operative period

III. Coverage

- A. NHP/NHAS may extend coverage for post-vitrectomy face support devices when the criteria above are met.
- B. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership. Please refer to the applicable CMS guideline found at www.cms.gov.

IV. Limitations/Exclusions

- A. Network Health considers vitrectomy face support devices not medically necessary for any other indication not meeting the criteria outlined above.
 1. The use of post-vitrectomy chairs is considered not medically necessary.

Regulatory Citations:

UM2

Related Documents:

CPT Codes*:

A9270	Noncovered item or service (post-vitrectomy chair)
E1399	Durable medical equipment, miscellaneous
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
*CPT codes are subject to change as codes are retired or new ones developed	

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

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.

Origination Date: 12/19/2019	Approval Date: 12/14/2023	Next Review Date: 12/14/2024
Regulatory Body: NCQA	Approving Committee: Medical Policy Committee	Policy Entity: NHAS, NHIC, NHP
Policy Owner: Rachell Hall	Department of Ownership: Population Health Management	Revision Number: 4
Revision Reason: 10/17/2019- new policy 10/15/2020- annual review, grammar, formatting & references updated, CPT codes added 10/21/2021 annual review, grammar, formatting & references updated, CPT codes added 10/20/2022- annual review, approved at MPC 10/26/2023- annual review. Minor formatting changes. 12/14/2023 - Approved at MPC 12/14/2023		

Meeting: Utilization Management Committee	Date: 12/14/2023
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: 11/14/2023

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. Minor formatting changes made.

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. 12171, 08-03-23) 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.

10/26/2023- Annual review was completed. CMS, MCG, and Up to Date were reviewed for guidance updates. CPT code verification was performed to monitor for changes and/or updates. Minor formatting changes were made.

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