



CLINICAL UM POLICY FOR COVERAGE DETERMINATION

Policy Title:	Policy – Vitrectomy Chair	Number & Version:	UM-VitChair
Functional Unit:	Utilization Management	Effective Date:	07/10/2023
Policy Owner (Title):	Director, Utilization Management	Page Number:	1 of 3

I. POLICY STATEMENT and PURPOSE

The purpose of this policy is to describe the circumstances under which a Vitrectomy Face Support System or Chair would or would not be considered medically necessary for members under the guidelines used for clinical review of organizational determinations.

II. BACKGROUND

A vitrectomy is an eye surgery typically used to address eye conditions affecting the retina or vitreous (the gel-like fluid that fills the eye). Typical conditions addressed with a vitrectomy are retinal detachment or diabetic retinopathy. If an air or gas bubble is placed in the eye during surgery, the patient may be asked to hold their head in a certain position for several days or weeks (NIH, 2020). Face-down positioning is recommended after vitrectomy and gas tamponade for rhegmatogenous retinal detachments or for macular hole (MH) surgery (Boyd, 2020) (Lange, 2012).

III. SCOPE

This Policy applies to the durable medical equipment collectively known as a Vitrectomy Face Support Systems or Chairs.

IV. DEFINITIONS

Vitrectomy: A vitrectomy is a surgical procedure that's done to remove the fluid, known as vitreous humor or vitreous, inside the eyeball (Jewell, 2017).

Vitrectomy Support Systems: A vitrectomy support system is a face-down positioning device. Vitrectomy support systems help facilitate face down recovery at home following vitrectomy surgery. The device may be a face support pillow, desktop device, or chair.

Medically Necessary – Covered Services rendered by a Health Care Provider that the Plan determines are:

- 1) Safe and effective
- 2) Not experimental or investigational
- 3) Appropriate for patients,
 - a) including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is—
 - i) furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member,
 - ii) furnished in a setting appropriate to the patient's medical needs and condition,
 - iii) ordered and furnished by qualified personnel,



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- iv) one that meets, but does not exceed, the patient's medical need; and
- v) is at least as beneficial as existing and available medically appropriate alternatives.

V. OWNERSHIP & TRAINING

The Director of Utilization Management is responsible for administration, oversight, and training regarding performance under this Policy.

VI. PROTOCOLS / COVERAGE POLICY

Per Noridian Healthcare Solutions (DME Jurisdiction D: Am. Samoa, Guam, N. Mariana Is., AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY) “CMS has confirmed that these devices are statutorily noncovered because they do not fall within a Medicare benefit category. These types of devices are considered "precautionary devices" and can be used for purposes other than the treatment of an illness or injury. The denial is a coverage denial, not a medical necessity denial” (Noridian, 2015).

VII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs)	None
CMS Local Coverage Determinations (LCDs)	None
CMS Articles	None

VIII. PROFESSIONAL REFERENCES / CITATIONS

1. Boyd, Kierstan. American Academy of Ophthalmology. Face-Down Recovery After Retinal Surgery. September 22, 2020. Accessed at: <https://www.aao.org/eye-health/treatments/face-down-recovery-after-retinal-surgery> on April 19, 2023.
2. Jewell, Tim. Healthline. Vitrectomy. August 18, 2017. Accessed at: <https://www.healthline.com/health/vitrectomy#purpose> on April 19, 2023.
3. Lange, C. A., Membrey, L., Ahmad, N., Wickham, L., Maclaren, R. E., Solebo, L., Xing, W., Bunce, C., Ezra, E., Charteris, D., Aylward, B., Yorston, D., Gregor, Z., Zambarakji, H., & Bainbridge, J. W. (2012). Pilot randomised controlled trial of face-down positioning following macular hole surgery. *Eye (London, England)*, 26(2), 272–277. <https://doi.org/10.1038/eye.2011.221>. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272183/> on April 19, 2023.
4. National Institutes of Health (NIH). National Eye Institute. Vitrectomy. October 31, 2022, 2020. Accessed at: <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/retinal-detachment/vitrectomy> on April 19, 2023.



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5. Noridian Healthcare Solutions. Correct Coding - Face Down Positioning Devices. July 5, 2018. Accessed at: <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/correct-coding-face-down-positioning-devices> on April 19, 2023.

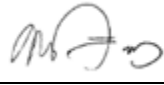

IX. RELATED POLICIES / PROCEDURES

None

X. ATTACHMENTS

None

APPROVALS:

	Printed Name	Signature
Senior Medical Director, UM:	Michael Fusco, MD	
Corporate Chief Medical Officer (QMMC Chair):	Debbie Zimmerman, MD	

VERSION HISTORY:

Version #	Date	Author	Purpose/Summary of Major Changes
01	05/18/2022	Gina Vehige	Original
02	04/19/2023	Gina Vehige	Original with Updated Reference checks; no change in coverage recommendation; FINAL Approved by MMC 6/30/2023; Effective 07/10/2023