

Medical Policy



Vitrectomy Support System

▼ Description

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.

▼ Policy

A Vitrectomy support system is considered reasonable and necessary for members who have undergone vitrectomy surgery and are required to maintain a face down position post operatively.

▼ HCPCS Level II Codes and Description

E1399 Durable Medical Equipment, miscellaneous

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to

dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

1. Aetna: Vitrectomy.
http://www.aetna.com/cpb/medical/data/300_399/0393.html
2. Preferred Practice Pattern: Idiopathic Macular Hole. Prepared by the American Academy of Ophthalmology Retina/Vitreous Panel. 2008.
3. ECRI Institute Health Technology Assessment Information Service. Vitrectomy Chairs/Support Systems for Post-vitrectomy Positioning. May 2012.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2009
03	12-08-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-15-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011

06	08-29-12	Changed policy – vitrectomy now reasonable and necessary. Changed HCPCS code to E1399.	Susan Glomb	Dr. B. Almasri	August 2012
07	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
08	12-18-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
09	12-2-14	Annual Review. No changes.	Susan Glomb	Dr. B. Almasri	
10	10-26-15	Annual Review. Updated references.	Lisa Wojno	Dr. B. Almasri	October 2015
11	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
13	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018