

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

For Non-Medicare Members

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.

For Medicare Members

Vitrectomy support systems/devices are not covered under Medicare guidelines.

HCPCS Level II Codes and Description

A9270	Noncovered item or service
E1399	Durable Medical Equipment, miscellaneous
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories

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

Medical Policy



Vitreotomy Support System

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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Palmetto GBA. PDAC. Facedown Positioning Device. <https://www.dmepdac.com/palmetto/PDACv2.nsf/DIDC/B7JMJA05~Articles%20and%20Publications~SADMERC%20Archived%20Advisory%20Articles> Last accessed/reviewed November 10, 2025.
2. Noridian Administrative Services, LLC. DMEPDAC. Face Down Positioning Device. <https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/correct-coding-face-down-positioning-devices>. Last accessed/reviewed November 10, 2025.
3. American Medical Association. Healthcare Common Procedure Coding System. Medicare's National Level II Codes HCPCS 2009. AMA Press 2008.
4. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services Section 110.1- Definition of Durable Medical Equipment-Equipment Presumptively Nonmedical.
5. Aetna: Vitrectomy. [Vitreotomy - Medical Clinical Policy Bulletins | Aetna](#) Last accessed/reviewed November 10, 2025.
6. Preferred Practice Pattern: Idiopathic Macular Hole. Prepared by the American Academy of Ophthalmology Retina/Vitreous Panel. 2008.
7. ECRI Institute Health Technology Assessment Information Service. Vitrectomy Chairs/Support Systems for Post-vitrectomy Positioning. May 2012.

Medical Policy



Vitreotomy Support System

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	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	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	08-29-12	Changed policy – vitrectomy now reasonable and necessary. Changed HCPCS code to E1399	Susan Glomb	Dr. B. Almasri	August 2012	
08	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
09	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-25-	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		

Medical Policy



Vitrectomy Support System

	14					
11	10-26-15	Annual Review. Added Medicare member information and updated references.	Lisa Wojno	Dr. B. Almasri	October 2015	
12	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
15	11-11-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
16	11-2-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
17	11-29-21	Annual Review. Added NCD/LCD verbiage to "Important Note"	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 2021	
18	11-08-22	Annual Review. Updated reference link.	Lisa Wojno	Dr. C. Lerchin	November 2022	
19	11-20-23	Annual review. No changes.	Susan Glomb	Dr. C. Lerchin	November 2023	
20	11-21-24	Annual review. No changes	Susan Glomb	Dr. C. Lerchin	11-21-24	11-21-24
21	11-10-25	Annual review. Updated references and links.	Lisa Wojno	Dr. C. Lerchin	11-10-2025	11-10-2025