

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 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.

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