

Vitrectomy Positioning Support System or Device and Intraocular Pressure Monitoring

sMed#01068

What is it?

CPT Codes – E1399, 0173T, 67005, 67010, 67027, 67036 – 67043, 67108, 67112, 67113

Vitrectomy Positioning Support Systems or Devices may include a face support, a seated support and accessories and are rented directly from the manufacturer and returned following use. Following vitrectomy surgery (repair of macular hole or retinal detachment) face down positioning may be required for one day to 3 weeks in order to maximize hole closure or retinal attachment. The vitrectomy face-down positioning system (chair or support system) is a device that may be appropriate in selected cases to assist the patient in maintaining a face down position.

Vitrectomy surgery with an indirect method of **intraocular pressure monitoring (0173T)** has been developed which involves placing disposable blood pressure transducers into the line tubing used for vitrectomy infusion. Clinical studies have been limited and further study is required.

Note: Some plans may specifically exclude a vitrectomy chair, vitrectomy support system or face down positioning device. Please refer to the applicable benefit plan to determine availability and the terms, conditions and limitations of coverage.

Criteria

Vitrectomy Positioning Support systems and devices (such as vitrectomy chair – Miscellaneous Code **E1399**) **are considered medically necessary rental items only** when the individual is required to maintain a face down position following any of the following surgical procedures:

- 1) **67005** – Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
- 2) **67010** – Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
- 3) **67027** – Implantation of intravitreal drug delivery system (such as ganciclovir implant), includes concomitant removal of vitreous
- 4) **67036** – Vitrectomy, mechanical, pars plana approach;
- 5) **67039** - Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
- 6) **67040** - Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
- 7) **67041** - Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (such as macular pucker)
- 8) **67042** - Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (such as for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (such as air, gas or silicone oil)
- 9) **67043** - Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (such as choroidal neovascularization), includes, if performed, intraocular tamponade (such as air, gas or silicone oil) and laser photocoagulation
- 10) **67108** - Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation,

- cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
- 11) **67112** - Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
 - 12) **67113** Repair of complex retinal detachment (such as proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

■ Intraocular pressure monitoring during vitrectomy surgery (such as developed by Armoor Ophthalmics, Houston, TX) **is considered experimental and investigational** because there is lack of evidence that such monitoring improves clinical outcomes.

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