Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Benefit Information

Category: Surgery

Title: Vitrectomy

Procedure Code(s): Multiple

Description / Background

A vitrectomy involves the severance and removal of vitreous matter from the posterior chamber of the eye. The procedure involves three functions: cutting, suction and infusion. Some vitrectomy systems combine all three functions in a single probe, while others use two probes--one for cutting and suction and the other for infusion. Using an operating microscope, a primary incision into the sclera is made, where the vitrectomy suction cutter is inserted. When suction is initiated, gelatinous vitreous tissue is drawn through a port in the probe tip and then severed by a rotating blade piece. Infusion of saline ensures that the globe remains distended so that vitreous strands, vitreous retraction, retinal detachments or proliferative retinopathy may be treated.

The three basic kinds of vitrectomy procedures are:

- Anterior vitrectomy using scissors or needle, often performed as part of a cataract extraction or corneal transplant.
- Anterior vitrectomy using instruments such as VISC or rotoextractors, often involving cutting of membranes and freeing of adhesions.
- Posterior vitrectomy using VISC or rotoextractors, frequently done in diabetic patients with massive vitreous hemorrhages and membranes.

Vitrectomy may be helpful to a patient who has:

- Complications of diabetic eye disease such as bleeding or retinal detachment.
- Clouding of the vitreous jelly from one of many causes including blood, inflammatory debris or infection.

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- A retinal detachment with stiffness and scarring of the retina.
- A foreign body which has entered or passed through the eye.
- Vitreous changes following cataract surgery which may play a role in causing swelling of the center of vision in the retina.

CPT / HCPCS Level II Codes and Description

67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	Removal of vitreous, anterior approach; subtotal removal with mechanical vitrectomy
67036	Vitrectomy, mechanical, pars plana approach
67038	Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67108	Repair with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures
67101 - 67107	… and/or removal of lens by same technique
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and / or discission of anterior hyaloid membrane, with or without air injection

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Diagnoses / Medical Conditions

- Diabetes with ophthalmic manifestation, type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, not stated as uncontrolled
- Diabetes with ophthalmic manifestation, type I [insulin dependent type] [IDDM type] [juvenile type], not stated as uncontrolled
- Diabetes with ophthalmic manifestation, type II [non-insulin dependent type] [NIDDM type] [juvenile type], uncontrolled
- Diabetes with ophthalmic manifestation, type I [insulin dependent type] [IDDM type] [juvenile type], uncontrolled
- Purulent endophthalmitis, unspecified
- Acute endophthalmitis
- Panophthalmitis
- Chronic endophthalmitis
- Vitreous abscess
- Sympathetic uveitis
- Panuveitis
- Parasitic endophthalmitis, not otherwise specified
- Ophthalmia nodosa

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- Other endophthalmitis
- Retinal detachment with retinal defect, unspecified
- Recent retinal detachment, partial, with single defect
- Recent retinal detachment, partial, with multiple defects
- Recent retinal detachment, partial, with giant tear
- Recent retinal detachment, partial, with retinal dialysis
- Recent retinal detachment, total or subtotal
- Old retinal detachment, partial
- Old retinal detachment, total or subtotal
- Traction detachment of retina
- Other forms of retinal detachment
- Unspecified retinal detachment
- Proliferative diabetic retinopathy
- Vitreous hemorrhage
- Vitreous prolapse
- Unspecified complication of procedure, not elsewhere classified

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Medical Policy Statement

The safety and effectiveness of vitrectomy have been established. It may be considered a useful therapeutic option in the treatment of vitreous strands, vitreous retraction, retinal detachments or proliferative retinopathy.

Rationale

Vitrectomy has proven to be extremely beneficial in a variety of conditions. The most common indications for vitrectomy are diabetic eye diseases, ocular injuries and complicated retinal detachments. Many patients who ten years ago would have had little chance of restoration of vision now have the opportunity to regain useful sight. It must be remembered that vitrectomy is often done for conditions which are far advanced and not amenable to more conservative treatment. For these reasons, it is not as easy to predict the ultimate outcome as it is with other forms of treatment. Nevertheless, vitreous surgery has evolved from an experimental form of surgery in the early 1970's to a common surgical procedure that has benefited thousands of patients.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The safety and effectiveness of vitrectomy have been established. It may be considered a useful therapeutic option in the treatment of vitreous strands, vitreous retraction, retinal detachments or proliferative retinopathy.

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Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Indications for vitrectomy include the following:

- Severe proliferative diabetic retinopathy, including vitreous hemorrhage, retinal detachment, and combined traction/rhegmatogenous retinal detachment (retinal tear associated with retinal detachment)
- Traumatic penetrating ocular injury
- Culture-proven, rapidly progressing endophthalmitis
- Cataract extractions complicated by vitreous loss or underlying inflammatory conditions and
- Non diabetic vitreous hemorrhage

Hyperlink (Audit criteria)

Related Policies

N/A

Hyperlink

Medicare Information

35-16 VITRECTOMY
Vitrectomy may be considered reasonable and necessary for the following conditions:

- Vitreous loss incident to cataract surgery,
- Vitreous opacities due to vitreous hemorrhage or other causes,
- Retinal detachments secondary to vitreous strands,
- Proliferative retinopathy and
- Vitreous retraction.

See chapter 15 of the Medicare Carriers Manual for how to determine payment for physician vitrectomy services and §5243 of the Medicare Carriers Manual for how to determine payment for ASC facility vitrectomy services. Also, see §4630 of the Medicare Carriers Manual to identify when, for Medicare payment purposes, certain vitrectomy codes are included in other codes or when codes for other services include vitrectomy codes. The CPT codes for vitrectomy services are 67005, 67010, 67036, 67038, 67039, and 67040.

(The above Medicare information is current as of the review date for this policy. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services [CMS, formerly HCFA] on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.)

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References

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- Blue Cross Blue Shield Association, "Vitrectomy," *Medical Policy Reference Manual,* Policy # 7.01.24, original policy date 12/1/95.
- HCFA Coverage Issues Manual, Medical Procedures, Section 35-16. <http://www.hcfa.gov/pubforms/06_cim/ci35.htm#_1_17>.
- http://www.dallas.net/~tra/leaflets/vitrect.htm
- Reppucci, Vincent S., MD and Alexander Movshovich, MD, "Current Concepts in the Treatment of Traumatic Injury to the Posterior Segment*," Ophthalmology Clinics of North America*, Volume 12, Number 3, September 1999, W. B. Saunders Company.
- Texas Retinal Associates website, Chapter 2, "Vitrectomy," © 1998 Hawkeye Consulting www.hawki.com & Texas Retina Associates.
- United States National Library of Medicine, "Clinical Alert: To Ophthalmologists -- Findings from the Endophthalmitis Vitrectomy Study (EVS)," *National Eye Institute (NEI*), October 13, 1995. <http://www.nlm.nih.gov/databases/alerts/vitrectomy.html>

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
7/3/02	Joint medical policy established
11/18/03	See comment below

Next Review: This policy is established and is no longer subject to periodic review.

Pre-Consolidation Medical Policy History

Original Policy Date		Comments
BCN	N/A	Revised: N/A
BCBSM	12/1/95	Revised: 12/15/00

Hyperlink Secured for internal use only (Internal information, e.g., Medical Policy Committee minutes, etc.)

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BLUE CARE NETWORK
POLICY: VITRECTOMY

I. Coverage Determination:

Vitrectomy is covered for BCN members who meet the appropriate patient selection criteria

II. Benefit Information:

Appropriate hospital copayments will apply:

- BCN 1, BCN 5, BCN 5 MCC, FEP – no copayment
- BCN 10, BCN Non-Group, BCN Basic – The hospital copayment is 25% of all hospital-billed fees for facility, professional and related services received while an inpatient and for outpatient surgery. All copayments made for hospital-billed fees apply to a hospital copayment maximum. Once the maximum is reached, no copays will be taken for hospital-billed services for the rest of the year.
- Personal Plus – All hospital inpatient and outpatient services are subject to a 20% copayment. Where more than one service is provided at one time, all the applicable copayments apply. Certain copayments will accumulate toward an annual copayment. Once the annual copayment maximum is reached in any calendar year, the copayments for benefits that are described as applicable toward the annual copayment maximum are waived.

Requires plan approval with clinical review? ☐ Yes ☒ No ☐ N/A (Not covered)

III. Benefit Exclusions:

N/A

IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP.
- Services must be performed by a BCN-contracted provider, if available.
- Appropriate copayments will apply.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits, and certificate riders.
- Duplicate (back-up) equipment is not a covered benefit.

V. Effective Date:

Policy taken off routine review schedule: 11/18/03
Joint policy effective date: 7/03/02
Supersedes benefit information of: N/A

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