



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

**Subject Vitrectomy Chair/Vitrectomy Support System/Face-Down Positioning Device**

**Effective Date .....9/15/2010**  
**Next Review Date.....9/15/2011**  
**Coverage Policy Number .....0173**

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## Hyperlink to Related Coverage Policies

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2010 CIGNA

## Coverage Policy

Coverage for a vitrectomy chair/vitrectomy support system/face-down positioning device is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. In addition, a vitrectomy chair/vitrectomy support system/face-down positioning device is specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage for a vitrectomy chair/vitrectomy support system/face-down positioning device is available, the following conditions of coverage apply.

CIGNA covers a vitrectomy chair/vitrectomy support system/face-down positioning device when the individual is required to maintain a face-down position following a vitrectomy.

Coverage is generally limited to rental of the support system.

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## General Background

The vitrectomy chair/vitrectomy support system is designed for use by patients who have undergone vitrectomy surgery and require postoperative, face-down positioning. Indications for vitrectomy include: detached retina, vitreous hemorrhage, macular pucker, macular edema, diabetic retinopathy, and trauma. Macular hole repair is the most common indication.

A vitrectomy is the surgical removal of the vitreous humor (i.e., the clear aqueous gel that fills the space between the lens and the retina), and is performed to clear blood and debris from the eye, to remove scar tissue, or to alleviate traction on the retina. Once the vitreous is removed and the defect is repaired, the emptied cavity is instilled with a bubble consisting of gas, air, saline solution or silicone oil. Since the macula and retina are located at the back of the eye, recovering patients may be instructed to maintain a face-down position in order for the bubble to effectively apply pressure to the area to enhance healing. This pressure allows the macula or retina to re-bond to the eye wall and ideally, aqueous humor is produced to replace the bubble within the vitreous cavity. Although some regimens may vary, face-down positioning is an established clinical practice following a vitrectomy. The use and duration of face-down positioning is dependant upon the condition, type of material instilled into the vitreous cavity, and physician practice. Face-down positioning is typically required for 7-10 days, however durations as short as 24 hours and as long as three weeks have been reported.

### Literature Review

Studies supporting the effectiveness of face-down positioning include randomized controlled trials, prospective comparative trials, and retrospective reviews. Most studies used the face-down positioning following macular hole repair, and the length of time spent in posturing varied from 24 hours to ten days. Although some studies reported good outcomes without face-down positioning, improved visual acuity, stable vision, and anatomical closure were reported following positioning. Some studies compared variable posturing times (e.g., seven days vs. three days), and overall, there were no significant differences in outcomes based upon the time spent in postoperative posturing (Tatham, et al., 2010; Guillaubey, et al., 2008; Merkur and Tull, 2007; Tranos, et al., 2007; Wickens and Shah, 2006; Tranos, et al., 2006; Krohn, 2005; Verma, et al., 2002).

### Professional Societies/Organizations

In their discussion of the treatment of idiopathic macular hole, the American Academy of Ophthalmology (2008) stated that some physicians may instruct the patient to maintain a facedown position postoperatively, but there is a lack of consensus on whether or not facedown positioning is necessary or for how long it should be used.

### Summary

Face-down positioning systems are commonly used and accepted as a method to assist individuals in maintaining a face-down position following vitrectomy, allowing the affected eye to heal. Professional societies and evidence in the published peer-reviewed scientific literature support the safety and effectiveness of the use of these devices.

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## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

HCPCS Codes	Description
E1399 <sup>†</sup>	Durable medical equipment, miscellaneous

<sup>†</sup> **Note:** Covered when used to report vitrectomy chair/vitrectomy support system/face-down positioning device and stated medical necessity criteria are met.

ICD-9-CM Diagnosis	Description
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Codes	
361.00-361.07	Retinal detachment with retinal defect
361.2	Serous retinal detachment
361.81-361.89	Other forms of retinal detachment
362.01-362.06	Diabetic retinopathy
362.07	Diabetic macular edema
362.42	Serous detachment of retinal pigment epithelium
362.43	Hemorrhagic detachment of retinal pigment epithelium
362.53	Cystoid macular degeneration of retina
362.54	Macular cyst, hole, or pseudohole
362.56	Macular puckering
362.83	Retinal edema
379.23	Vitreous hemorrhage

**\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.**

## References

1. American Academy of Ophthalmology. Preferred practice pattern®. Idiopathic macular hole. 2008. Accessed July 30, 2010. Available at URL address: <http://one.aao.org/CE/PracticeGuidelines/PPP.aspx>
2. Guillaubey A, Malvitte L, Lafontaine PO, Jay N, Hubert I, Bron A, Berrod JP, Creuzot-Garcher C. Comparison of face-down and seated position after idiopathic macular hole surgery: a randomized clinical trial. *Am J Ophthalmol.* 2008 Jul;146(1):128-134.
3. Krohn J. Duration of face-down positioning after macular hole surgery: a comparison between 1 week and 3 days. *Acta Ophthalmol Scand.* 2005 Jun;83(3):289-92.
4. Merkur AB, Tuli R. Macular hole repair with limited nonsupine positioning. *Retina.* 2007 Mar;27(3):365-9.
5. Tatham A, Banerjee S. Face-down posturing after macular hole surgery: a meta-analysis. *Br J Ophthalmol.* 2010 May;94(5):626-31.
6. Tranos PG, Peter NM, Nath R, Singh M, Dimitrakos S, Charteris D, Kon C. Macular hole surgery without prone positioning. *Eye.* 2007 Jun;21(6):802-6.
7. Tranos PG, Peter NM, Nath R, Singh M, Dimitrakos S, Charteris D, Kon C. Macular hole surgery without prone positioning. *Eye.* 2006 Mar 31.
8. Verma D, Jalabi MW, Watts WG, Naylor G. Evaluation of posturing in macular hole surgery. *Eye.* 2002 Nov;16(6):701-4.
9. Wickens JC, Shah GK. Outcomes of macular hole surgery and shortened face down positioning. *Retina.* 2006 Oct;26(8):902-4.

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## Policy History

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	9/15/2008	0173	Vitrectomy Chair/Vitrectomy Support System/Face-Down Positioning Device

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.