

Clinical Policy: Prophylaxis of Retinal Detachment

Reference Number: OC.UM.CP.0053

Last Review Date: 11/2022

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Description

This policy describes the medical necessity requirements for surgical prophylaxis of retinal detachment.

Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.[®] (Envolve) that prophylaxis of retinal detachment is **medically necessary** for the following indications:
 - A. Symptomatic retinal breaks, presenting in conjunction with flashes or floaters;
 - B. Retinal breaks with persistent vitreous traction at their edge;
 - C. Posterior vitreous detachment presenting with pigmented cell or hemorrhage in the vitreous;
 - D. Asymptomatic lattice retinal degeneration in the contralateral eye of a patient who has suffered a lattice associated retinal detachment.
- II. It is the policy of health plans affiliated with Envolve that prophylactic treatment to prevent retinal detachment is **not medically necessary** in the following conditions:
 - A. Asymptomatic operculated and atrophic round holes without vitreoretinal traction;
 - B. Asymptomatic horseshoe tears that may be monitored for spontaneous resolution;
 - C. Posterior vitreous detachment without pigmented cell, hemorrhage or visible retinal breaks.

Background

When the retina detaches, it lifts, separating itself from its nourishing blood supply of the underlying choroid. While it is not possible to prevent all retinal detachments, prophylactic treatment of retinal tears, holes, and degenerations has proven to be an effective practice to reduce the risk of vision loss. General risk factors for rhegmatogenous retinal detachments include axial myopia (the magnitude of which is directly proportional to the risk of retinal detachment and which is present in the majority of nontraumatic retinal detachments) cataract surgery (particularly cases with vitreous loss, vitreous prolapse, or surgery in younger patients), ocular trauma and a contralateral rhegmatogenous retinal detachment and certain peripheral retinal degenerations including lattice degeneration. The duly licensed eye care provider secures a potential retinal detachment by freezing (cryotherapy), thus sealing the retinal tissue to the back of the eye, by diathermy (where heat is used for the same purpose), or by laser photocoagulation. Patients will often require multiple sessions for adequate treatment. Only lesions presenting a definite risk of retinal detachment should be treated. Three types of failure should be noted:

- a) Retinal detachment "because of" prophylaxis,
- b) Retinal detachment "in spite of" prophylaxis,
- c) Retinal detachment in cases in which prophylaxis was omitted because of a "false negative diagnosis".

If chorioretinal scarring is deemed inadequate, particularly with respect to completely surrounding the anterior margins of retinal tears, retreatment is indicated. Re-examination at any interval that shows a retinal break or subretinal fluid extending past the area of previous treatment, or entirely new retinal breaks, (approximately 10% of all patients) should also prompt retreatment, or if necessary, surgical

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intervention. Prophylactic treatment of innocuous lesions, based on "false-positive diagnosis", results in expense and stress to the patient and in some cases even in complications of treatment.

Coding Implications

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CPT® Codes	Description
67141	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H33.311	Horseshoe tear of retina without detachment, right eye
H33.312	Horseshoe tear of retina without detachment, left eye
H33.313	Horseshoe tear of retina without detachment, bilateral
H33.321	Round hole, right eye
H33.322	Round hole, left eye
H33.323	Round hole, bilateral
H33.331	Multiple defects of retina without detachment, right eye
H33.332	Multiple defects of retina without detachment, left eye
H33.333	Multiple defects of retina without detachment, bilateral
H33.41	Traction detachment of retina, right eye
H33.42	Traction detachment of retina, left eye
H33.43	Traction detachment of retina, bilateral
H35.411	Lattice degeneration of retina, right eye
H35.412	Lattice degeneration of retina, left eye
H35.413	Lattice degeneration of retina, bilateral
H35.421	Microcystoid degeneration of retina, right eye
H35.422	Microcystoid degeneration of retina, left eye
H35.423	Microcystoid degeneration of retina, bilateral
H35.431	Paving stone degeneration of retina, right eye
H35.432	Paving stone degeneration of retina, left eye
H35.433	Paving stone degeneration of retina, bilateral

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ICD-10-CM Code	Description
H35.441	Age-related reticular degeneration of retina, right eye
H35.442	Age-related reticular degeneration of retina, left eye
H35.443	Age-related reticular degeneration of retina, bilateral
H35.451	Secondary pigmentary degeneration, right eye
H35.452	Secondary pigmentary degeneration, left eye
H35.453	Secondary pigmentary degeneration, bilateral
H35.461	Secondary vitreoretinal degeneration, right eye
H35.462	Secondary vitreoretinal degeneration, left eye
H35.463	Secondary vitreoretinal degeneration, bilateral
H35.51	Vitreoretinal dystrophy
H35.52	Pigmentary retinal dystrophy
H35.53	Other dystrophies primarily involving the sensory retina
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H43.01	Vitreous prolapse, right eye
H43.02	Vitreous prolapse, left eye
H43.03	Vitreous prolapse, bilateral
H43.11	Vitreous hemorrhage, right eye
H43.12	Vitreous hemorrhage, left eye
H43.13	Vitreous hemorrhage, bilateral
H43.21	Crystalline deposits in vitreous body, right eye
H43.22	Crystalline deposits in vitreous body, left eye
H43.23	Crystalline deposits in vitreous body, bilateral
H43.311	Vitreous membranes and strands, right eye
H43.312	Vitreous membranes and strands, left eye
H43.313	Vitreous membranes and strands, bilateral
H43.391	Other vitreous opacities, right eye
H43.392	Other vitreous opacities, left eye
H43.393	Other vitreous opacities, bilateral
H43.811	Vitreous degeneration, right eye
H43.812	Vitreous degeneration, left eye
H43.813	Vitreous degeneration, bilateral

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	07/2020	10/2020
Annual Review; Added ICD-10 diagnosis codes	12/2020	12/2020
Annual Review	12/2021	12/2021
Annual Review	11/2022	11/2022

References

1. G Meyer-Schwickerath, M Fried. Prophylaxis of Retinal Detachment. Transactions of the Ophthalmological Societies of the U K. 1980 Apr;100(Pt 1):56-65.

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2. Ruwan A. Silva, MD; Mark S. Blumenkranz, MD. Prophylaxis for Retinal Detachments. American Academy of Ophthalmology, Retina/Vitreous Laser Surgery Education Center. Oct 29, 2013. <https://www.aaio.org/munnerlyn-laser-surgery-center/prophylaxis-retinal-detachments>
3. Wilkes SR, Beard CM, Kurland LT, Robertson DM, O'Fallon WM. The incidence of retinal detachment in Rochester, Minnesota, 1970-1978. American Journal of Ophthalmology. 1982;94(5):670-673.
4. The Eye Disease Case-Control Study Group. Risk factors for idiopathic rhegmatogenous retinal detachment. American Journal of Epidemiology. 1993;137(7):749-757.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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