

Clinical Policy: Prophylaxis of Retinal Detachment

Reference Number: CP.VP.53

Last Review Date: 12/2020

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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 Centene Corporation[®] (Centene) 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 Centene 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

CLINICAL POLICY

Prophylaxis of Retinal Detachment

breaks, (approximately 10% of all patients) should also prompt retreatment, or if necessary, surgical 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 |

CLINICAL POLICY

Prophylaxis of Retinal Detachment

| ICD-10-CM Code | Description |
|----------------|--|
| H35.433 | Paving stone degeneration of retina, bilateral |
| 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 | 01/2021 |

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.

CLINICAL POLICY

Prophylaxis of Retinal Detachment

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.aao.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 Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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CLINICAL POLICY

Prophylaxis of Retinal Detachment

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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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