Medical Policy
Implantable Miniature Telescope - IMT

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Policy Number: 464
BCBSA Reference Number: NA

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

An intraocular telescope (Implantable Miniature Telescope [IMT]) may be MEDICALLY NECESSARY for monocular implantation to improve vision in individuals greater than 75 years of age when all of the following criteria are met:
- The individual must:
  - Achieve at least a 5-letter improvement on the Early Treatment Diabetic Retinopathy Study (ETDRS) chart with an external telescope in the eye scheduled for surgery; and
  - Agree to undergo pre-surgery training and assessment (typically 2 to 4 sessions) with low vision specialists (optometrist or occupational therapist) in the use of an external telescope sufficient for assessment and for the individual to make an informed decision; and
  - Agree to participate in postoperative visual training with a low vision specialist; and
  - Have adequate peripheral vision in the eye not scheduled for surgery; and
  - Have retinal findings of geographic atrophy or disciform scar with foveal involvement, as determined by fluorescein angiography; and
  - Have stable, severe to profound vision impairment (best corrected distance visual acuity 20/160 to 20/800) caused by bilateral central scotomas, associated with end-stage age-related macular degeneration (AMD); and
  - Show evidence of visually significant cataract (Grade 2 or more).

An intraocular telescope (Implantable Miniature Telescope [IMT]) is INVESTIGATIONAL and NOT MEDICALLY NECESSARY when all of the above criteria are not met.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Indications of Coverage
The intraocular telescope is indicated for monocular implantation to improve vision in patients greater than or equal to 75 years of age with stable severe to profound vision impairment (best corrected distance visual acuity 20/160 to 20/800) caused by bilateral central scotoma associated with untreated end-stage...
age-related macular degeneration.

Patients must:
- Have retinal findings of geographic atrophy or disciform scar with foveal involvement, as determined by fluorescein angiography
- Have untreated end-stage, non-exudative, age-related macular degeneration
- Have evidence of visually significant cataract (≥ Grade 2)
- Agree to undergo pre-surgery training and assessment (typically 2 to 4 sessions) with low vision specialists in the use of an external telescope sufficient for patient assessment and for the patient to make an informed decision regarding the potential risks and benefits of the IMT
- Achieve at least 5-letter improvement on the ETDRS chart with an external telescope during the pre-implant evaluation
- Have adequate peripheral vision in the eye not scheduled for surgery
- Complete and agree to the "Acceptance of risk and informed consent agreement" provided in the device labeling documentation
- Agree to participate in post-implant visual training with a low vision specialist

Limitations:
- Due to significantly increased risk of corneal endothelial cell loss, patients should not be considered for implantation if they have a minimum endothelial cell density of <2000 for age 75-84, or <1800 for patients 85 or greater, or
- Anterior chamber depths of <3.0 mm, or
- Corneal guttae

Local Coverage Determination (LCD): Implantable Miniature Telescope (IMT) (L32454):
http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32454&ContrId=304&ver=19&ContrVer=1&CNtrctrSelected=304*1&CNtrctr=304&name=National+Government+Services%2c+Inc.+14211%2c+A+and+B+and+HHH+MAC%2c+J%2c+K&s=24&DocType=All&bc=AggAAAAAIAAAAAA%3d%3d

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
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<tr>
<td>Medicare HMO Blue™</td>
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<td>Medicare PPO Blue™</td>
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CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
CPT Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>C1840</td>
<td>Lens, intraocular (telescopic)</td>
</tr>
<tr>
<td>0308T</td>
<td>Insertion of ocular telescope prosthesis including removal of crystalline lens</td>
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ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>362.51</td>
<td>Nonexudative senile macular degeneration of retina</td>
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<tr>
<td>362.52</td>
<td>Exudative senile macular degeneration of retina</td>
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Description

The implantable Miniature Telescope (IMT) is a telescope prosthetic device that replaces the natural lens in one eye of patients with bilateral, advanced age-related macular degeneration in order to enlarge the retinal image to such a degree that it is visualized outside of vision-impairing central scotomas.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>12/2013</td>
<td>New medically necessary and investigational indications described. Effective 12/1/2013. Added ICD-9 diagnosis code 362.52 as it meets the intent of the policy. Removed LCD: L32275 as it is no longer effective and replaced with LCD: L32454.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References

11. NHIC CAC

Endnotes

1 Based on expert opinion