Medical Policy
Retinal Prosthesis

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Policy Number: 606
BCBSA Reference Number: 9.03.15

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members
Retinal prostheses are INVESTIGATIONAL.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.

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.
Description
A retinal prosthesis is a device that replaces lost photoreceptor function by transmitting computer-processed video images to an array of electrodes placed on the retinal surface.

There is ongoing research interest in developing an artificial retina that could potentially restore sight to patients with blindness secondary to retinal diseases, such as retinitis pigmentosa, hereditary retinal degeneration, and some forms of age-related macular degeneration. As currently investigated, the artificial retina consists of a small external video camera, held on eyeglass frames, that captures images that are then processed by an externally worn microcomputer. These signals are transmitted to an electrode array implanted in the back of the eye, which in turn stimulates the optic nerve.

Examples of retinal prosthesis devices include the Argus™ 16 and Argus™ II. All retinal prosthesis devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
Several retinal prostheses are currently in Stage II/III clinical trials and no device has final U.S. Food and Drug Administration (FDA) approval. Therefore, this treatment is considered investigational.

Policy History
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<td>10/2013</td>
<td>Updated to add new HCPCS code C1841</td>
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<td>4/2012</td>
<td>No changes to policy statements.</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


