

RMHP Insertion of Ocular Telescope Prosthesis

MCG Health
Ambulatory Care
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Description

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The Implantable Miniature Telescope (IMT) (VisionCare Ophthalmic Technologies, Inc.) is a device used for patients who are older who suffer from end-stage AMD. During the short outpatient procedure, a surgeon inserts the device into the posterior chamber of only one eye. Although the device eliminates peripheral vision in the affected eye, the untreated eye allows for peripheral vision. Due to the risk of corneal endothelial cell loss which may lead to the need or corneal transplant, the patient must meet specific criteria, including adequate peripheral vision before surgery and willingness to enroll in a visual training or rehabilitation program. The IMT is the only telescope system that is FDA approved for treatment of macular degeneration.

Clinical Indications for Procedure

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Insertion of ocular telescope prosthesis is **NOT A BENEFIT** for RMHP **RMHP PRIME (Medicaid)** Members per Colorado Department of Health Care Policy and Financing Health First Colorado.

Insertion of ocular telescope prosthesis is non-covered / not in contract **NOT A BENEFIT** for RMHP **CHP Plus** Members per Colorado Department of Health Care Policy and Financing Health First Colorado.

For **RMHP Medicare (CareAdvantage and Dual Special Needs Plan (DSNP))** members, the case will be pended for the review team to apply the UHC Medicare guideline - see References. The requester will be notified of the decision per protocol.

- Insertion of ocular telescope prosthesis / intraocular telescope / implantable miniature telescope (IMT), including crystalline lens, is considered medically necessary for **RMHP Individual and Family Plan (IFP) Commercial** plan Members 65 years of age or older when **ALL** of the following
 - Member has 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)

- Member has retinal findings of geographic atrophy or disciform scar with foveal involvement, as determined by fluorescein angiography
- Member has evidence of visually significant cataract (\geq grade 2)
- Member agrees to undergo pre-surgery training and assessment (two to four visits) with low vision specialists (e.g., optometrist or occupational therapist) in the use of an external telescope
- Member achieves at least a 5-letter improvement on the Early Treatment Diabetic Retinopathy Study (ETDRS) chart with an external telescope on the eye scheduled for surgery
- Member has adequate peripheral vision in the eye not scheduled for surgery
- Member agrees to participate in postoperative visual training with a low vision specialist

References

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Medical Coverage policy 0504 Omnibus Codes, effective date 3/15/2023, reviewed 5/11/2023

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0504_coveragepositioncriteria_omnibus_codes.pdf Omnibus

[Codes \(cigna.com\)](#)

Center for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD): Implantable Miniature Telescope (IMT) (L33584) w/ 17 references documented, <https://www.cms.gov/medicare-coverage-database/details/lcd> effective 10/1/2015, revision effective date 10/10/2019 reviewed 5/11/2023.

Center for Medicare and Medicaid Services (CMS) Local Coverage Article (LCA): Billing and Coding: Implantable Miniature Telescope (IMT) (A57411) Original Effective Date 10/10/2019, Revision Effective Date: N/A, reviewed 5/11/2023.

Colorado Department of Health Care Policy and Financing Health First Colorado Fee Schedule, reviewed 5/11/2023 <https://www.colorado.gov/pacific/hcpf/provider-rates-fee-schedule>. The most current published CHP+ fee schedule is for 2021, therefore use Health First Colorado Fee Schedule for CHP+.

UnitedHealthcare® Medicare Advantage Policy Guideline Ocular Telescope, Guideline Number: MPG222.08, Approval Date: July 13, 2022, reviewed 5/11/2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/o/ocular-telescope.pdf> and internally at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies filename UHC ocular-telescope-MA.

Policy History

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History Summary: 11/8/2016 New guideline approved by NTAG and MAC. 12/21/2017 Approved by NTAG Committee - annual review - added limitations to reviewer guidance - LCD reviewed. Added new HCPCS code C1840. 2018 Annual review – approved by committees with no changes. 2019 Annual review – approved by committees with no changes. 2020 Annual review by relevant committee hierarchy with minor clarifications. 6/1/2020 Added LCD update and new LCA reference & updated fee schedule review date. 2021 Annual review by committees - no changes. 4/12/2022 internal annual review and reconfiguration with updated references. 2022 Annual review and approval committees - no changes.

2023 Annual review and updated references with committee approval.

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HCPCS: C1840

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