POLICY TITLE	**Intravitreal Implant Steroidal Injections**		
CATEGORY	Medical Surgical	**POLICY ID NUMBER**	310_NYS
AUTHOR DATE	01/01/2023	**LAST REVIEW DATE**	
EXCLUSIONS	**Applicable to Government Programs in New York State only.**		
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Applicable Codes:

J7311 RETISERT (fluocinolone acetonide)- intravitreal implant

Retisert is an intravitreal implant inserted into the affected eye to treat chronic posterior noninfectious uveitis, lasting 30 months.

Indication and Limitations[1]

- Dosage schedule is for approved interval identification as determined by the manufacturer
  - a corticosteroid indicated for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye
  - RETISERT is surgically implanted into the posterior segment of the affected eye through a pars plana incision.
  - Designed to release fluocinolone acetonide at a nominal initial rate of 0.6 mcg/day, decreasing over the first month to a steady state between 0.3-0.4 mcg/ day over approximately 30 months.
  - Aseptic technique should be maintained at all times prior to and during the surgical implantation procedure.
  - Max usage per 30 months = 2 implants
    - Max Units (per dose and over time) [HCPCS Unit]:
    - 118 billable units every 30 months
    - Quantity Limits/Max Units are based on administration to BOTH eyes
- Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis
- Procedure note must include:

[1] Physician attests at time of request submission that physician signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

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  - Actual administered drug, lot #, and expiration date
- Informed consent stating all pertinent risks must include:
  - Date, consent to perform/waive, patient or representative signature, surgeon/physician signature, and witness signature
- Clinical documentation must clearly support the necessity to implement/change injectable/implantable steroid therapy rather than implement/continue topical, oral, or other mechanism of treatment.
- Physicians are responsible for knowing applicable payer coverage, coding, and reimbursement requirements and policies.
- Injections/drugs will not be covered at a frequency that exceeds what is medically reasonable and necessary.
- Authorizations will be given for the time period of 12 months and will cover up to the listed maximum of injections during that time period. Additional injections requested will be subject to review and determinations will be made on a case-by-case basis and subject to medical necessity.
- It is expected that these services would be performed as indicated by current medical literature and/ or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Supporting Diagnoses

H30.021- H30.023	Focal chorioretinal inflammation of posterior pole, (right eye, left eye, bilateral)
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.111- H30.113	Disseminated chorioretinal inflammation of posterior pole, (right eye, left eye, bilateral)

References

Retisert [package insert]. Rochester, NY; Bausch & Lomb, Inc.; May 2019. Accessed July 2023.
Brady CJ, Villanti AC, Law HA, et al. Corticosteroid implants for chronic non-infectious uveitis. Cochrane Database Syst Rev. 2016; 2: CD010469.
Jaffe GJ, Martin D, Callanan D, et al. Fluocinolone Acetonide Implant (Retisert) for Noninfectious Posterior Uveitis: Thirty-Four–Week Results of a Multicenter Randomized Clinical Study. Ophthalmol. 2006;113(6):1020-1027.

Review and Approval Change Log

July 2022	Medical Surgical policy drafted
June 2023	Scope limited to NYS medical surgical prior authorization requirement.

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