POLICY TITLE	**Intravitreal Implant Steroidal Injections**		
CATEGORY	Medical Surgical	**POLICY ID NUMBER**	310_v2_NYS_HF
ORIGINAL EFFECTIVE DATE	01/01/2024	**LAST REVIEW DATE**	10/16/2024
LAST APPROVAL DATE	11/2024	**LAST REVISION DATE**	10/16/2024
EXCLUSIONS	**Applicable to 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.

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1 Indication and Limitations[1]

1.1 Medical Necessity

1.1.1 Testing

1.1.1.1 Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis and treatment.

1.2 Information

1.2.1 Retisert is a corticosteroid indicated for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.

1.2.2 Retisert is surgically implanted into the posterior segment of the affected eye through a pars plana incision.

1.2.2.1 Aseptic technique should always be maintained prior to and during the surgical implantation procedure.

1.3 Dosage Guidelines

1.3.1 Dosage schedule is for approved interval identification as determined by the manufacturer.

1.3.2 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.

[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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1.4 Utilization Guidelines

1.4.1 Maximum Units (per dose and over time) [HCPCS Unit]:

1.4.1.1 (118) billable units every 30 months

1.4.1.2 Quantity Limits/Max Units are based on administration to BOTH eyes

1.4.1.3 Maximum usage per 30 months = 2 implants

1.4.1.4 Injections/drugs will not be covered at a frequency that exceeds reasonable medical necessity.

1.5 Additional Requirements

1.5.1 Procedure Note Requirements

1.5.1.1 Administered drug name, lot #, and expiration date

1.5.1.2 Must clearly support the necessity to implement/change injectable/implantable steroid therapy rather than implement/continue topical, oral, or other mechanism of treatment.

1.5.1.3 Informed consent stating all pertinent risks must include date, consent to perform/waive, patient or representative signature, surgeon/physician signature, and witness signature

1.5.2 Physicians are responsible for knowing applicable payer coverage, coding, and reimbursement requirements and policies.

1.5.3 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.

1.5.3.1 Additional requests for injections will be subject to review. Determinations will be made on a case-by-case basis and subject to medical necessity.

1.5.4 Services should be performed as indicated by current medical literature and standards of practice.

1.5.5 Services performed in excess of established parameters may be subject to medical necessity review

2 Supporting Diagnoses

H30.001-H30.003	Unspecified focal chorioretinal inflammation, (right eye, left eye, bilateral)
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H30.011-H30.013	Focal chorioretinal inflammation, juxtapapillary, (right eye, left eye, bilateral)
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
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
H30.031- H30.033	Focal chorioretinal inflammation, peripheral, (right eye, left eye, bilateral)
H30.039	Focal chorioretinal inflammation, peripheral
H30.041- H30.043	Focal chorioretinal inflammation, macular or paramacular, (right eye, left eye, bilateral)
H30.049	Focal chorioretinal inflammation, macular and paramacular, unspecified eye
H30.101- H30.103	Unspecified disseminated chorioretinal inflammation, (right eye, left eye, bilateral)
H30.109	Unspecified disseminated chorioretinal inflammation, unspecified eye
H30.111- H30.113	Disseminated chorioretinal inflammation of posterior pole, (right eye, left eye, bilateral)
H30.119	Disseminated chorioretinal inflammation of posterior pole, unspecified eye

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H30.121- H30.123	Disseminated chorioretinal inflammation, peripheral, (right eye, left eye, bilateral)
H30.129	Disseminated chorioretinal inflammation, peripheral, unspecified eye
H30.131- 2H30.133	Disseminated chorioretinal inflammation, generalized, (right eye, left eye, bilateral)
H30.139	Disseminated chorioretinal inflammation, generalized, unspecified eye
H30.141- 2H30.143	Acute posterior multifocal placoid pigment epitheliopathy, (right eye, left eye, bilateral)
H30.149	Acute posterior multifocal placoid pigment epitheliopathy, (unspecified eye)
H30.91-H30.93	Unspecified chorioretinal inflammation, (right eye, left eye, bilateral)
H30.90	Unspecified chorioretinal inflammation, unspecified eye

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

AUG 2022	Medical Surgical base criterion drafted
JUN 2023	Scope limited to NYS medical surgical prior authorization requirement.
NOV 2023	Approved by HealthFirst Medical Team
JAN 2024	Reviewed, no edits, effected
OCT 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 as per AAPC
NOV 2024	Approved by HealthFirst Medical Team

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