



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## Medical Policy

### Implantable Miniature Telescope (IMT)

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#### Policy Number: 464

BCBSA Reference Number: N/A

NCD/LCD: Local Coverage Determination (LCD): Implantable Miniature Telescope (IMT) (L33584)

#### Related Policies

None

#### Policy<sup>1</sup>

##### 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 or equal 65 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 Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Medical necessity criteria and coding guidance for **Medicare Advantage members living in Massachusetts** can be found through the link(s) below.

[Local Coverage Determinations \(LCDs\) for National Government Services, Inc.](#)

Local Coverage Determination (LCD): Implantable Miniature Telescope (IMT) (L33584)

**Note:** To review the specific LCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

For medical necessity criteria and coding guidance for **Medicare Advantage members living outside of Massachusetts**, please see the Centers for Medicare and Medicaid Services website at <https://www.cms.gov> for information regarding your specific jurisdiction.

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is <b>not required</b> .
Commercial PPO and Indemnity	Prior authorization is <b>not required</b> .
Medicare HMO Blue <sup>SM</sup>	Prior authorization is <b>not required</b> .
Medicare PPO Blue <sup>SM</sup>	Prior authorization is <b>not required</b> .

### CPT Codes / HCPCS Codes / ICD Codes

*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.*

The above **medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

#### CPT Codes

CPT codes:	Code Description
C1840	Lens, intraocular (telescopic)
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis

#### 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

Date	Action
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7/2018	Medical Policy Administration literature review through June 2018. Policy criteria clarified.
1/2016	Clarified coding information.
8/2015	Clarified coding language.
12/2013	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.
8/2013	New medical policy describing ongoing non-coverage for Commercial. Covered and non-covered indications for Medicare Advantage described. Effective 8/5/2013.

## 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

1. Brown GC, Brown MM, Lieske HB, et al. Comparative Effectiveness and Cost-Effectiveness of the Implantable Miniature Telescope. *Ophthalmology*. 2011 Sep; 118(9):1834-43.
2. Chun DW, Heier JS, Raizman MB. Visual prosthetic device for bilateral end-stage macular degeneration. *Expert Rev Med Devices*. 2005; 2:657-65.
3. Colby KA, Chang DF, Stulting RD, Lane SS. Surgical Placement of an Optical Prosthetic Device for End-Stage Macular Degeneration: The Implantable Miniature Telescope. *Arch Ophthalmol*. 2007;125(8):1118-1121.
4. Garfinkel RA, Berinstein DM, Frantz R. Treatment of choroidal neovascularization through the implantable miniature telescope. *Am J Ophthalmol*. 2006; 141:766-7.
5. Hudson HL, Lane SS, Heier JS, Stulting RD, Singerman L, Lichter PR, Sternberg P, Chang DF. Implantable miniature telescope for the treatment of visual acuity loss due to end-stage age-related macular degeneration: one-year results. *Ophthalmology*. 2006; 113:1987-2001.
6. Hudson HL, Stulting RD, Heier JS, Lane SS, Chang DF, Singerman LJ, Bradford CA, Leonard RE. IMT002 Study Group. Implantable Telescope for End-Stage Age-Related Macular Degeneration. Long-Term Visual Acuity and Safety Outcomes. *Am J Ophthalmol*. 2008; 146:664-673.
7. Lane SS, Kuppermann BD, Fine IH, et al. A prospective multicenter clinical trial to evaluate the safety and effectiveness of the implantable miniature telescope. *Am J Ophthalmol*. 2004; 137:993-1001.
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9. Peli E. The optical functional advantages of an intraocular low vision telescope. *Optom Vis Sci*. 2002;79:225-233
10. Primo SA. Implantable miniature telescope: lessons learned. *Optometry*. 2010; 81:86-93.
11. NHIC CAC
12. Visioncare Application for New Device Category for Transitional Pass-Through Payment Status Under the Hospital Outpatient Prospective Payment System FDA approval accessed 9/18/11: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm218066.htm>

## Endnotes

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<sup>1</sup> Based on expert opinion