



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)

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)
- [Endnotes](#)

Policy Number: 464

BCBSA Reference Number: N/A

Related Policies

None

Policy¹

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.

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 not required .
Commercial PPO and Indemnity	Prior authorization is not required .

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
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
5/2020	Policy updated with literature review through April 2020, references added. Policy statements unchanged.
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.
8/2013	New medical policy describing ongoing non-coverage for Commercial. 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

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3. Chun DW, Heier JS, Raizman MB. Visual prosthetic device for bilateral end-stage macular degeneration. *Expert Rev Med Devices.* 2005; 2:657-65.
4. 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.
5. Garfinkel RA, Berinstein DM, Frantz R. Treatment of choroidal neovascularization through the implantable miniature telescope. *Am J Ophthalmol.* 2006; 141:766-7.
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12. Peli E. The optical functional advantages of an intraocular low vision telescope. *Optom Vis Sci.* 2002;79:225-233
13. Primo SA. Implantable miniature telescope: lessons learned. *Optometry.* 2010; 81:86-93.
14. 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

¹ Based on expert opinion