Vision Clinical Criteria Guidelines and Practice Standards

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Introduction

Avēsis Vision Plan's Clinical Criteria Guidelines and Practice Standards undergo regular revisions and annual review by the QMI Committee and Board of Directors. Our Clinical Directors internally developed this criteria document, with input from participating panel general clinicians and specialists. Avēsis relies on the American Academy of Ophthalmology Parameters, which are grounded in sound clinical principles, processes, and evidence. These guidelines ensure consistent evaluation of the appropriateness of vision services that require review. It's essential to recognize that Plan/Program guidelines take precedence over the information contained in Avēsis's Clinical Criteria Guidelines and Practice Standards document.

Coverage and Criteria Formulation

Criteria are developed based on Medicare and State Medicaid guidelines, professional education materials, industry standards, and health plan-specific requirements. Medical necessity criteria applicable to children ages birth through twenty (20) years of age shall reflect EPSDT standards. As part of our criteria and review process, Avēsis will take into account special clinical circumstances on a case-by-case basis.

- Criteria are influenced by specialty organizations such as:
  - American Academy of Ophthalmology
  - American Optometric Association
  - Local coverage and national coverage determinations
  - Local State advisory boards

Regarding patient information upon submission, details should minimally include the following and must be clearly & legibly documented in the medical record and made available to Avēsis upon request:

- Name, sex, birth date, address, telephone number, cell phone number, email address, name of employer, work address, and telephone number.
- A detailed medical history form, including information such as the patient's current health status, physician's name and contact details, history of hospitalizations or surgeries, blood pressure history, current medications, and allergies.
  - Areas where 'white out' is used are not accepted.
  - Areas with 'black out' or 'scribble' will not be accepted.
  - A single line through text where the text will remain readable is acceptable with provider initials and date.
  - Physician signature must be present on chart and procedural notes, orders, and testing interpretations.
- Procedure note for all injections must include:
  - Actual administered dosage of injection given
  - Site of injection
  - Route of administration
  - Injection Lot #
  - Injection expiration date
  - Post-injection vision ≥ CF
- Medical documentation must clearly display that enrollee has been queried/screened for contraindications and/or co-morbidities:
- Evidence that enrollee has been screened for medical conditions which would contraindicate the use of injections.
- Medical documentation must evidence a full informed consent, outlining all pertinent risks, inclusive of the following:
  - Date
  - Consent to perform
  - Consent to waive

- Patient or Representative Signature
- Surgeon/Physician Signature
- Witness Signature

Clinical records must be comprehensive, well-organized, and legible. All entries should be made in ink, signed, and dated by the treating dentist or other licensed healthcare professional who performed the services. Contracted Clinicians are required to provide copies of all member records upon request within the specified timeframe. These records may be requested for grievance resolutions, second opinions, or state/federal compliance purposes. Clinicians must make these records available to the Plan at no cost. Failure to comply may result in disciplinary actions, including transfer of enrollment or closure to new enrollment. Continued non-compliance could lead to termination by Avēsis.

Progress notes serve as a legal record and must be detailed, legible, and indelible. Each entry must be signed, initialed, and dated by the person providing treatment or include unique identifiers for documentation support. Corrections or modifications to entries require the name of the person or unique identifier responsible for the changes, along with the date of the modification. Progress notes should include documentation of treatments used (or not used), specifying type, strength, and vasoconstrictor. Additionally, all prescriptions must be documented, including medication details, dosage, directions, and refills. Copies of lab prescriptions and communications should be kept in the patient's chart.

Office Visits – Routine, Medical and Evaluation & Management Coding

- This exam must include a problem focused history and a problem focused exam. This exam can be for a new condition or prior existing condition.
- This exam must include a comprehensive history and comprehensive exam. This includes a refraction to determine the prescription for glasses.
- This exam is for an evaluation of a new patient including a comprehensive history, comprehensive exam, and medical decision making of moderate complexity. Complexity to be determined by number of diagnoses, amount of data reviewed and risks of significant complications.
- This exam requires two of the three following components: an expanded problem focused history, an expanded problem focused exam and medical decision making of low complexity.
- This exam is for an evaluation of a previous patient including a comprehensive history, comprehensive exam, and medical decision making of moderate complexity. Complexity to be determined by number of diagnoses, amount of data reviewed and risks of significant complications.
- This exam is for an evaluation of a previous patient including a comprehensive history, comprehensive exam, and medical decision making of high complexity. Complexity to be determined by number of diagnoses, amount of data reviewed and risks of significant complications.
- Exams must include Medical history or eye history outlining:
  - Current medications
  - Visual changes, if any
  - Chief complaints with location and duration of area
  - History of present illness
- Examination components must include:
  - Visual acuity with/without correction
    - Distance and near
  - Gross Visual Field assessment
  - Refraction
  - Slit lamp exam of anterior segment, anterior chamber, and lens
  - Tonometry
  - Pupillary assessment (prior to dilation)
  - Posterior Segment Ophthalmoscopy of optic nerve

- EOM Assessment
    - Documenting a cover test
- Patient aftercare plan

MNCL – Medically Necessary Contact Lenses & Fitting

- Medically necessary contact lens fitting, and medically necessary contact lenses are only considered medically necessary when visual acuities are not able to be corrected to at least 20/40 with glasses and the contact lenses improve by the vision by 2 lines.
- Contact lens fitting, and dispensing, will be considered medically appropriate when submitted documentation substantiates need is specific to the treatment and/or management of disease related to the cornea.
- Contact lenses may be fitted and dispensed for medical reasons to treat or manage diseases involving the cornea or when medically necessary in the appropriate treatment of the following conditions:
    - Keratoconus
    - Irregular Astigmatism
    - Corneal Disorders
    - Aphakia
    - Anisometropia and Aniseikonia
    - High Myopia
- Contact lens services shall include at minimum:
    - Examination
    - Fitting
    - Insertion, removal, and care and cleaning training
    - Wearing schedule
    - Starter kit
    - Risk and responsibility counseling
    - Follow-up visits

Fundus Photography

- Fundus photographs are only considered medically necessary where the results may influence the management of the patient.
- Fundus photographs are not medically necessary simply to document the existence of a condition. However, photographs may be medically necessary to establish a baseline to judge later whether a disease is progressive.
- Fundus photos may not be billed the same day as Ocular Coherence Tomography or Extended Ophthalmoscopy.
- Fundus photography is indicated to document abnormalities related to disease processes affecting the eye or to follow the progress of the disease, and is considered medically necessary for conditions such as, but not limited to:
    - Macular degeneration
    - Retinal neoplasms
    - Choroid disturbances and diabetic retinopathy
    - Glaucoma
    - Identification of Multiple Sclerosis and other central nervous system abnormalities.
- Fundus photography will not be considered medically necessary if performed specific to the following:
    - To document the existence or screen for existence of a condition
    - To document normal findings/absence of disease
    - For routine photographs that do not impact treatment

    - For subsequent repetitive photographs that do not demonstrate any change or new findings.
- Fundus photographs are only considered medically necessary when all of the following are met:
    - Results may impact the management of the patient
    - Baseline photographs are necessary to monitor progression
    - Subsequent photographs are necessary to establish/monitor progression

SCODI – Scanning Computerized Ophthalmic Diagnostic Imaging

- Scanning computerized ophthalmic diagnostic imaging (SCODI) testing is medically necessary and will be covered annually for the patient who has or is suspected of having family history of glaucoma, optic nerve disease or retinal disease.
- SCODI cannot be billed with fundus photography.
- SCODI is used for the evaluation of conditions involving the anterior segment, optic nerve, and retina.
- SCODI will be covered at the following frequencies as per condition:
    - Glaucoma/glaucoma suspicion
    - Retinal Disorders – (active or inactive disease, without treatment)
    - Retina Disorders – (active AMD and diabetic retinopathy currently undergoing treatment)
    - Retinal Disorders – (active disease currently undergoing intravitreal injection)

VEP Testing – Visual Evoked Potential Testing

- Visual Evoked Potential testing is medically necessary and will be covered annually for the patient who has or is suspected of having Multiple Sclerosis or Neuromyelitis Optica (NMO), or suspected disorder of the Optic Nerve, Optic Chiasm or Optic Radiations not explained by MRI, CT, infectious diseases or metabolic disorders.

- Visual Evoked Potentials (VEPs) are considered medically necessary for ANY of the following indications:
    - Multiple Sclerosis or Neuromyelitis Optica (NMO)
    - Suspected disorder of the Optic Nerve, Optic Chiasm or Optic Radiations not explained by MRI, CT, infectious diseases, or metabolic disorders
- Visual Evoked Potential Testing will be covered annually for the patient who has or is suspected of having the conditions

Visual Field Testing

- Visual field testing is medically necessary if you have family history of glaucoma, optic nerve disease or anything that may impact the field of vision.
- The level and frequency of visual field testing performed should be commensurate with the type and severity of the related condition.
- Visual fields for patients may be indicated and appropriate when there is glaucoma suspicion, previous glaucoma diagnosis, or presence of any factor from:
    - Flame hemorrhage of optic disc
    - Segmental thinning of neuroretinal rim
    - Bared circumlinear vessel/NFL thin or wedge defect
    - Atrophy/Pallor
    - C/D ratio > 0.5
    - C/D ratio difference of >0.1 between cups
    - >25 with applanation tonometry/ Icare tonometer
    - Previous diagnosis of glaucoma or glaucoma suspect
    - Previous treatment as glaucoma suspects due to injury
    - Positive family history of glaucoma

    - Visual field defect or constriction by patient report, family
    - History of blunt force ocular trauma/hyphemia
    - Angle recession
    - Pseudo exfoliation of lens/heavily pigmented TM on gonioscopy
- Visual Field Testing may be considered medically necessary when any of the following are substantiated by medical record submission:
    - Disorder of the eyelids potentially affecting the visual field
    - A documented disorder of the optic nerve or the neurological visual pathway
    - A recent intracranial hemorrhage, an intracranial mass or a recent measurement of increased intracranial pressure with or without visual symptomatology
    - A recently documented occlusion and/or stenosis of cerebral and precerebral arteries, a recently diagnosed transient cerebral ischemia or giant cell arteritis
    - A history of a cerebral aneurysm, pituitary tumor, occipital tumor or other condition potentially affecting the visual fields.
    - A visual field defect demonstrated by gross visual field testing (e.g., confrontation testing)
    - An initial workup for buphthalmos, congenital ptosis, congenital anomalies of the posterior segment
    - A disorder of the orbit, potentially affecting the visual field
    - A significant eye injury
    - Unexplained visual loss which may be described as “trouble seeing or vision going in and out.”
    - A pale or swollen optic nerve documented by a recent examination
    - New functional limitations which may be due to visual fields loss (i.e., reports by family that patient is running into things).
    - Medication treatment (e.g., Plaquenil) which has a high risk of potentially affecting the visual system.
    - Initial evaluation for macular degeneration related to central vision loss or has experienced such loss resulting in vision measured at or below 20/70
    - Diagnosis and monitoring visual field loss due to blepharoptosis or to disease involving the cornea, lens, retina, optic nerve and intracranial visual pathway

Tear Osmolarity Testing

- Testing is medically necessary when the patient presents with signs or symptoms of dry eye disease.
- Tear osmolarity must be specifically identified in the medical record and the numerical result of testing and indication of normal or abnormal.
- The ordering physician must submit the code with a modifier.
- Tear Osmolarity Testing is indicated for (but not limited to):
    - Dry eye syndrome of lacrimal gland
    - Conjunctival xerosis, unspecified
    - Unspecified superficial keratitis
    - Filamentary keratitis
    - Punctate keratitis
    - Exposure keratoconjunctivitis
    - Keratoconjunctivitis sicca, not specified as Sjögren's
    - Neurotrophic keratoconjunctivitis
    - Recurrent erosion of cornea
    - Sjögren syndrome, unspecified
    - Sjögren syndrome with keratoconjunctivitis

ERG – Electroretinography Testing

- Electroretinography (ERG) testing is medically necessary and will be covered annually to diagnose loss of retinal function or distinguish between retinal lesions and optic nerve lesions.
- ERGs are considered medically necessary for any of the following to diagnose loss of retinal function or distinguish between retinal lesions and optic nerve lesions:
    - Toxic retinopathies, including those caused by intraocular metallic foreign bodies, Vigabatrin and Chlorpromazine
    - Diabetic retinopathy
    - Retinal vascular disease [e.g., Central Retinal Artery Occlusion (CRAO), Central Retinal Vein Occlusion (CRVO), Branch Vein Occlusion (BVO), and sickle cell retinopathy]
    - Autoimmune retinopathies [e.g., Cancer Associated Retinopathy (CAR), Melanoma Associated Retinopathy (MAR), and Acute Zonal Occult Outer Retinopathy (AZOOR)]
    - Retinal detachment
    - Assessment of retinal function after trauma [e.g., vitreous hemorrhage, dense cataracts, and other conditions where the fundus cannot be visualized]
    - Retinitis pigmentosa and related hereditary degenerations
    - Retinitis punctata albescens
    - Leber's congenital amaurosis
    - Choroideremia
    - Gyrate atrophy of the retina and choroid
    - Goldman-Favre syndrome
    - Congenital stationary night blindness
    - X-linked juvenile retinoschisis
    - Achromatopsia
    - Cone dystrophy
    - Disorders mimicking retinitis pigmentosa
    - Usher Syndrome
    - Retinal Dystrophies (e.g., Stargardt’s disease, Fundus Flavimaculata, North Carolina macular dystrophy, Best’s Vitelliform dystrophy, Sorsby’s macular dystrophy)
- To detect chloroquine (Aralen) and hydroxychloroquine (Plaquenil) toxicity (mfERG) per AAO guidelines, which does not recommend mfERG for routine primary screening, but can provide objective confirmation of suspected visual loss.
- The use of full field or multifocal ERG (either diagnosis or management) is considered experimental and investigational as the available published clinical evidence does not support clinical value. Therefore, the use of full field and multifocal ERG for glaucoma is non- covered and will be denied as not reasonable and necessary.

Nasolacrimal Duct Probing and Punctum Dilation

- Nasolacrimal punctal dilation and nasolacrimal duct probing may be reasonable and necessary when obstruction at or distal to the lacrimal puncta is reasonably suspected to be causing or contributing to the patient's symptoms (usually excessive tearing [epiphora] or chronic dacryocystitis), and when such measures are required to alleviate the patient's symptoms and reduce the likelihood of infection or damage to the lacrimal drainage apparatus.
- Nasolacrimal punctal dilation and nasolacrimal duct probing may be reasonable and necessary when:
    - Obstruction at or distal to the lacrimal puncta is reasonably suspected to be causing or contributing to symptoms, e.g., excessive tearing (epiphora) or chronic dacryocystitis;
    - When such measures are required to alleviate symptoms and reduce the likelihood of infection or damage to the lacrimal drainage apparatus.
    - Probing of the nasolacrimal duct and/or dilation of the nasolacrimal punctum can be carried out for any of the following indications:
    - Epiphora (excessive tearing) due to acquired obstruction within the nasolacrimal sac and duct

    - A mucocele of the lacrimal sac
    - Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction
    - Lacrimal sac infection that must be relieved before intra-ocular surgery
    - Other conditions which require probing or dilation for diagnosis or treatment
- Nasolacrimal Duct Probing and Punctum Dilation is indicated for (but not limited to):
    - Unspecified epiphora, lacrimal gland
    - Epiphora due to insufficient drainage, lacrimal gland
    - Chronic dacryocystitis of lacrimal passage
    - Chronic lacrimal canaliculitis of lacrimal passage
    - Chronic lacrimal mucocele of lacrimal passage
    - Stenosis of lacrimal canaliculi
    - Acquired stenosis of nasolacrimal duct
    - Stenosis of lacrimal punctum
    - Unspecified chronic conjunctivitis
    - Simple chronic conjunctivitis
    - Chronic follicular conjunctivitis

Punctal Occlusion by Plugs

- Punctal occlusion by punctoplasty or plugs is medically necessary for the patient who has documented complaints of having dry eye based on evidence from Schirmer's testing for tear production and evidence that the use of eye drops over a period of time and punctal plugs have not resolved the problem.
- Use of lacrimal punctum plugs is indicated for (but not limited to):
    - Conjunctival xerosis, unspecified
    - Unspecified corneal ulcer - Ring corneal ulcer
    - Marginal corneal ulcer - Unspecified superficial keratitis
    - Filamentary keratitis
    - Punctate keratitis
    - Exposure keratoconjunctivitis - Neurotrophic keratoconjunctivitis
    - Recurrent erosion of cornea
    - Sjögren syndrome, unspecified – Sjögren syndrome with keratoconjunctivitis
    - Dry eye syndrome not adequately responding to conservative treatment with:
        - artificial tears
        - warm compresses
        - ophthalmic cyclosporine
        - oral Omega-3 supplements
    - Dry eye symptoms include complaints of:
        - Dryness
        - Redness
        - Burning /discomfort/foreign body sensation
    - Dry eye symptoms may be contributed to or exacerbated by:
        - Systemic medications
        - General health issues (e.g., Sjogren's Syndrome, Rheumatoid Arthritis);
        - Environmental issues (e.g., cold weather, decreased humidity)
        - Hormonal/endocrine fluctuations
        - One temporary plug (collagen) per punctum will be reimbursed, if placed prior to permanent plug (silicone) to determine efficacy of punctal occlusion.
- After placement of collagen plugs, enrollee must report significant improvement in symptoms or show quantitative improvement of clinical findings on follow up exam in order to proceed with permanent plug (silicone) placement.

- Current global period is ten (10) calendar days for punctal plug placement.
- After the 10th day, visits relating to the dry eye syndrome or punctal plug complaints may be appropriately billed as an Evaluation and Management service.
- Repetitive use of temporary lacrimal punctum plugs for treatment of dry eye syndrome when permanent treatment is indicated will not be reimbursed.
- Punctal plug placement (collagen or silicone) prior to refractive surgery, without the presence of clinical findings and enrollee complaints as noted above, will not be reimbursed.
- Punctal plug placement in patients with any of the following contraindications, will not be reimbursed.
    - Signs and symptoms of an infection
    - Inflammation of eyelids, blepharitis
    - Dacryocystitis
    - Allergies to bovine collagen or silicone
    - Insufficient presence of ocular surface disease, dry eye syndrome, enrollee complaints related to dry eye syndrome.
- Evidence of ≥ three (3) of the following clinical findings must be documented:
    - Tear break up time < 10 seconds
    - Increased tear osmolarity ocular surface dye staining (corneal or bulbar conjunctival)
    - Schirmer's test results ≤5mm with anesthesia
    - Evidence of corneal decomposition by slit lamp exam
- Evidence of ≥ two (2) of the following clinical findings must be documented:
    - Enrollee report of significant lifestyle compromise due to excessive regimen and/or persistent discomfort despite current regimen of conservative treatment (including tears, ophthalmic cyclosporine, warm compresses, etc.)
    - Enrollee reports minimum/no improvement in dry eye symptoms with conservative treatment of an adequate trial period
    - Clinical findings show minimal/no improvement despite patient compliance with conservative treatment of an adequate trial period
    - Enrollee presents with worsening symptoms and/or worsening clinical findings during conservative treatment of an adequate trial period

Vision Therapy

- Vision therapy is medically necessary for the treatment of convergence insufficiency and other specific disorders of binocular vision. Disorders are (but not limited to):
    - Phonological disorder – Social pragmatic communication disorder
    - Specific reading disorder
    - Disorder of written expression
    - Developmental disorder of scholastic skills, unspecified
    - Autistic disorder
    - Unspecified disorder of psychological development
    - Third [oculomotor] nerve palsy – Progressive external ophthalmoplegia
    - Monocular esotropia – Monocular esotropia with other noncomitancies
    - Alternating esotropia – Alternating esotropia with other noncomitancies
    - Monocular exotropia – Monocular exotropia with other noncomitancies
    - Alternating exotropia – Alternating exotropia with other noncomitancies
    - Intermittent monocular esotropia – Accommodative component in esotropia
    - Esophoria – Alternating heterophoria
    - Brown's sheath syndrome
    - Inferior oblique muscle entrapment – Extraocular muscle entrapment, unspecified
    - Duane's syndrome
    - Convergence insufficiency - Convergence excess

- Internal ophthalmoplegia (complete) (total) – Spasm of accommodation
- Deprivation amblyopia – Strabismic amblyopia
- Unspecified subjective visual disturbances
- Transient visual loss – Psychophysical visual disturbances
- Diplopia – Suppression of binocular vision
- Congenital nystagmus – Visual deprivation nystagmus
- Saccadic eye movements
- Central auditory processing disorder
- Dyslexia and alexia
- Visual agnosia
- Abnormal oculomotor study

Adult Strabismus Surgery

- Strabismus surgery in adults (21 and over) is medically necessary only if double vision is documented. Or, if your peripheral vision is decreased due to crossed eyes and restoring the alignment will give you the ability to maintain fusion.
- Repair of strabismus when there is no expected improvement of fusion and visual acuity is considered cosmetic in nature and therefore is excluded from coverage.
- Documentation must support Diplopia, or if there is an impairment of peripheral vision due to esotropia or exotropia:
  - Subjective-patient complaint (frequency, duration, related activities)
  - Correctable deviation (diopter, direction of prism)
- Adult Strabismus Surgery is indicated for (but not limited to):
  - Malignant neoplasm of eye and adnexa
  - Malignant neoplasm of brain
  - Secondary malignant neoplasm of brain and cerebral meninges
  - Secondary malignant neoplasm of other and unspecified parts of nervous system
  - Carcinoma in situ of eye
  - Benign neoplasm of ciliary body
  - Benign neoplasm of brain, unspecified
  - Benign neoplasm of cranial nerves
  - Benign neoplasm of spinal cord
  - Thyrotoxicosis [hyperthyroidism]
  - Unspecified exophthalmos
  - Nutritional optic neuropathy – Toxic optic neuropathy
  - Ischemic optic neuropathy
  - Paralytic strabismus, Third [oculomotor] nerve palsy
  - Paralytic strabismus, Sixth [abducent] nerve palsy
  - Unspecified esotropia – Unspecified strabismus
  - Other subjective visual disturbances
  - Diplopia
  - Nontraumatic subarachnoid hemorrhage
  - Nontraumatic intracerebral hemorrhage – Cerebral arteritis in other diseases classified elsewhere
  - Fracture of vault of skull – Type III occipital condyle fracture, left side
  - Fracture of orbital floor
  - Ocular laceration and rupture with prolapse or loss of intraocular tissue
  - Ocular laceration without prolapse or loss of intraocular tissue
  - Penetrating wound of orbit with or without foreign body
  - Penetrating wound with foreign body of eyeball
  - Penetrating wound without foreign body of eyeball
  - Avulsion of eye

- Unspecified injury of eye and orbit
- Injury of blood vessels of head, not elsewhere classified – Laceration of muscle

Blepharoplasty and Ptosis Repair

- Blepharoplasty is medically indicated when a patients functional/impairment complaint is directly related to an abnormality of the eyelid(s), position of the eyelid(s), or brow ptosis.
- Blepharoplasty and Ptosis Repair are considered reasonable and necessary when the enrollee:
  - Has an appropriate medical diagnosis
  - Presents with a functional/physical impairment and the complaint is directly related to an abnormality of the eyelid(s), position of the eyelid(s), or brow ptosis
  - When abnormality compromises functionality and patient field of vision
- Blepharoplasty and Ptosis Repair is indicated for (but not limited to):
  - Blepharochalasis, right upper eyelid
  - Blepharochalasis, left upper eyelid
  - Unspecified ptosis of eyelid – Paralytic ptosis of eyelid
  - Eyelid retraction, right upper eyelid
  - Eyelid retraction, left upper eyelid
  - Dermatochalasis, right upper eyelid
  - Dermatochalasis, left upper eyelid
  - Brow Ptosis, right eye
  - Brow Ptosis, left eye
  - Brow Ptosis, bilateral
  - Scar conditions and fibrosis of skin
  - Congenital ptosis

Cataract Extraction with Insertion of IOL

- Cataract extraction with IOL implant is medically necessary if it affects your daily activity, the cataract is the reason vision cannot be improved and risks and benefits have been explained to you and you understand and agree.
- Cataract Extraction with insertion of IOL is considered medically necessary based on the following:
  - Cataract causing symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses, lighting, or nonoperative means resulting in specific activity limitations and/or participation restrictions including, but not limited to reading, viewing television, driving, or meeting vocational or recreational needs
  - Concomitant intraocular disease (e.g., diabetic retinopathy, or intraocular tumor) requiring monitoring or treatment that is prevented by the presence of cataract.
  - Lens-induced disease threatening vision or ocular health (including, but not limited to, phacomorphic or phacolytic glaucoma).
  - High probability of accelerating cataract development as a result of a concomitant or subsequent procedure (e.g., pars plana vitrectomy, iridocyclectomy, procedure for ocular trauma) and treatments such as external beam irradiation.
  - Cataract interfering with the performance of vitreoretinal surgery.
  - Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity).
  - Diabetes mellitus due to underlying condition with diabetic cataract
  - Drug or chemical induced diabetes mellitus with diabetic cataract
  - Type 1 diabetes mellitus with diabetic cataract
  - Type 2 diabetes mellitus with diabetic cataract

- Cortical age-related cataract – Combined forms of age-related cataract
- Unspecified age-related cataract
- Unspecified infantile and juvenile cataract – Combined forms of infantile
- Unspecified traumatic cataract – Total traumatic cataract
- Unspecified complicated cataract – Glaucomatous flecks (subcapsular)
- Drug-induced cataract
- Unspecified cataract
- Congenital cataract

Yittrium-Aluminum Garnet Laser Surgery

- Capsulotomy is medically necessary when the opacification results in a decrease in functional vision corresponding to the patient's complaints.
- LPI is medically necessary for a closed angle, an angle capable of closure, or history/findings indicative of narrow angle attacks.
- Laser trabeculoplasty is medically necessary when the patient is intolerant to topical and/or medical therapy or progression of disease despite medical therapy.
- YAG Laser Capsulotomy is considered medically indicated according to the level of visual impairment:
    - Opacification affecting functional needs and the potential visual outcome is expected to alleviate the visual complaints.
    - Documentation exists that best correct visual acuity of 20/30 or worse (secondary to capsular opacification) OR;
    - Documentation exists of loss of 2 or more lines of acuity since cataract surgery was performed secondary to capsular opacification, with associated enrollee complaints and lifestyle impairments.
    - Documentation shows results of glare testing evidence a loss of 2 or more lines of visual acuity.
    - It is expected that this procedure be performed only once per eye per lifetime of an enrollee, unless there is a specific medically necessary need identified.
    - For Unspecified secondary Cataract
    - Soemmering's ring
    - Other secondary Cataract
- YAG Laser Iridotomy/iridectomy (LPI) is considered medically indicated when:
    - Documentation indicates Angle closed or capable of closure
    - Findings/history indicative of attacks of narrow angle glaucoma (NAG)
    - Anatomical narrow angle
    - Primary angle closure without glaucoma damage
    - Acute angle-closure glaucoma
    - Chronic angle-closure glaucoma
    - Residual stage of angle-closure glaucoma
- YAG Laser Trabeculoplasty (SLT) is considered medically indicated when:
    - It is considered the primary treatment modality for enrollee intolerant to topical and/or systemic medical therapy (e.g., drug allergy)
    - Primary open angle glaucoma exists which demonstrates progression of optic nerve damage and/or visual field loss despite topical and/or systemic medical therapy.
    - Pigmentary glaucoma
    - Low-tension glaucoma
    - Ocluar hypertension
    - High and low risk of open angle with borderline findings

Beovu Intravitreal Injection

- Beovu indicated for the treatment of patients with neovascular age-related Macular Degeneration, diabetic macular edema and central retinal vein occlusion.
- Coverage is indicated for treatment when enrollees have the following condition:
    - Neovascular (Wet) age-related macular degeneration (AMD)
    - Coverage will be considered only for enrollees who have completed a minimum of three (3) months of Avastin® (bevacizumab) with unsatisfactory outcome, defined as:
    - Minimum 3-month treatment trial
    - Fewer than 4 lines of improvement on visual acuity testing
    - Histoplasmosis capsulati, unspecified – Histoplasmosis, unspecified
    - Type 2 diabetes mellitus with unspecified diabetic retinopathy with(out) macular edema
    - Central retinal vein occlusion
    - Tributary (branch) retinal vein occlusion
    - Exudative age-related macular degeneration
    - Retinal edema

Botox Injection

- Botox can be used for the treatment of overactive skeletal muscles. Botox may also be indicated for blepharospasm, chronic migraines and orofacial dyskinesia.
- It is usually considered not medically necessary to give botulinum toxin injections for spastic conditions more frequently than every 90 days.
- The patient who has a spastic or excessive muscular contraction condition is usually started with a low dose of botulinum toxin.
    - Other spastic or muscular contraction conditions, such as eye muscle disorders, (e.g., blepharospasm) may require lesser amounts of botulinum toxin.
- Botox is allowed for migraine headaches are described as an intense pulsing or throbbing pain in one area of the head.
    - The headaches are often accompanied by nausea, vomiting, and sensitivity to light and sound.
    - Migraines usually begin with intermittent headache attacks 14 days or fewer each month (episodic migraine), but some patients go on to develop the more disabling chronic migraine.
    - To treat chronic migraines, botulinum toxin is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms.
- Botox is indicated for (but not limited to):
    - Idiopathic orofacial dystonia
    - Blepharospasm
    - Migraine without aura, intractable
    - Migraine with aura, not intractable
    - Migraine with aura, intractable
    - Chronic migraine without aura, not intractable
    - Chronic migraine without aura, intractable
    - Chronic migraine with aura, not intractable
    - Chronic migraine with aura, intractable
    - Melkersson's syndrome
    - Clonic hemifacial spasm
    - Facial myokymia
    - Spastic hemiplegia
    - Spastic entropion of eyelid

- Spastic ectropion of eyelid
- Third [oculomotor] nerve palsy
- Fourth [trochlear] nerve palsy
- Sixth [abducent] nerve palsy
- Total (external) ophthalmoplegia
- Progressive external ophthalmoplegia
- Kearns-Sayre syndrome
- Unspecified paralytic strabismus
- Internuclear ophthalmoplegia

Dextenza Ophthalmic Insert

- Dextenza is indicated for the treatment of ocular inflammation and pain following cataract surgery or ocular itching associated with allergic conjunctivitis.
- Dextenza is reasonable and necessary for the following conditions:
- Other acute postprocedural pain [ocular pain following ophthalmic surgery
- Ocular pain [ocular pain following ophthalmic surgery]
    - The treatment of ocular inflammation and pain following cataract surgery.
    - The treatment of ocular itching associated with allergic conjunctivitis under the following conditions:
        - A chief complaint of itching of the eyes consistent with seasonal or other allergies, AND
        - A documented history of failure of decrease in symptoms using OTC or prescription allergy drops AND
        - A documented history of failure of steroid eye drops OR
        - Inability to administer any prescribed eye drops.
        - Clinical findings that correlate with symptoms such as extreme conjunctival hyperemia or significant follicular reaction

Durysta Implant (Bimatoprost)

- Durysta is indicated for the treatment of patients with open angle glaucoma or ocular hypertension who demonstrate an inability to use eyedrops for the treatment of glaucoma; or, have a significant medical condition that would prevent the instillation of eye drops for the treatment of glaucoma.
- Durysta (Bimatoprost implant) will be considered for coverage in the following:
    - For enrollees with established diagnosis of:
        - Open angle glaucoma
        - Ocular hypertension;
    - For enrollees who:
        - Demonstrate an inability to use eyedrops for the treatment of glaucoma; or, have a significant medical condition that would prevent the instillation of eye drops for the treatment of glaucoma.

Eylea (Aflibercept) Intravitreal Injection

- Eylea is indicated for the treatment of patients with neovascular age-related Macular Degeneration, diabetic macular edema and central retinal vein occlusion.
- Coverage is indicated for treatment when enrollees have the following condition:

    - Neovascular (Wet) age-related macular degeneration (AMD)
    - Diabetic macular edema (DME) and Diabetic Retinopathy (DR)
    - Macular edema associated with retinal vein occlusion.
- Coverage will be considered only for enrollees who have completed a minimum of three (3) months of Avastin® (bevacizumab) with unsatisfactory outcome, defined as:
    - Minimum 3-month treatment trial
    - Fewer than 4 lines of improvement on visual acuity testing
- Medical documentation must clearly state the clinical indication/medical necessity for the EYLEA® (aflibercept) injection and the frequency of its usage.
- Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis.
- Eylea Intravitreal Injection is indicated for (but not limited to):
    - Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with(out) macular edema
    - Severe nonproliferative diabetic retinopathy, Type 2, with(out) macular edema
    - Proliferative diabetic retinopathy, Type 2, with macular edema
    - Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
    - Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
    - Type 11 diabetes mellitus with diabetic macular edema, resolved following treatment
    - Other specified diabetes mellitus with unspecified diabetic retinopathy with(out) macular edema
    - Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with(out) macular edema
    - Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with(out) macular edema
    - Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with(out) macular edema
    - Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
    - Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
    - Central retinal vein occlusion
    - Tributary (branch) retinal vein occlusion
    - Exudative age-related macular degeneration
    - Retinal edema
    - Histoplasmosis capsulati, unspecified – Histoplasmosis, unspecified
    - Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with(out) macular edema
    - Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with(out) macular edema
    - Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with(out) macular edema
    - Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with(out) macular edema
    - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
    - Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with(out) macular edema

- Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with(out) macular edema
- Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with(out) macular edema
- Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with(out) macular edema
- Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
- Background diabetic retinopathy, Type 1, with(out) macular edema
- Mild nonproliferative diabetic retinopathy, Type 1 with(out) macular edema
- Moderate nonproliferative diabetic retinopathy, Type 1, with(out) macular edema
- Proliferative diabetic retinopathy, Type 1, with(out) macular edema
- Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
- Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
- Type 2 diabetes mellitus with unspecified diabetic retinopathy with(out) macular edema
- Mild nonproliferative diabetic retinopathy, Type 2 with(out) macular edema

Iluvien (Fluocinolone Acetonide) Intravitreal Implant

- Iluvien is indicated for the treatment of diabetic macula edema when previously treated with corticosteroids**.**
- Iluvien (fluocinolone acetonide) Intravitreal Implant contains a corticosteroid and is indicated for the treatment of diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.
- Iluvien (fluocinolone acetonide) Intravitreal Implant will be considered only when evidence is provided that the enrollee Avastin trial for a minimum of three months and showed fewer than four (4) lines of improvement in visual acuity.
- Detailed documentation of medical necessity for switch from Avastin to Iluvien (fluocinolone acetonide) Intravitreal Implant is required.
- Iluvien (fluocinolone acetonide) Intravitreal Implant will be considered only when evidence is provided that the enrollee has history of corticosteroid use without onset of intraocular pressure (IOP).
- Durysta (Bimatoprost implant) will be considered for coverage in the following:
    - Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
    - Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
    - Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

- Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema

Lucentis (Ranibizumab) Intravitreal Injection

- Lucentis is indicated for the treatment of patients with neovascular age-related macular degeneration, macular edema following retinal vein occlusion, central or branch and diabetic macular edema.
- Coverage will be considered only for enrollees who have completed a minimum of three (3) months of Avastin® (bevacizumab) with unsatisfactory outcome, defined as:
  - Minimum 3-month treatment trial
  - Fewer than 4 lines of improvement on visual acuity testing
- Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis.

- Coverage is indicated for treatment when enrollees have the following condition:
  - Neovascular (Wet) age-related macular degeneration (AMD)
  - Diabetic macular edema (DME)
  - Macular edema associated with retinal vein occlusion.
  - Histoplasmosis capsulati, unspecified – Histoplasmosis, unspecified
  - Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
  - Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
  - Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema

- Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
- Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
- Central retinal vein occlusion
- Tributary (branch) retinal vein occlusion
- Exudative age-related macular degeneration
- Cystoid macular degeneration
- Retinal edema

Yutiq (Fluocinolone Acetonide) Intravitreal Implant

- Yutiq is indicated for the treatment of posterior uveitis affecting the back of the eye in patients who have been previously treated with a course of corticosteroids and have not had a clinically significant rise in intraocular pressure.
- Yutiq will be considered medically necessary only:
  - When there is an inadequate response to injectable or systemic steroids OR
  - When there is an inadequate response to at least two administrations of intraocular steroids for the management of uveitis.
- Yutiq will be considered for coverage in the following:
  - Dexamethasone, lacrimal ophthalmic insert, 0.01 mg
  - Focal chorioretinal inflammation
  - Disseminated chorioretinal inflammation
  - Unspecified chorioretinal inflammation [birdshot chorioretinopathy]
- Yutiq is contraindicated, and the service will NOT be authorized if ANY of the following conditions apply:
  - Hypersensitivity to fluocinolone, or other corticosteroids
  - Ocular or periocular infections (viral, bacterial, or fungal): Active or suspected ocular or periocular infections including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, or fungal infections of the eye
  - Advanced glaucoma
  - Concurrent treatment with other intravitreal implants

Susvimo (Ranibizumab) Insert or Injection

- Susvimo is indicated for the treatment of neovascular (wet) Age-related Macular Degeneration (AMD).
- Coverage will be considered only for enrollees who have completed a minimum of three (3) months of Avastin® (bevacizumab) with unsatisfactory outcome as defined by:
  - Decrease in best corrected acuity; or
  - No decrease in macula changes as evidence by OCT or clinical exam and

    - Have had previously responded to at least 2 anti-vascular endothelial growth factor injections
- Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis.
- Susvimo will be considered for coverage in the following:
    - Exudative age-related macular degeneration, right eye, stage unspecified
    - Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
    - Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
    - Exudative age-related macular degeneration, right eye, with inactive scar
    - Exudative age-related macular degeneration, left eye, stage unspecified
    - Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
    - Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
    - Exudative age-related macular degeneration, left eye, with inactive scar
    - Exudative age-related macular degeneration, bilateral, stage unspecified
    - Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
    - Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
    - Exudative age-related macular degeneration, bilateral, with inactive scar
    - Exudative age-related macular degeneration, unspecified eye, stage unspecified
    - Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
    - Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
    - Exudative age-related macular degeneration, unspecified eye, with inactive scar

Vabysmo Intravitreal Injection

- Vabysmo is indicated for the treatment of patients with neovascular age-related macular degeneration, macular edema following retinal vein occlusion, central or branch and diabetic macular edema.
- Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis.
- Coverage will be considered only for enrollees who have completed a minimum of three (3) months of Avastin® (bevacizumab) with unsatisfactory outcome, defined as:
    - Minimum 3-month treatment trial
    - Fewer than four lines of improvement on visual acuity testing
- Vabysmo will be considered for coverage in the following:
    - Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
    - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
    - Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
    - Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
    - Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema

- Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
- Central retinal vein occlusion, right eye, with macular edema
- Central retinal vein occlusion, left eye, with macular edema
- Central retinal vein occlusion, bilateral, with macular edema
- Central retinal vein occlusion, unspecified eye, with macular edema
- Tributary (branch) retinal vein occlusion, right eye, with macular edema
- Tributary (branch) retinal vein occlusion, left eye, with macular edema
- Tributary (branch) retinal vein occlusion, bilateral, with macular edema
- Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
- Exudative age-related macular degeneration

Vision Materials

- Vision Materials is indicated for reasonable and necessary diagnosis or treatment of a condition to improve vision and the members functionality.
- Vision Materials will be considered for coverage in the following:
  - Anti-reflective coating (V2750), tints (V2744, V2745) are covered only when they are medically necessary for the individual patient and the medical necessity is documented by the treating physician. When these features are provided as a patient preference, they will be denied as not medically necessary.
- Coverage will be considered only for enrollees who have one or more conditions following:
  - Aphakia
  - Photophobia
  - Aniridia
  - Coloboma
  - Albinism, unspecified-Hermansky-Pudlak syndrome
  - Pigmentary retinal dystrophy
  - Post-Cataract Surgery
  - Keratitis
  - Unspecified corneal scar and opacity

    - Corneal opacity and other disorders of cornea
    - A prescription of > +/- 6.00 D
    - Glare
    - Visual discomfort
    - Visual distortions of shape and size
    - Unspecified visual disturbance
    - Cataract extraction status
    - Adherent leukoma
- Visual acuity and brightness acuity test results can be documented and firmly support diagnosis.

Syfovre

- Syfovre is indicated for the treatment of geographic atrophy, a condition caused by dry advanced age-related macular degeneration.

Cimerli

- Cimerli is indicated for the treatment of patients with neovascular age-related macular degeneration, macular edema following retinal vein occlusion, central or branch and diabetic macular edema.