EFFECTIVE DATE: 09|01|2023
POLICY LAST REVIEWED: 04|01|2026

OVERVIEW
A retinal prosthesis replaces lost photoreceptor function by transmitting external images to an array of electrodes or via light sensors placed in the epiretinal or subretinal space. The artificial retina could restore sight to individuals with blindness secondary to retinal diseases, such as retinitis pigmentosa, hereditary retinal degeneration, and some forms of age-related macular degeneration. Several models of retinal prostheses are in development in the United States, Europe, and Asia.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans
Retinal prostheses are not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products
Retinal prostheses are considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

BACKGROUND
Two approaches are being explored to develop an artificial retina that could restore sight to patients with blindness secondary to retinal diseases, such as retinitis pigmentosa, hereditary retinal degeneration, and some forms of age-related macular degeneration. The first is implantation of electrode arrays in the epiretinal or subretinal space to stimulate retinal ganglion cells. A second approach is the implantation in the subretinal space of light-sensitive multi photodiode arrays, which stimulate the remaining photoreceptors in the inner retina. Use of a multi photodiode array does not require external image processing. The latter approach is being evaluated for degenerative retinal diseases such as retinitis pigmentosa, in which outer retinal cells deteriorate, but inner retinal cells remain intact for years.

Research in the United States began with a first-generation, 16-electrode device (eg, the Argus 16; Second Sight Medical Products), which permitted the distinction between the presence and absence of light. Three government organizations provided support for the development of the Argus II: the Department of Energy, National Eye Institute at the National Institutes of Health, and National Science Foundation. They collaborated to provide grant funding, support for material design, and other basic research for the project.

Numerous retinal prosthesis have been developed or are in various stages of preclinical or clinical development; however, with the exception of Argus II , none are approved or cleared by the U.S. Food and Drug Administration (FDA).

Regulatory Status
In 2013, the Argus® II Retinal Prosthesis System (Second Sight Medical) was cleared for marketing by the FDA through a humanitarian use device exemption. This exemption is limited to devices that treat or diagnose fewer than 4000 people in the United States each year. The Argus® II system is intended for use in

adults, age 25 years or older, with severe-to-profound retinitis pigmentosa who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a history of the ability to see forms. Patients must also be willing and able to receive the recommended postimplant clinical follow-up, device fitting, and visual rehabilitation. Second Sight discontinued the Argus II in 2019.

For individuals who have blindness secondary to retinal diseases who receive a retinal prosthesis, the evidence includes a prospective single-arm study evaluating the device approved by the FDA and a systematic review of studies on various devices. Relevant outcomes are functional outcomes, quality of life, and treatment-related morbidity. A 2016 systematic review included studies on the FDA-approved retinal prosthesis as well as devices unavailable in the United States; the overall conclusion was that the evidence on retinal prostheses is insufficient on all outcomes of interest. One study with 30 patients has evaluated the single FDA approved device (Argus II); numerous articles on this study have been published. Primary outcomes included 3 computer-based visual acuity tests. At 3- and 5-year follow-up visits, patients performed significantly better on the 3 computer tasks with the device on versus off. Performance on the most difficult task (grating discrimination) was still relatively low with the device on. Subgroup studies have tested performance on more practical tasks. These studies have tended to find significantly better performance with the device on but differences between groups may not be clinically meaningful. The same 30 patients have been evaluated multiple times and as a result of multiple testing, their performance may differ from other individuals with the device. Additional prospective studies and additional evaluations of the ability to perform practical tasks that have a clinically meaningful impact on health outcomes are needed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

COVERAGE

Medicare Advantage Plans and Commercial Products

The following code(s) are considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

0100T Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy

0472T Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional

0473T Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional

L8608 Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, June 2026
Provider Update, December 2025
Provider Update, July 2024
Provider Update, July 2023

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