

Autologous Serum Tears, Medical 244

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|-------------------------|-------------|
| <u>Effective Date</u> | 9/2007 |
| <u>Next Review Date</u> | 9/2025 |
| <u>Coverage Policy</u> | Medical 244 |
| <u>Version</u> | 5 |

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details*.

Purpose:

This policy addresses the medical necessity of - Autologous Serum Tears

Description & Definitions:

Autologous serum tears use an individual’s own blood for the preparation and production of serum for dry eyes.

Criteria:

Autologous Serum Tears are considered medically necessary for **ALL of the following**:

- Individual has Sjogrens disease.
- Individual has failed other treatments.

Autologous Serum Tears are considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

| Coding | Description |
|--------|---|
| 92499 | Unlisted ophthalmological service or procedure. |

Considered Not Medically Necessary:

| Coding | Description |
|--------|-------------|
| | None |

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: January
- 2015: March
- 2013: August
- 2012: August
- 2011: September
- 2010: December
- 2009: November

Reviewed Dates:

- 2024: September – No changes to criteria, updated references.
- 2023: September
- 2022: September
- 2021: December
- 2020: December
- 2019: December
- 2018: October
- 2017: November
- 2016: August
- 2015: August
- 2014: August
- 2010: August, November
- 2009: August
- 2008: August

Effective Date:

- September 2007

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2024). Retrieved 8 2024, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

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(2024). Retrieved 2024, from DMAS: <https://www.dmas.virginia.gov/#/index>

Autologous Serum Eye Drops for the Treatment of Dry Eye Disease - Annual Review: Jun 8, 2020. (n.d.). Retrieved 8 2024, from Hayes: <https://evidence.hayesinc.com/report/htb.autoserumeye4199>

Dry eye disease. (2024, 7). Retrieved 8 2024, from UpToDate: https://www.uptodate.com/contents/dry-eye-disease?search=Autologous%20serum%20tear&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2#H17

Dry Eye Syndrome Preferred Practice Pattern Guideline (PPP). (2023). Retrieved 8 2024, from American Academy of Ophthalmology (AAO): <https://www.aao.org/education/preferred-practice-pattern/dry-eye-syndrome-ppp-2023>

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for Medical 244

clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Keywords:

Autologous Serum Tears, SHP Prolotherapy, Medical 108, SHP Medical 244, Sjogren's Disease, dry eyes, Autologous serum eye drops, ASED, Biological tear substitute, Autologous serum, AS