

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

**Minimally Invasive Glaucoma Surgery
(MIGS): Microstent Implantation**

MP9467

Covered Service: Yes

**Prior Authorization
Required:** No

**Additional
Information:** This policy does not apply to external filtration surgeries such as trabeculectomy or tube shunt devices (ab externo), such as EX-PRESS®

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus
Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

- 1.0 Microstent implantation of the Glaukos iStent® Trabecular Micro-Bypass Stent system, Glaukos iStent inject®, or Hydrus® Microstent is considered medically necessary when used according to FDA labeled indications and **ALL** of the following conditions are met:
 - 1.1 Treatment to reduce intraocular pressure in adults with mild to moderate open-angle glaucoma; **AND**
 - 1.2 Medical therapies have failed to adequately control intraocular pressure; **AND**
 - 1.3 The procedure is being performed in conjunction with cataract surgery
- 2.0 Microstent implantation of XEN® Glaucoma Treatment System is considered medically necessary in members with refractory open-angle glaucoma when used according to FDA labeled indications and both medical therapies and previous surgical treatment have failed to control intraocular pressure.
- 3.0 The use of aqueous stent devices are considered experimental and investigational, and therefore are not medically necessary for all other indications not listed, including implantation of more than two microstents per eye.

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