

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.037
REVISION DATE: 02/10
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SUBJECT: Ex-PRESS™ Mini Glaucoma Shunt
INDEX TITLE: Medical Management
ORIGINAL DATE: March 2009

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL:					
HMO ()	POS ()	PPO ()	OOA ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
Medicare Select ()	Medicare Supplement ()	Individual Product ()			
DPW-MA:					
Health Choices ()	Voluntary ()	All ()			
CMS-MA:					
OH ()	WV ()	PA ()	All (X)	Other ()	
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP/AdultBasic:					
Free ()	Sub ()	Full ()	All (X)		
ANCILLARY:					
Dental ()	Vision ()				
APPLICABLE TO:					
Community Care ()	Work Partners ()				

I. POLICY

It is the policy of UPMC Health Plan to recognize the use of the Ex-PRESS™ Miniature (Mini) Glaucoma Shunt as appropriate and consistent with good medical practice when performed for the indications listed in this policy. Coverage for this service is based upon medical necessity as detailed in this policy and according to the member's specific benefit plan.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the appropriate indications for coverage of the Ex-PRESS™ Mini Glaucoma Shunt.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description / Background

The Ex-PRESS™ Mini Glaucoma Shunt, manufactured by Optonol Ltd, was FDA approved in 2002 to relieve intraocular pressure in patients with glaucoma who have failed medical and surgical interventions (such as trabeculectomy). It consists of a stainless steel tube the size of a grain of rice with a blunt needle shaped penetrating tip at one end and a flat, angled flange at the opposite end. Its purpose is to capture aqueous fluid from the anterior chamber of the eye and transport the fluid to the distal end and out of the device. From there the fluid moves into the subconjunctival space to form a bleb for absorption into the lymph and blood vessels around the eye. The device is implanted under a partial-thickness scleral flap. The procedure is considered minimally invasive and can be performed under local or topical anesthesia. The device has reportedly fewer complications than standard trabeculectomy (the gold standard for surgically treating glaucoma), is reversible and can be used in combination with cataract surgery. The procedure is also felt to help improve compliance because patients may require fewer glaucoma medications after the procedure.

The American Academy of Ophthalmology in 2008 stated the primary indication for use of this device is after failure of medical, laser and conventional filtering surgery treatment and that evidence demonstrates that aqueous shunts seem to have benefits comparable with those of trabeculectomy in the management of complex glaucomas.

B. Indications

- Refractory open-angle glaucoma to reduce intraocular pressure in patients where medical and conventional surgical treatments have failed.

C. Limitations

- Patients with excessive conjunctival scarring from previous glaucoma surgeries
- Narrow angle glaucoma, ocular infection, uveitis and severe dry eye
- The specific model of the Ex-PRESS Mini Glaucoma Shunt implanted must be FDA approved.

D. Variations

N/A

E. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

F. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

G. References

1. Department of Health & Human Services, FDA 510 (k) Summary, *Ex-PRESS™ Miniature Glaucoma Implant*, 03/2002
2. Ophthalmology, Vol 115, 1089-1098, *Aqueous Shunts in Glaucoma- A Report by the American Academy of Ophthalmology*, June 2008
3. Aetna, Clinical Policy Bulletin Number 0484, *Glaucoma Surgery*, 08/21/1009
4. Cigna Government Services, *Shunts and Aqueous Drainage Devices for the Treatment of Glaucoma*, 07/30/2008
5. Wills Eye Institute, Glaucoma Service Foundation to Prevent Blindness, Wilson, Richard P., *Aqueous Shunt from the Anterior Chamber of the Eye to a Posterior Reservoir*, 2007, www.willsglaucoma.org/shunts.htm
6. Kooner K, *The Latest on the Ex-Press Mini Glaucoma Shunt*, Technology Today, 01/2007, www.glaucomatoday.com
7. Optonol Ltd. Advancing Medical Technologies, Inc., *The Ex-PRESS Mini Glaucoma Shunt*, 2005, www.optonol.com
8. Medicare Learning Network, MLN Matters Network Number: MM6087 Revised, Update to 2008 Medicare Physician Fee Schedule Database

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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