

## Autologous Serum for Treatment of Dry Eyes

**Description** Autologous serum eye drops made from a patient's own blood. These eye drops naturally contain ingredients that are known to speed up healing and increase lubrication of the surface of the eye.

**See also** Similar, related, or easily confused documents.

- [Autologous Blood-Derived Injections](#) – Blood is taken from the patient and injected into the area around or within the damaged tissues for the purpose of healing and pain control. Commonly, the area to be injected may be the tendons, joints of the heel, elbow, or knee.
- [Autologous Blood-Derived Products for Chronic Non-Healing Wounds](#) - Topically applied preparations proposed for the treatment of chronic non-healing wounds, made using components of the patient's own blood.

**Commercial** A Medica Coverage Policy does not exist for this procedure.

- Medical Director Review is required and must be requested by the provider.

**Government Programs** Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups:</a></p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">Medicaid</a> below.</li> </ul> <p><a href="#">Medicare eligible groups:</a></p> <ul style="list-style-type: none"> <li>• <b>DOS 1.1.20 and later:</b> Not Medicare eligible, Medicaid benefits apply. Refer to <a href="#">Medicaid</a> below.</li> <li>• <b>DOS prior to 1.1.20:</b> Covered based on place of service. Quote office visit or outpatient hospital benefits.</li> <li>• Follows Medicare guidelines.</li> </ul>
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	Refer to <a href="#">Medicaid</a> below.

Advantage	<ul style="list-style-type: none"> <li>• Not covered.</li> <li>• Follows Medicare guidelines.</li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> <li>• Not covered.</li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>
Medicaid (SPP)	<ul style="list-style-type: none"> <li>• A Medica Coverage Policy does not exist for this procedure.</li> <li>• Medical Director Review is required and must be requested by the provider.</li> </ul>
Prime	<ul style="list-style-type: none"> <li>• <b>DOS 1.1.20 and later:</b> Not covered.</li> <li>• <b>DOS prior to 1.1.20:</b> Covered under office visit benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li>• Follows Medicare guidelines.</li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• <b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li> </ul>
Select, Signature	<ul style="list-style-type: none"> <li>• <b>DOS 1.1.20 and later:</b> Not covered.</li> <li>• <b>DOS prior to 1.1.20:</b> Covered based on place of service. Quote office visit or outpatient hospital benefits.</li> <li>• Medicare supplement. Medicare is the primary payer.</li> <li>• Follows Medicare guidelines.</li> </ul>

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**Individual and  
Family Business  
(IFB)**

A Medica Coverage Policy does not exist for this procedure.

- Medical Director Review is required and must be requested by the provider.

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**Medica Health  
Plan Solutions  
(MHPS)**

A Medica Coverage Policy does not exist for this procedure.

- Medical Director Review is required and must be requested by the provider.

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**National  
Account  
Member  
Services (NAMS)**

A Medical Policy does not exist. A [predetermination](#) is required to consider coverage.

- If approved, covered based on place of service. Quote office visit or outpatient hospital benefits.
- If predetermination is not approved, procedure is considered unproven and therefore not covered.

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**Document  
history**

Document history outlined below.

Date	Description
12.20.19	Updated to new template.
12.20.19	Added Return to top links.

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**Applicability**

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>System</b>		
<input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KNTWs	12.20.19

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