



# MASSACHUSETTS

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## Medical Policy

### Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome

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#### Policy Number: 613

BCBSA Reference Number: 9.03.29 (For Plan internal use only)

NCD/LCD: N/A

#### Related Policies

None

#### Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Eyelid thermal pulsation therapy to treat dry eye syndrome is [INVESTIGATIONAL](#).

#### Prior Authorization Information

##### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

##### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	This is <b>not</b> a covered service.
<b>Commercial PPO and Indemnity</b>	This is <b>not</b> a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.

#### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**The following CPT codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

#### CPT Codes

CPT codes:	Code Description
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report

### Description

#### Dry Eye Syndrome

Dry eye syndrome, dry eye disease, or dysfunctional tear syndrome, either alone or in combination with other conditions, is a frequent cause of ocular irritation that leads patients to seek ophthalmologic care. It is estimated to affect between 5% and 50% of the population worldwide.<sup>1</sup>Based on data from 2013, an estimated 16.4 million Americans have dry eye syndrome.<sup>2</sup>The prevalence of dry eye syndrome increases with age, especially in postmenopausal women. For both sexes, prevalence is more than 3 times higher in individuals 50 years of age or older compared to those 18 to 49 years of age. Meibomian gland dysfunction (MGD) is considered to be the most common cause of dry eye syndrome.<sup>3</sup>Prevention and treatment of dry eye syndrome are expected to be of greater importance as the population ages.

#### Treatment

Current treatment options for MGD include physical expression to relieve the obstruction, administration of heat (warm compresses) to the eyelids to liquefy solidified meibomian gland contents, eyelid scrubs to relieve external meibomian gland orifice blockage, and medications (eg, antibiotics, topical corticosteroids) to mitigate infection and inflammation of the eyelids.<sup>3,4,5,6</sup>These treatment options, however, have shown limited clinical efficacy, and often require a trial-and-error approach. For example, physical expression can be very painful given the amount of force needed to express obstructed glands. Warm compress therapy can be time-consuming and labor intensive, and there is limited evidence that medications relieve MGD.<sup>5</sup> While the symptoms of dry eye syndrome often improve with treatment, the disease usually is not curable and may lead to substantial patient and physician frustration.<sup>3,6</sup>Dry eyes can be a cause of visual morbidity and may compromise results of corneal, cataract, and refractive surgery. Inadequate treatment of dry eye syndrome may result in increased ocular discomfort, blurred vision, reduced quality of life, and decreased productivity.

### Summary

Thermal pulsation is a treatment option for meibomian gland dysfunction. Meibomian gland dysfunction is recognized as the major cause of dry eye syndrome. Thermal pulsation applies heat to the palpebral surfaces of the upper and lower eyelids directly over the meibomian glands, while simultaneously applying graded pulsatile pressure to the outer eyelid surfaces, thereby expressing the meibomian glands.

For individuals who have dry eye symptoms consistent with meibomian gland dysfunction (MGD) who receive eyelid thermal pulsation, the evidence includes 10 randomized controlled trials (RCTs), nonrandomized comparison studies, and longer term follow-up of patients from RCTs and observational studies. Relevant outcomes are symptoms, morbid events, and functional outcomes. The RCTs have evaluated only the LipiFlow system. Study populations have been predominately White or Asian. The duration of MGD and previous treatments for MGD were unclear in the study populations. The majority of the RCTs have reported greater efficacy with LipiFlow compared to standard warm compress therapy and eyelid hygiene and improvements were generally seen in both objective metrics of MGD and in patient-

reported symptoms for up to 3 months. Limited longer-term follow-up is available. The method for collecting adverse events in the studies was unclear but no serious adverse events were reported in any studies. Several additional RCTs have been conducted but have not been published. Observational studies have shown sustained treatment effects for most outcomes up to 3 years. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Policy History

Date	Action
5/2024	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2023	Annual policy review. PA information section clarified to include Medicare.
4/2022	Annual policy review. Policy statements unchanged.
4/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
5/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
7/2018	Clarified coding information.
4/2017	Annual policy review. New references added.
4/2016	Annual policy review. New references added.
5/2015	Annual policy review. New references added. Clarified coding information.
5/2014	Annual policy review. New references added.
8/2013	Annual policy review. New policy describing investigational indications. Effective 8/1/2013.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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