



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

Intense Pulsed Light Treatment for Dry Eye Disease

MP9709

Covered Service: No

Prior Authorization Required: No

Additional Information: See Meibomian Gland Evacuation Therapies MP9719 for additional information.

Medica Medical Policy:

1.0 Intense pulsed light (IPL) treatment for dry eye disease is considered experimental and investigational, and therefore not covered.

	Committee/Source	Date(s)
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