



Medica Central Coverage Policy

Policy Name: Meibomian Gland Evacuation Therapies MP9719

Effective Date: 01/01/20258

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Meibomian gland evacuation therapies (e.g., heat with intermittent pressure therapy; meibomian gland duct probing) are investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the effects on health care outcomes.

Note: See also related coverage policy, *Intense Pulsed Light Treatment for Dry Eye Disease*.

Description

Meibomian glands reside in the bottom inner eyelid. They secrete oil, which coats the outer eye and retards fluid evaporation from the surface of the eye. Meibomian gland dysfunction, also called posterior blepharitis, is caused by reduction in meibomian gland oil production. Decreased oil production results in increased fluid evaporation, causing dry eyes.

Heat with Intermittent Pressure Therapy

The LipiFlow® Thermal Pulsation System is an in-office procedure for patients with chronic cystic conditions of the eyelids. It provides controlled heat to the inner eyelid surface, close to the location of the meibomian glands, along with intermittent pressure to the outer eyelid to facilitate release of lipid from the cystic meibomian glands. The LipiFlow System is comprised of the Console physician interface (control component) and a patient Activator interface (disposable component). The Console provides the electrical power, user interface, treatment monitoring,



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treatment control and safeguard circuitry used for controlling the heat. Pressure is applied by the patient to the eyelids by the Activator component.

Meibomian Gland Duct Probing

Meibomian gland intraductal probing mechanically opens obstructions purported to occur at the orifice and within the lumen of the meibomian gland. Physicians using the probe apply anesthesia and subsequently treat obstructed ducts on the lids. The procedure can last between five to thirty minutes, depending on the number of ducts and the severity. If the patient does not find relief with the initial 2-mm probe cannula, 4- or 6-mm probes are also available. One example of a probing system is the Maskin Meibomian Gland Intraductal Probe.

FDA Approval

Therapies are procedures and are not subject to FDA approval.

Examples of available thermal pulsation systems subject to FDA approval include, but are not limited to:

1. LipiFlow Thermal Pulsation System
2. iLux Thermal Pulsation System
3. Systane iLux2 Thermal Pulsation System.

Nothing found on the FDA website pertaining to instrumentation used for meibomian gland duct probing (e.g., Maskin Meibomian Gland Intraductal Probe). However, it is noted that manual ophthalmic surgical instruments (i.e., non-powered, handheld devices intended to aid or perform ophthalmic surgical procedures) are exempt from 510(k) marketing clearance procedures.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **0207T** – Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
- **0563T** – Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- **67999** – Unlisted procedure, eyelids

Original Effective Date: 01/17/2024

Re-Review Date(s): 10/16/2024

Administrative Update:

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