**Medica Coverage Policy**

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<th>Policy Name:</th>
<th>Meibomian Gland Evacuation Therapies</th>
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<td>Effective Date:</td>
<td>1/21/2019</td>
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**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 and Minnesota Health Care Programs, this policy will apply unless those 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

**Coverage Policy**

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 Medica 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, 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.

The Lipiflow Thermal Pulsation System (console and activator) received original FDA 510(k) marketing clearance in December 2011 for “adult patients with cystic conditions of the eyelids, including meibomian gland dysfunction (MGD), also known as evaporative dry eye or lipid deficiency dry eye.” The System was granted additional FDA 510(k) clearance in December 2013 for new materials modifications in the Lipiflow Activator (Disposable).

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
- 67999 – Unlisted procedure, eyelids

Original Effective Date: 3/1/2016
Re-Review Date(s): 11/21/2018
2/20/2020 – administrative update
6/24/2020 – administrative update; font correction