

**Policy: MP289**

**Section: Medical Benefit Policy**

**Subject: Treatment of Dry Eye Syndrome**

**I. Policy:** Treatment of Dry Eye Syndrome

**II. Purpose/Objective:**

To provide a policy of coverage regarding Treatment of Dry Eye Syndrome

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

**Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:**

Dry eye disease is a multifactorial disease of the tears and ocular surface that can result in ocular discomfort and visual impairment. Dry eye is also known as keratoconjunctivitis sicca, dry eye syndrome, and dysfunctional tear syndrome.

**INDICATIONS:**

**Punctal Plugs and Punctoplasty**

The Plan considers punctal plugs, standard punctoplasty by electrodesiccation or electrocautery medically necessary when the following criteria are met:

- Medical record documentation of a diagnosis of severe dry eyes (also known as dry eye syndrome, keratoconjunctivitis sicca, xerophthalmia, xerosis, or sicca syndrome) with either documented objective evidence of lacrimal gland deficiency (e.g., Schirmer test or the tear break-up time test) or evidence of corneal decompensation on slit-lamp exam (i.e., an ocular surface dye staining pattern (rose bengal, fluorescein, or lissamine green) characteristic of dry eye syndrome); and
  - Therapeutic failure or inadequate response to conservative interventions including a 2 or more week trial of artificial tears; and
  - Adjustment to medications that may contribute to dry eye syndrome if applicable.

Repeat punctal plug procedures are considered medically necessary for ANY of the following indications:

- Replacement of temporary dissolvable punctal plugs with long-lasting semi-permanent punctal plugs; **OR**
- Use of shorter-acting punctal plugs composed of resorbable materials when dry eye syndrome is due to temporary or seasonal conditions; **OR**
- Replacement with flow controller punctal plugs for persons who experience epiphoria with standard punctal plugs; **OR**
- An isolated procedure for occlusion of upper puncta for persons with inadequate relief from occlusion of lower puncta

**Tarsorrhaphy** (surgical eyelid closure) is considered medically necessary after failure or contraindication to conservative treatment.

**Tear osmolarity testing** is considered medically necessary for the diagnosis and monitoring of Dry Eye Syndrome if slit lamp, as well as two other tests, fail to establish the suspected diagnosis of dry eye syndrome

**Autologous Serum Tears** for the treatment of severe dry eye syndrome is considered to be medically necessary when

- The condition is refractory to non-prescription artificial tears; and
- A documented failure, intolerance or contraindication to commercially available pharmacologic therapies

**LIMITATIONS:**

- Replacement of silicone punctal plugs or other long-lasting plugs is not medically necessary more frequently than every 6 months.

**For information regarding amniotic membrane transplant, see: MP267**

**For information regarding contact lens, see: MP83**

**EXCLUSIONS:**

The Plan considers the use of a laser to occlude the tear duct opening, tear film imaging (e.g., the Tear Stability Analysis System), acupuncture, and eyelid thermal pulsation (e.g., MiBo Thermoflo; LipiFlow® Thermal Pulsation System) for the treatment of dry eyes unproven and therefore **NOT COVERED**.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**CODING ASSOCIATED WITH:** Treatment of Dry Eye Syndrome

***The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

67875 Closure of eyelid by suture  
67880 Revision of eyelid  
67882 Revision of eyelid  
68760 Closure of lacrimal punctum; by thermocauterization, ligation or laser surgery  
68761                   by plug, each  
68801 Dilation of lacrimal punctum, with or without irrigation  
83861 Tear osmolarity  
0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral  
0330T Tear film imaging, unilateral or bilateral, with interpretation and report  
J9999 Unlisted

Medicare Approved ICD10 codes:

H04.121, H04.122 ,H04.123, H04.129, H16.001,H16.002,H16.003,H16.009,H16.011,H16.012 ,H16.013,H16.019, ,H16.021,H16.022,H16.023,H16.029 H16.041 ,H16.042,H16.043,H16.049,H16.051,H16.052,H16.053,H16.059 H16.061,H16.062,H16.063 ,H16.069,H16.071 ,H16.072,H16.073, H16.079, H16.101, H16.102, H16.103, H16.109, H16.121,H16.122 ,H16.123,H16.129 ,H16.141,H16.142,H16.143,H16.149,H16.211 ,H16.212,H16.213,H16.219 ,H16.221 H16.222,H16.223,H16.229 ,H16.231,H16.232,H16.233,H16.239,H18.831,H18.832,H18.833,H18.839 ,M35.00, M35.01, M35.09

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

Up To Date. Dry Eyes. V 16.0. February 2014.

American Academy of Ophthalmology Cornea/External Disease Panel. Dry eye syndrome. Limited revision. San Francisco (CA): American Academy of Ophthalmology (AAO); 2011. Available at: <http://www.guideline.gov/content.aspx?id=36094> Accessed February, 2014.

AAO Cornea/External Disease PPP Panel, Hoskins Center for Quality Eye Care. Dry eye syndrome summary benchmark - October 2012. Available at: <http://one.aao.org/summary-benchmark-detail/dry-eye-syndrome-summary-benchmark--october-2012>. Accessed February, 2014.

Nichols KK, Foulks GN, Bron AJ, et al. The international workshop on meibomian gland dysfunction: executive summary. Invest Ophthalmol Vis Sci. Mar 2011;52(4):1922-1929

Novitas Solutions. Local Coverage Determination (LCD) L35094 Services That Are Not Reasonable and Necessary.

Greiner JV. Long-term (12-month) improvement in meibomian gland function and reduced dry eye symptoms with a single thermal pulsation treatment. Clin Experiment Ophthalmol. Aug 2013;41(6):524-530.

Fiscella RG. Understanding dry eye disease: a managed care perspective. Am J Manag Care. Dec 2011;17 Suppl 16:S432-439.

National Institute for Health and Care Excellence. TearLab osmolarity system for diagnosing dry eye disease. NICE advice [MIB47] Published date: December 2015

Performance of Tear Osmolarity Compared to Previous Diagnostic Tests for Dry Eye Diseases. *Current eye research* 35(7):553-64 · June 2010

Lee MS, Shin BC, Choi TY, Ernst E. Acupuncture for treating dry eye: A systematic review. *Acta Ophthalmol.* 2011;89(2):101-106

Pan Q, Angelina A, Zambrano A, et al. Autologous serum eye drops for dry eye. *Cochrane Database Syst Rev.* 2013;8:CD009327

Toyos R, McGill W, Briscoe D. Intense pulsed light treatment for dry eye disease due to meibomian gland dysfunction; a 3-year retrospective study. *Photomed Laser Surg.* 2015;33(1):41-46

Zhao Y, Veerappan A, Yeo S, et al. Clinical trial of thermal pulsation (Lipiflow) in meibomian gland dysfunction with pretreatment meibography. *Eye Contact Lens.* Jan 27 2016.

Novitas Solutions. Local Coverage Determination (LCD) L35095 Lacrimal Punctum Plugs

Dohlman TH, Ciralsky JB, Lai EC. Tear film assessments for the diagnosis of dry eye. *Curr Opin Allergy Clin Immunol.* 2016;16(5):487-491

Greiner JV. Long-Term (3 Year) Effects of a Single Thermal Pulsation System Treatment on Meibomian Gland Function and Dry Eye Symptoms. *Eye Contact Lens.* Mar 2016;42(2):99-107

Kim MJ, Stinnett SS, Gupta PK. Effect of thermal pulsation treatment on tear film parameters in dry eye disease patients. *Clin Ophthalmol.* 2017;11:883-886

Shtein RM. Dry eyes. UpToDate Inc. Last reviewed February 2018.

Baer AN, Akpek EK. Treatment of dry eye in Sjögren's syndrome: General principles and initial therapy. UpToDate Inc., Last reviewed February 2018a

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 4/14

**Revised:** 4/16 (add exclusion); 4/17 (add coverage); 4/19 (add exclusion)

**Reviewed:** 4/15, 4/18,