

## Clinical Policy: Treatment of Meibomian Gland Dysfunction

Reference Number: OC.UM.CP.0085

Last Review Date: 12/2021

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### Description

The meibomian gland is a type of sebaceous gland with tubulo-acinar structure and holocrine function, located in the superior and inferior tarsal plates. Disruption of meibomian gland function negatively impacts both the quality and quantity of meibum secreted, which in turn affects ocular surface health through changes in tear film composition. Increased tear evaporation, hyperosmolarity, inflammation, and ocular surface damage can subsequently occur. This may cause discomfort, visual disruption, and sensation of dry eye. This policy describes clinical management of Meibomian gland dysfunction (MGD).

### Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.<sup>®</sup> (Envolve) that management of MGD and associated dry eye includes the following interventions:
  - A. Artificial tears and gels reduce tear film evaporation. Many non-prescription artificial tears are designed to stabilize lipids in tear film. If frequent application is required, non-preserved artificial tears may be recommended.
  - B. Warm compress/heat application, and gentle massage to aid in liquefaction of meibum secretion.
  - C. Lid hygiene, including topical or systemic antibiotics to control associated infections and/or management of Demodex mite infestation with tea tree oil.
- II. It is the policy of health plans affiliated with Envolve the following interventions for MGD are **not medically indicated**:
  - A. Devices including but not limited to LipiFlow Thermal Pulsation System, MiBo Thermoflo, BlephEx, Intense Pulsed Light (IPL), KCL1100, etc.

### Background Information

MGD is an underdiagnosed and undertreated disease and asymptomatic MGD is more common than symptomatic MGD. It is estimated that 70% of Americans over the age of 60 have MGD. The prevalence increases with age and appears to be higher in males when compared to females. Risk factors of MGD include aging, deficiency of sex hormones, other systemic conditions such as Sjogren's syndrome, Stevens - Johnson syndrome, psoriasis, atopy, polycystic ovary syndrome and hypertension. In addition, ophthalmic factors such as aniridia, chronic blepharitis, contact lens wear, eyelid tattooing, trachoma, Demodex folliculorum infection have been shown to impact Meibomian gland function. Use of antibiotics, Isotretinoin for acne, antihistamines, antidepressants and hormone replacement therapy are found to be associated with MGD.

Topical treatments are advocated to relieve symptoms, reduce tear film evaporation and stabilize lipids in tear film; lid hygiene and warm compress or heat application are the mainstay of clinical management. Gentle massage, application of heat to eyelids with warm compress that help liquefaction

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of meibum and prevent tear evaporation, topical or systemic antibiotics to control infections and treating Demodex mite infestation with tea tree oil help restore Meibomian gland's function.

#### Coding Implications

This clinical policy references Current Procedural Terminology (CPT<sup>®</sup>). CPT<sup>®</sup> is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

#### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template; Added ICD-10 diagnosis codes	12/2020	12/2020
Annual Review	12/2021	12/2021

#### References

1. Chhadva, P., Goldhardt, R., & Galor, A. (2017). Meibomian Gland Disease: The Role of Gland Dysfunction in Dry Eye Disease. *Ophthalmology*, 124(11S), S20–S26.
2. Qiao, J., & Yan, X. (2013). Emerging treatment options for meibomian gland dysfunction. *Clinical ophthalmology* (Auckland, N.Z.), 7, 1797–1803.

#### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This

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clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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