Medical Coverage Policy | Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome

EFFECTIVE DATE: 03|01|2025
POLICY LAST REVIEWED: 4/01/2026

OVERVIEW

Thermal pulsation is a treatment option for meibomian gland dysfunction. Meibomian gland dysfunction is recognized as the major cause of dry eye syndrome. Thermal pulsation applies heat to the palpebral surfaces of the upper and lower eyelids directly over the meibomian glands, while simultaneously applying graded pulsatile pressure to the outer eyelid surfaces, thereby expressing the meibomian glands.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Eyelid thermal pulsation therapy to treat dry eye syndrome is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Eyelid thermal pulsation therapy to treat dry eye syndrome is not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Medicare Advantage Plans and Commercial Products

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Dry eye syndrome, dry eye disease, or dysfunctional tear syndrome, either alone or in combination with other conditions, is a frequent cause of ocular irritation that leads patients to seek ophthalmologic care. It is estimated to affect between 5% and 50% of the population worldwide. Based on data from 2013, an estimated 16.4 million Americans have dry eye syndrome. The prevalence of dry eye syndrome increases with age, especially in postmenopausal women. For both sexes, prevalence is more than 3 times higher in individuals 50 years of age or older compared to those 18 to 49 years of age. Meibomian gland dysfunction (MGD) is considered to be the most common cause of dry eye syndrome. Prevention and treatment of dry eye syndrome are expected to be of greater importance as the population ages.

Treatment

Current treatment options for MGD include physical expression to relieve the obstruction, administration of heat (warm compresses) to the eyelids to liquefy solidified meibomian gland contents, eyelid scrubs to relieve external meibomian gland orifice blockage, and medications (eg, antibiotics, topical corticosteroids) to mitigate infection and inflammation of the eyelids. These treatment options, however, have shown limited clinical efficacy, and often require a trial-and-error approach. For example, physical expression can be very painful given the amount of force needed to express obstructed glands. Warm compress therapy can be time-consuming and labor intensive, and there is limited evidence that medications relieve MGD. While the symptoms of dry eye syndrome often improve with treatment, the disease usually is not curable and may lead

to substantial patient and physician frustration. Dry eyes can be a cause of visual morbidity and may compromise results of corneal, cataract, and refractive surgery. Inadequate treatment of dry eye syndrome may result in increased ocular discomfort, blurred vision, reduced quality of life, and decreased productivity.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code(s) is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0330T Tear film imaging, unilateral or bilateral, with interpretation and report: (eg, LipiView Ocular Surface Interferometer), which is being marketed for use with this treatment:
0507T Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report: This service may be used in conjunction with the LipiScan Thermal Pulsation System.
0563T Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral (For evacuation of meibomian gland using manual gland expression only, use the appropriate evaluation and management

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2026
Provider Update, February 2025
Provider Update, January 2025

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