

 SECUR HEALTH PLAN POLICY AND PROCEDURE MANUAL		Page 1 of 7
UM-CDG-054 Ocular Surface Disease Diagnosis and Treatments	Approved By: Director, Health Services	Effective Date: 10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address the diagnosis and treatment of ocular surface disease. The surface layers of the eye consist of the conjunctiva, the sclera, and the cornea. Both the conjunctiva and cornea are covered by a layer called the epithelium that completely regenerates every 3 to 10 days, requiring constant cell renewal to remain healthy. In eyes with ocular disease, the epithelium is damaged, and treatment is dependent on the underlying cause.

Dry eye syndrome is an example of ocular surface disease and refers to chronic dryness, inflammation, and irritation of the cornea and conjunctiva. Dry eye syndrome may occur alone or in conjunction with autoimmune disorders. The eye simply cannot maintain a normal layer of tears to coat the conjunctiva and cornea. Tears provide lubrication to cleanse and moisten the eye surface and contains enzymes to protect against bacteria. Dry eye syndrome is generally due to decreased tear production and/or excessive evaporative loss which may have underlying causes. It is generally classified as mild, moderate, or severe. Some may experience discomfort and other symptoms, while others may be relatively asymptomatic.

In severe cases of dry eye syndrome, a more serious underlying condition may be to blame. A nonhealing corneal epithelium may lead to persistent corneal epithelial defects, corneal inflammation, or infection, and may increase the risk of corneal ulcers.

Dry eye syndrome is diagnosed primarily based on reported symptoms and supported findings upon member history and physical exam. There is no single diagnostic tool to rule out the condition.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

InflammaDry: uses a tear sample to detect the inflammatory marker matrix, metalloproteinase-9 (MMP-9) that may be elevated in the tears of those with dry eye syndrome.

Meibography: imaging and study of the morphology of meibomian glands. Examples include LipiScan and

LipiView II.

Ocular Surface Dye Stain: uses fluorescein to stain for areas of discontinuity in the epithelial surface of the cornea.

Phenol Red Thread Test: uses special red thread placed on the lower eyelid to evaluate moisture.

Schirmer Test (tear test): involves numbing of both eyes and the placement of a special paper strip inside each lower lid to be evaluated for moisture.

Slit Lamp: evaluation used to examine and assess the conjunctiva, cornea, and eyelids.

Tear Break Up Time Test (fluorescein eye strain): uses orange dye on a piece of blotting paper placed on the surface of the eye. Blinking spreads the dye to coat the tear film of the eye. The eye is then examined under a blue light.

Tear Osmolarity: the measurement of the salt concentration in tear fluid.

Amniotic Membrane Graft: uses sterilized cryopreserved or dehydrated tissue from the amnion to reconstruct damaged ocular surfaces and promote healing.

Autologous Serum Based Eye Drops (autologous serum tears): proposed for dry eye syndrome, composed by mixing the person's serum with other substances.

Bandage Contact Lens: regular sized contact lens without refractive power that acts as a protective barrier and helps maintain corneal surface moisture to promote healing. The lens is not intended to correct vision.

Conjunctival Flap: surgical removal and relocation of a thin flap of conjunctiva to cover damaged corneal tissue and provide mechanical and nutritional support to promote healing.

Electromechanical Neurostimulation (iTear): applied externally to the side of the nose, above the nostril, to deliver electrical currents via an oscillating tip.

Electrothermal Heat (TearCare System): applied to the upper and lower lids via a wearable device, works with the eyes natural blinking to facilitate clearing of meibomian gland obstructions while in a liquid state.

Intense Pulsed Light (IPL): delivers bursts of light in specific wavelengths.

Intraductal Probing (Maskin Protocol): a local or topical anesthetic is applied and a thin stainless steel wire probe is introduced into the meibomian gland orifices to forcefully expel any obstructing material and restore patency.

Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE): also known as the Boston Equalens, a fully customized, gas permeable, hard scleral contact lens for use in those with irregular astigmatism and severe dry eye symptoms, when all other standard treatments available have been exhausted. Requires extensive customized fitting.

Punctal Plugs: placed in the puncta to slow loss of tears.

Scleral Shells: artificial support and protective covering for shrunken, sightless, or damaged eyes.

Tarsorrhaphy: temporary or permanent surgical fusion of the upper and lower eyelid margins to protect the cornea in conditions causing incomplete eye closure.

Therapeutic Hydrophilic Contact Lenses (Scleral Contact Lenses, BostonSight): larger in diameter than traditional contact lens, allowing tear reservoirs to form under the lens, keeping the cornea lubricated.

Thermal Pulsation Systems (iLux, LipiFlow): use application of localized heat to the inner eyelid surface and intermittent pressure to the outer eyelid.

POLICY

For hydrophilic contact lens for corneal bandage, SECUR Health Plan will utilize guidance from National Coverage Determination, NCD, 80.1.

For scleral shell, SECUR Health Plan will utilize guidance from National Coverage Determination, NCD, 80.5.

For Nasal Punctum-Nasolacrimal Duct Dilatation and Probing with or without Irrigation, refer to [UM-CDG-055, Nasal Punctum-Nasolacrimal Duct Dilatation and Probing with or without Irrigation](#).

SECUR Health Plan will consider the following as medically necessary in diagnosis of dry eye syndrome and/or ocular surface disease:

1. Ocular surface dye staining
2. Phenol red thread test
3. Schirmer test
4. Tear break-up time test
5. Tear osmolarity

SECUR Health Plan will consider the treatments for dry eye syndrome as medically necessary when the following are met:

1. Documentation that medical management, including a trial of two (2) or more prescription eye drops has failed or is not indicated, and
2. Treatment consists of any of the following:
 - Occlusive punctoplasty
 - Punctal (lacrimal) plug
 - Surgical correction of eyelid abnormalities that are confirmed to be the cause of corneal exposure and dry eye
 - Tarsorrhaphy in members with exposure keratopathy or severe dry eye who have not responded to other therapies

SECUR Health Plan will consider the treatments for severe ocular surface disease as medically necessary when the following are met:

1. Documented failure of or intolerance to conventional medical management (at least two (2) prescription topical medications, other medical management, or treatments listed above) unless such trials are contraindicated, and
2. Treatment is for any of the following:
 - Bullous keratopathy
 - Chemical or thermal burns to the cornea
 - Pterygium
 - Recurrent corneal abrasions, erosions, ulcers, wounds
 - Recurrent severe keratitis
 - Stevens-Johnson syndrome
 - Trauma

And,

3. Treatment consists of any of the following:
 - Anatomic membrane graft
 - Bandage contact lens
 - Conjunctival flap
 - Surgical correction of eyelid abnormalities that are confirmed to be the cause of corneal exposure/severe ocular surface disease

Prosthetic replacement of the ocular surface ecosystem (PROSE/Boston Equalens) will be considered medically necessary when the following is met:

1. Severe ocular surface disease resulting in persistent epithelial defects, refractory to treatments above, or these are not indicated, and
2. Twelve (12) week trial with a scleral contact lens failed

The following will be considered not medically necessary for diagnosis of dry eye syndrome and/or ocular surface disease:

1. Immunoassay for inflammatory marker MMP-9 tear sample test
2. Meibography using near-infrared dual imaging or interferometry (LipiScan, LipiViewII)

Review of current literature shows insufficient evidence to determine benefit and long-term clinical outcomes for these services.

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