

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

## Intense Pulsed Light Treatment for Dry Eye Disease MP9709

Covered Service: No

**Prior Authorization** 

Required: No

Additional See Meibomian Gland Evacuation Therapies MP9719 for

**Information:** additional information.

## Prevea360 Health Plan Medical Policy:

1.0 Intense pulsed light (IPL) treatment for dry eye disease is considered experimental and investigational, and therefore not covered.

|           | Committee/Source                                  | Date(s)           |
|-----------|---|-------------------|
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