



POLICY INFORMATION

Policy Number:	POL-PP-277- AHS – G2138 – Evaluation of Dry Eyes	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Dry eye disease (dysfunctional tear syndrome, DED) is defined by the Dry Eye Workshop II as "a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which



tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles” (Craig, Nichols, et al., 2017). Five to fifteen percent of the United States population suffers from dry eye disease, leaving a substantial burden on functional vision, general health status, and workplace productivity (Dana et al., 2020).

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

For individuals suspected of having dry eye, testing of tear osmolarity **may be reimbursed** in **any** of the following situations:

- To help determine the severity of dry eye disease.
- To monitor effectiveness of therapy.

For individuals suspected of having dry eye disease based on comprehensive eye examination, testing for MMP-9 protein in human tears **may not be reimbursed**.

For individuals suspected of having dry eye disease, testing for lactoferrin and/or Ige **may not be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.

For individuals suspected of having dry eye disease, all other testing not discussed above **may not be reimbursed**.

Coding

CPT	Code Description
82785	Gammaglobulin (immunoglobulin); IgE
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

References and Resources

Avalon Medical Policy AHS – G2138 – Evaluation of Dry Eyes

Related Documents

Policy Number	Policy Title
AHS-M2083	Genetic Testing for Ophthalmologic Conditions

Revision History

Version	Date	Summary of Revisions
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Kansas City

***PAYMENT INTEGRITY COMPLIANCE
Evaluation of Dry Eyes***

001	06/01/2025	Initial version
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