

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	400 STANDARD PROCEDURES	POLICY NO	400.01
POLICY TITLE	NASOLACRIMAL DUCT PROBING and PUNCTUM DILATION				
POLICY DATE	01/01/2020	REVISION DATE	02/10/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - Policy content and application may have state specific variance and considerations - Health Plan specific 'Indications and Limitations of Coverage' may apply as specified - Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified 				
EXCLUSIONS	<ul style="list-style-type: none"> - There are no exclusions to this policy 				

I. POLICY STATEMENT

Coverage for Nasolacrimal Duct Probing and Punctum Dilation will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity for this service, Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO). The AAO incorporates evidence based best practice and FDA approval and/or recommendations¹. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 Coverage is limited to membership eligible at the time of the date of service and in accordance with continuity requirements, as applicable.
- 2.0 Nasolacrimal punctal dilation and nasolacrimal duct probing may be reasonable and necessary when:
 - 2.1 Obstruction at or distal to the lacrimal puncta is reasonably suspected to be causing or contributing to symptoms, e.g., excessive tearing (epiphora) or chronic dacryocystitis;
 - 2.2 When such measures are required to alleviate symptoms and reduce the likelihood of infection or damage to the lacrimal drainage apparatus.
- 3.0 Probing of the nasolacrimal duct and/or dilation of the nasolacrimal punctum can be carried out for any of the following indications:
 - 3.1 Epiphora (excessive tearing) due to acquired obstruction within the nasolacrimal sac and duct
 - 3.2 A mucocele of the lacrimal sac
 - 3.3 Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction
 - 3.4 Lacrimal sac infection that must be relieved before intra-ocular surgery
 - 3.5 Other conditions which require probing or dilation for diagnosis or treatment
- 4.0 In order to determine medical necessity, Avēsis may request a copy of the clinical records, which must justify the diagnosis listed and the reason(s) procedure(s) were necessary for planning therapy and monitoring the progress of the disease diagnosed.
- 5.0 Coverage and/or reimbursement for performance of a bilateral procedure may be denied or reduced to a unilateral procedure if:
 - 5.1 Medical record documentation fails to support that both eyes had qualifying signs or symptoms and lack of proper pre-procedural evaluation.
- 6.0 Services will be denied for prior authorization requests when:

¹American Academy of Ophthalmology <https://www.aao.org>

- 6.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
- 6.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 6.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
- 6.3. Provider and enrollee will receive written notification of adverse determination which outlines right to appeal and instructions on request procedure and applicable timeframes.

III. MEDICAL NECESSITY REQUIREMENTS

- 1.0 To establish medical necessity all criterion points referenced below must be clearly & legibly documented in the medical record and made available to Avēsis upon submission of request.
 - 1.1 Areas where 'white out' is used are not accepted.
 - 1.2 Areas with 'black out' or 'scribble' will not be accepted.
 - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 Physician signature must be present on chart and procedural notes, orders, and testing interpretations.
- 3.0 Procedure note must include:
 - 5.1 Procedure performed (name)
 - 5.2 Site
 - 5.3 Anesthetics/meds administered
 - 5.4 Complications, if any
 - 5.5 Post procedure care and precautions taken
- 4.0 Informed consent stating all pertinent risks must include:
 - 4.1 Date
 - 4.2 Consent to perform
 - 4.3 Consent to waive
 - 4.4 Enrollee or Representative Signature
 - 4.5 Surgeon/Physician Signature
 - 4.6 Witness Signature

IV. UTILIZATION GUIDELINES

- 1.0 The following listed tests are considered part of a general ophthalmological examination or E&M service will be denied if billed separately:
 - 1.1 Tear production measurement (Schirmer test)
 - 1.2 Tear break-up time (TBUT)
 - 1.3 Jones dye testing or saccharine testing
 - 1.4 Surface staining (fluorescein, rose bengal, lissamine green)

V. ICD-10/CPT CODES SUPPORTING MEDICAL NECESSITY

Table 1: ICD-10 CODES SUPPORTING MEDICAL NECESSITY

ICD-10 Code	Description
H04.201 – H04.209	Unspecified epiphora, lacrimal gland
H04.221 – H04.229	Epiphora due to insufficient drainage, lacrimal gland
H04.411 – H04.419	Chronic dacryocystitis of lacrimal passage
H04.421 – H04.429	Chronic lacrimal canaliculitis of lacrimal passage
H04.431 – H04.439	Chronic lacrimal mucocele of lacrimal passage

ICD-10 Code	Description
H04.541 – H04.549	Stenosis of lacrimal canaliculi
H04.551 – H04.559	Acquired stenosis of nasolacrimal duct
H04.561 – H04.569	Stenosis of lacrimal punctum
H10.401 – H10.409	Unspecified chronic conjunctivitis
H10.421 – H10.429	Simple chronic conjunctivitis
H10.431 – H10.439	Chronic follicular conjunctivitis

Table 2: CPT CODES

CPT Code	Description and Additional Specifics
68801	Dilation of lacrimal punctum, with or without irrigation; reimbursement is limited to only the specific eye(s), right or left, for which these procedures are considered reasonable and necessary.
68810	Probing of nasolacrimal duct, with or without irrigation; reimbursement is limited to only the specific eye(s), right or left, for which these procedures are considered reasonable and necessary.
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	Probing of lacrimal canaliculi, with or without irrigation
<p>These are unilateral codes and must be billed with appropriate modifiers:</p> <ul style="list-style-type: none"> • Right eye – RT • Left eye – LT • 50 (if applicable) 	