

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	400 STANDARD PROCEDURES	POLICY NO	400.02
POLICY TITLE	PUNCTAL OCCLUSION by PLUGS				
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 Punctal Plugs 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 Punctal occlusion is defined as “closure of the lacrimal punctum; by plug, each”; the word “each” refers to each plug that is placed in a punctum, the opening in the lacrimal canaliculi.
 - 2.1 There are 4, located on the upper and lower eyelid margins near the nose, on both eyes. (Excerpt from CMS, AMA CPT® definition.)
 - 2.2 Patient qualifies for up to 4 punctal plugs since there are two puncta in each eye; however only the appropriate number of plugs should be placed, as medically necessary. (Refer to Table 2.)
- 3.0 Use of lacrimal punctum plugs is indicated for:
 - 3.1 Dry eye syndrome not adequately responding to conservative treatment with:
 - 3.1.1 artificial tears
 - 3.1.2 warm compresses
 - 3.1.3 ophthalmic cyclosporine
 - 3.1.4 oral Omega-3 supplements
 - 3.2 Dry eye symptoms include complaints of:
 - 3.2.1 Dryness
 - 3.2.2 Redness
 - 3.2.3 Burning /discomfort/foreign body sensation
 - 3.3 Dry eye symptoms may be contributed to or exacerbated by:
 - 3.3.1 Systemic medications
 - 3.3.2 General health issues (e.g., Sjogren’s Syndrome, Rheumatoid Arthritis);
 - 3.3.3 Environmental issues (e.g., cold weather, decreased humidity)
 - 3.3.4 Hormonal/endocrine fluctuations

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

- 4.0 One temporary plug (collagen) per punctum will be reimbursed, if placed prior to permanent plug (silicone) to determine efficacy of punctal occlusion.
- 5.0 After placement of collagen plugs, enrollee must report significant improvement in symptoms or show quantitative improvement of clinical findings on follow up exam in order to proceed with permanent plug (silicone) placement.
- 6.0 Current global period is ten (10) calendar days for punctal plug placement.
 - 6.1 After the 10th day, visits relating to the dry eye syndrome or punctal plug complaints may be appropriately billed as an Evaluation and Management service.
- 7.0 Repetitive use of temporary lacrimal punctum plugs for treatment of dry eye syndrome when permanent treatment is indicated *will not be reimbursed*.
- 8.0 Punctal plug placement (collagen or silicone) prior to refractive surgery, without the presence of clinical findings and enrollee complaints as noted above, *will not be reimbursed*.
- 9.0 Punctal plug placement in patients with any of the following contraindications, *will not be reimbursed*.
 - 9.1 Signs and symptoms of an infection
 - 9.2 Inflammation of eyelids, blepharitis
 - 9.3 Dacryocystitis
 - 9.4 Allergies to bovine collagen or silicone
 - 9.5 Insufficient presence of ocular surface disease, dry eye syndrome, enrollee complaints related to dry eye syndrome.
- 10.0 Services will be denied for prior authorization requests when:
 - 10.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
 - 10.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 10.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
 - 10.3 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 Evidence of \geq three (3) of the following clinical findings must be documented:
 - 3.1 Tear break up time < 10 seconds
 - 3.2 Increased tear osmolarity ocular surface dye staining (corneal or bulbar conjunctival)
 - 3.3 Schirmer's test results \leq 5mm with anesthesia
 - 3.4 Evidence of corneal decomposition by slit lamp exam
- 4.0 Evidence of \geq two (2) of the following clinical findings must be documented:
 - 4.1 Enrollee report of significant lifestyle compromise due to excessive regimen and/or persistent discomfort despite current regimen of conservative treatment (including tears, ophthalmic cyclosporine, warm compresses, etc.)
 - 4.2 Enrollee reports minimum/no improvement in dry eye symptoms with conservative treatment of an adequate trial period

- 4.3 Clinical findings show minimal/no improvement despite patient compliance with conservative treatment of an adequate trial period
- 4.4 Enrollee presents with worsening symptoms and/or worsening clinical findings during conservative treatment of an adequate trial period
- 5.0 Procedure note must include:
 - 5.1 Site of placement
 - 5.2 Punctal plug lot #
 - 5.3 Any difficulties in placement or intolerance to procedure
 - 5.4 Physician signature if separate from progress note
- 6.0 Informed consent stating all pertinent risks must include:
 - 6.1 Date
 - 6.2 Consent to perform
 - 6.3 Consent to waive
 - 6.4 Enrollee or Representative Signature
 - 6.5 Surgeon/Physician Signature
 - 6.6 Witness Signature

IV. ICD-10 CODES SUPPORTING MEDICAL NECESSITY

ICD-10 Code	Description
H04.121 – H04.129	Dry eye syndrome
H11.141 – H11.149	Conjunctival xerosis, unspecified
H16.001 – H16.029	Unspecified corneal ulcer - Ring corneal ulcer
H16.041 – H16.109	Marginal corneal ulcer - Unspecified superficial keratitis
H16.121 – H16.129	Filamentary keratitis
H16.141 – H16.149	Punctate keratitis
H16.211 – H16.239	Exposure keratoconjunctivitis - Neurotrophic keratoconjunctivitis
H18.831 – H18.839	Recurrent erosion of cornea
M35.00 – M35.01	Sjögren syndrome, unspecified – Sjögren syndrome with keratoconjunctivitis

V. APPLICABLE CPT CODES

CPT Code	Description and Additional Specifics
68761 Note: <i>CPT code 68761 does not differentiate between collagen plugs and silicone plugs. The same code should be billed for either type of plug</i>	<p>Punctal occlusion is defined as “closure of the lacrimal punctum; by plug, each.” The word “each” refers to each plug that is placed in a punctum, the opening in the lacrimal canaliculi. There are 4, located on the upper and lower eyelid margins near the nose, on both eyes. (Excerpt from CMS, AMA CPT® definition.)</p> <p>Patient qualifies for up to 4 punctal plugs since there are two puncta in each eye; however only the appropriate number of plugs should be placed, as medically necessary.</p> <p>MODIFIERS</p> <p>It is appropriate to bill for each plug that is placed (one per line) with the appropriate modifier as follows:</p> <ul style="list-style-type: none"> i. E1: Left upper lid ii. E2: Left lower lid iii. E3: Right upper lid iv. E4: Right lower lid