# UTILIZATION REVIEW CRITERIA

## Punctal Plug iCare Criteria #687.00

### CRITERIA FOR PUNCTAL PLUG - CPT CODE 68761

**Coverage Indications**:

Medical record documentation must demonstrate ocular symptoms listed in the chief complaint consistent with the medical diagnosis of dry eye syndrome. Examples of patient symptoms and complaints attributable to dry eye syndrome include: "dryness, redness, burning, reflex tearing, itching, foreign body sensation, grittiness, stinging, soreness, photophobia, and pain".

Lacrimal punctal plug is considered medically reasonable and necessary for patients with the following:

- Symptomatic severe dry eyes that are not adequately treated by conservative interventions including a 2 or more week trial of artificial tears, ophthalmic cyclosporine where indicated, and adjustment to medications that may contribute to dry eye syndrome; and
- A diagnosis of severe dry eye (also known as dry eye syndrome, keratoconjunctivitis sicca, xerophthalmia, xerosis, or sicca syndrome) confirmed by:
    - o One or more of the following diagnostic tests:
        - Tear Break-Up Time (TBUT), Schirmer test,
        - Ocular surface dye staining pattern (rose bengal, sodium fluorescein, or lissamine green); AND
    - o Slit lamp biomicroscopic exam documented within the medical records.

**Replacement of Plug(s)**

- Replacement of temporary dissolvable punctal plug(s) with long-lasting semi-permanent punctal plug(s) shall be considered medically necessary only when sufficient relief from temporary punctal occlusion is achieved.

    **Note**: Temporary punctal occlusion with a dissolvable collagen plug that lasts 1 week may be medically necessary to assess the patient's response to punctal occlusion. The repeat use of temporary (collagen) plug(s) for ongoing therapy for dry eye syndrome has no proven value and is not considered medically necessary.
- A separate procedure for occlusion of upper puncta may be medically necessary for persons with insufficient relief from occlusion of lower puncta with silicone or other long-lasting punctal plug(s).
- Replacement of silicone punctal plug(s) or other long-lasting plug(s) is generally not medically necessary more frequently than every 6 months.

- A more frequent replacement of silicone or other long-lasting plug(s) may be medically necessary only if the plug(s) does not stay in place because the patient fails to follow post-operative instructions.
- If silicone or other long-lasting punctal plug(s) do not stay in place because of anatomical reasons, silicone or other long-lasting punctal plug(s) should no longer be used to occlude the puncta. In place, other forms of punctal occlusion, not including punctal plug(s), should be considered.
- Replacement with flow controller punctal plug(s) is considered medically necessary for persons who experience epiphoria with standard punctal plug(s).
- Use of shorter-acting punctal plug(s) that last 3 to 6 months are considered medically necessary only for patients with documented seasonal conditions.
- Note, collagen and other shorter-acting punctal plug(s) are not considered medically necessary for chronic use in patients with allergies or hypersensitivities to the material composition of long-acting (ex. silicone) punctal plug(s).

## Limitations:

Use of lacrimal punctum plug(s) is contraindicated in patients with:

- Inflammation of eyelids or signs and symptoms of an ocular infection.
    - Dacryocystitis.
    - A previous clinically documented allergic or hypersensitivity response to the material composition of the punctal plug material selected (ex. collagen allergy, silicone allergy, etc.).
    - Punctal occlusion procedures for the treatment of contact lens intolerance, as well as all other indications not in the “dry eye disease” family, are considered experimental and investigational and will not be covered.

## Documentation Requirements:

- All documentation must be maintained in the patient's medical record upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, dates of service[s]).
- The documentation must include the legible signature of the physician or non- physician practitioner responsible for and providing the care to the patient.
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- Office notes supplying documentation of complaints or symptomatology for visual disturbances and the effect on activities of daily living.
- Diagnostic test results.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient’s legal guardian.
- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient’s legal guardian.

## Definition and Background:

Dry Eye Disease (DED) is commonly (but not always) associated with symptoms. In cases of corneal neuropathy resulting from DED, symptoms may be lessened or missing. In some severe cases, the ocular discomfort becomes marked and visual acuity may be reduced or distorted with resulting limitations in activities of daily living. Exacerbating factors such as systemic medications that decrease tear production (ex. diuretics, antihistamines, and anticholinergics), topical medications, contact lens wear or environmental conditions that increase tear evaporation may lead to an acute increase in the severity of symptoms. Elimination of such factors often leads to marked improvement.

## Sources:

*Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.*


- American Academy of Ophthalmology. Dry Eye Syndrome Preferred Practice Pattern®. San Francisco, CA: AAO; 2023.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Syndrome (DED) (L36232). Jacksonville, FL: First Coast; effective November 22, 2015.


| REVIEW AND REVISION HISTORY | | |
|---|---|---|
| **Date** | **Description** | **Approver & Title** |
| February 2, 2025 | Revised criteria, Approved by PAC approved Via email. | Approved by PAC |
| February 2025 | Administrative revisions | Dr. Smith Blanc, Director of UM |
| January 13, 2025 | Approved by PAC | Approved by PAC |
| January 15, 2024 | Approval by PAC | Approved by PAC |
| November 2023 | Administrative revisions (non-clinical) | Dr. Smith Blanc, Director of UM |
| July 17, 2023 | Approval by PAC (clinical documentation changes made) | Approved by PAC |
| January 23, 2023 | Approval by PAC | Approved by PAC |
| January 17, 2022 | Approval by PAC | Approved by PAC |
| January 18, 2021 | Approval by PAC | Approved by PAC |
| January 27, 2020 | Approval by PAC | Approved by PAC |
| October 12, 2020 | Approval by PAC | Approved by PAC |
| April 13, 2020 | Approval by PAC | Approved by PAC |
| January 28, 2019 | Approval by PAC | Approved by PAC |
| January 29, 2018 | Approval by PAC | Approved by PAC |
| January 9, 2017 | Approval by PAC | Approved by PAC |