

Policy Name	Clinical Policy – DEXTENZA® dexamethasone intracanalicular insert
Policy Number	1348.00
Department	Clinical Product & Development
Subcategory	Medical Management
Original Approval Date	04/06/2022
Current MPC/CCO Approval Date	04/03/2024
Current Effective Date	06/01/2024

Company Entities Supported (Select All that Apply):

- Superior Vision Benefit Management
 - Superior Vision Services
 - Superior Vision of New Jersey, Inc.
 - Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
 - Davis Vision
- (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS or DEFINITIONS

n/a

PURPOSE

To provide the medical necessity criteria to support the indication(s) for DEXTENZA®. Applicable procedure codes are also defined.

POLICY
A. Background

Ocular surgery is often associated with post operative inflammatory changes that may compromise the ultimate surgical outcome. Corticosteroids are recognized to be efficacious in controlling inflammation. They have typically come in the form of drops, pills, or intravitreal injected implants. DEXTENZA® is designed to be placed in the tear duct.

B. Medically Necessary

Dextenza® (dexamethasone 0.4mg intracanalicular insert) may be medically necessary for the control of pain and inflammation when used in conjunction with ocular surgery or for allergic conjunctivitis.

C. Not Medically Necessary

1. Dextenza is contraindicated in patients with any (bacterial, fungal, or viral) ocular infection¹
2. Dextenza should be used cautiously, with monitoring, in patients with wide angle glaucoma.
3. The patient history should be reviewed to rule out patients with a history of intraocular pressure increase with glucocorticoid.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient’s medical record that describes the procedure and the medical rationale for it as in requirements above. For any retrospective review, a full operative report and/or the clinical care plan is needed.

All items must be available upon request to initiate or sustain previous payments. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

E. Procedural Detail

CPT/HCPCS Codes	
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg (x 4 for 0.4 mg dose)
Required Modifiers	
RT LT or 50	Right side, or Left side, or Bilateral
Allowable modifiers for J Codes	
JW or JZ	Drug waste or no drug waste

¹ Lee, 2020.

Invalid Modifiers	
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
57	Decision for Surgery
26	Professional Component
TC	Technical Component
95	Telemedicine

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RELATED POLICIES	
1317	Intravitreal Anti-VEGF injections
1346	Corticosteroid Injections and Implants

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
04/06/2022	Initial policy; extracted from 1346.	09/01/2022
04/12/2023	Add indication of allergic conjunctivitis; add contraindications of ocular infections and intraocular pressure increase from glucocorticoid use.	10/01/2023
04/03/2024	Annual review; no criteria changes.	06/01/2024

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