

Local Coverage Determination (LCD): Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation (L34171)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio
Back to Top				

LCD Information

Document Information

LCD ID
L34171

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L31878](#)

Revision Effective Date
For services performed on or after 10/01/2015

LCD Title
Nasal Punctum-Nasolacrimal Duct Dilation and Probing
with or without Irrigation

Revision Ending Date
N/A

Proposed LCD in Comment Period
N/A

Retirement Date
N/A

Source Proposed LCD
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is *italicized* throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Dilation of nasolacrimal punctum and probing of nasolacrimal duct, with or without irrigation are useful treatments when mechanical, inflammatory or infectious processes cause or contribute to obstruction of normal tear drainage resulting in epiphora (excess tearing) or persistent infection.

The most common cause of obstruction in adults is primary acquired nasolacrimal duct obstruction (PANDO). Epiphora (excess tearing) is the most common symptom of obstruction of the nasolacrimal system. Tear duct obstruction in adults can occur at any point in the nasolacrimal system including the punctum, nasolacrimal sac, and nasolacrimal duct. Obstruction most commonly occurs in the puncta or nasolacrimal duct and sac. Disease of the canalicular system is less common.

It is important to differentiate between chronic epiphora, acute epiphora, and normal tearing. Chronic epiphora results from a persistent or continuous disorder and usually presents a more challenging clinical problem. Acute epiphora usually results from irritative ocular conditions such as corneal foreign bodies, allergic conjunctivitis, environmental factors such as wind, pollen, eyestrain, emotional stress, and sleep deprivation. One of the most common causes of excess tearing in older adults is dry eye syndrome. Acute epiphora usually resolves with treatment of the associated disorder and may not require dilation or probing.

Before dilation and/or probing are performed, pre-punctal disturbances of ocular surface tear flow such as lid malposition and non-obstructive causes (allergy, dry eye, blepharitis, etc.) should be excluded. Tear production measurement (Schirmer test), and tear break-up time (TBUT) can indicate insufficiency or instability of tears, which can cause or contribute to epiphora. Dye disappearance testing (sodium fluorescein), Jones dye testing or saccharine testing can be used to exclude significant obstruction and/or help identify the site and degree of obstruction.

If after the history, physical examination (including slit lamp), and other appropriate non-invasive tests have been completed, the site of obstruction is suspected to be at or distal to the punctum, dilation may proceed. Local anesthetic is instilled, and then the punctum is gradually dilated using probes of increasing size. If simple dilation fails to establish patency, lacrimal probing may be performed by passing a malleable wire probe through the punctum, into the canaliculus, lacrimal sac and down the nasolacrimal duct until patency is established. Irrigation may be used during both dilation and probing.

For patients in whom nasolacrimal duct probing has failed, further surgical treatment is available.

Punctal dilation and lacrimal duct probing is contraindicated in the following circumstances:

- Anatomic malformations in the lacrimal duct or bony lacrimal canal;
- Recurrent episodes of active dacryocystitis;
- Post-traumatic strictures with bony narrowing;
- Tumor of the lacrimal sac.

For procedural illustration for probing of nasolacrimal duct, please refer to Current Procedural Terminology (CPT) 2008, pg 293.

Indications:

Nasolacrimal punctal dilation and nasolacrimal duct probing may be reasonable and necessary when obstruction at or distal to the lacrimal puncta is reasonably suspected to be causing or contributing to the patient's symptoms (usually excessive tearing (epiphora) or chronic dacryocystitis), and when such measures are required to alleviate the patient's symptoms and reduce the likelihood of infection or damage to the lacrimal drainage apparatus.

Probing of the nasolacrimal duct and/or dilation of the nasolacrimal punctum can be carried out for any of the following indications:

- Epiphora (excessive tearing) due to acquired obstruction within the nasolacrimal sac and duct;
- A mucocele of the lacrimal sac;
- Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction;
- Lacrimal sac infection that must be relieved before intra-ocular surgery.

Limitations:

1. Payment for these procedures for treatment of epiphora is limited to patients whose medical records indicate they have first undergone a thorough lacrimal evaluation that includes at least the following:
 - Consideration by history and physical examination (including slit lamp), of likely pre-punctal and/or non-obstructive causes for epiphora such as disturbances of ocular surface tear flow by lid malposition, allergy, dry eye, blepharitis; and
 - Non-invasive testing to diagnose punctal or post-punctal obstruction and to identify the site and degree of obstruction, such as by using dye disappearance testing when appropriate; followed by
 - Initiation of appropriate treatment.
2. Separate reimbursement for tear production measurement (Schirmer test), tear break-up time (TBUT), dye disappearance testing (sodium fluorescein), Jones dye testing or saccharine testing is not available. These are considered part of a general ophthalmological examination or E&M service.
3. Reimbursement for CPT 68801 and 68810 is limited to only the specific eye(s), right or left, for which these procedures are considered reasonable and necessary. Payment for performance of a bilateral procedure may be denied or reduced to a unilateral procedure if medical record documentation fails to support that both eyes had qualifying signs or symptoms and had undergone proper pre-procedural evaluation as described above.
4. Punctal dilation and lacrimal duct probing are not indicated for dacryocystolithiasis.
5. CPT 68810, 68811 or 68815 are primarily pediatric procedures, and are only rarely required in adults, whereas CPT 68840 is more commonly performed in the adult population. The submitted CPT code must reflect the true extent of a reasonable and necessary procedure. Thus, if it is only medically necessary to dilate the punctum or probe the canaliculi it would be inappropriate to submit 68810, for example.

6. Provision of any of these services is subject to state regulations, and individual providers' scopes of practice.

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for Nasal Punctum-Nasolacrimal Duct Dilatation and Probing with or without Irrigation services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)
013x Hospital Outpatient
083x Ambulatory Surgery Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the carrier and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

0360 Operating Room Services - General Classification
0361 Operating Room Services - Minor Surgery

0490 Ambulatory Surgical Care - General Classification
 0510 Clinic - General Classification
 0519 Clinic - Other Clinic
 0520 Freestanding Clinic - General Classification
 0769 Specialty Services - Other Specialty Services

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

68801 DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION
 68810 PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;
 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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

ICD-10 Codes	Description
H04.201 - H04.203	Unspecified epiphora, right lacrimal gland - Unspecified epiphora, bilateral lacrimal glands
H04.221 - H04.223	Epiphora due to insufficient drainage, right lacrimal gland - Epiphora due to insufficient drainage, bilateral lacrimal glands
H04.411 - H04.413	Chronic dacryocystitis of right lacrimal passage - Chronic dacryocystitis of bilateral lacrimal passages
H04.431 - H04.433	Chronic lacrimal mucocele of right lacrimal passage - Chronic lacrimal mucocele of bilateral lacrimal passages
H04.541 - H04.543	Stenosis of right lacrimal canaliculi - Stenosis of bilateral lacrimal canaliculi
H04.551 - H04.553	Acquired stenosis of right nasolacrimal duct - Acquired stenosis of bilateral nasolacrimal duct
H04.561 - H04.563	Stenosis of right lacrimal punctum - Stenosis of bilateral lacrimal punctum
H10.401 - H10.403	Unspecified chronic conjunctivitis, right eye - Unspecified chronic conjunctivitis, bilateral
H10.421 - H10.423	Simple chronic conjunctivitis, right eye - Simple chronic conjunctivitis, bilateral
H10.431 - H10.433	Chronic follicular conjunctivitis, right eye - Chronic follicular conjunctivitis, bilateral

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: Use of any ICD-10-CM code not listed in the "ICD-10-CM Codes that Support Medical Necessity" section of this LCD will be denied. In addition, the following ICD-10-CM code is specifically listed as not supporting medical necessity for emphasis, and to avoid any provider errors.

Group 1 Codes:

ICD-10 Codes	Description
H04.211	Epiphora due to excess lacrimation, right lacrimal gland
H04.212	Epiphora due to excess lacrimation, left lacrimal gland
H04.213	Epiphora due to excess lacrimation, bilateral lacrimal glands

General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Medical record documentation should indicate that before these procedures were performed an adequate lacrimal work-up and non-invasive evaluation were completed. Such an evaluation should include at minimum:

- Consideration by history and physical examination (including slit lamp), of likely pre-punctal and/or non-obstructive causes for epiphora such as disturbances of ocular surface tear flow by lid malposition, allergy, dry eye, blepharitis; and
- Non-invasive testing to diagnose punctal or post-punctal obstruction and to identify the site and degree of obstruction, such as by using dye disappearance testing when appropriate; followed by
- Initiation of appropriate treatment.

The medical record must contain a clear procedure note documenting the anesthesia, dilation, probing and irrigation procedures and indicating the results, such as: the likely site(s) of obstruction and whether and to what degree patency has been confirmed /established, or persistent obstruction remains.

Not applicable

Effective antibiotic treatments exist for infection and definitive surgical treatments are available for most obstructive disorders of the nasolacrimal system. While it is recognized that some patients may occasionally require more frequent treatment, the majority of patients who do qualify for treatment will rarely need it more than twice per year.

Claims from providers who perform and bill for these procedures more frequently than their peers, especially without having documented a clinical and non-invasive evaluation indicating that pre-punctal and non-obstructive causes of epiphora have been considered, excluded and/or treated, may be subject to review and/or denial.

CPT 68810, 68811 or 68815 are primarily pediatric procedures, and are only rarely required in adults, whereas CPT 68840 is more commonly performed in the adult population. Providers with unusually frequent billing of 68810 may be subject to review. The submitted CPT code must reflect the true extent of a reasonable and necessary procedure. Thus, if it is only medically necessary to dilate the puncta or probe the canaliculi it would be inappropriate to submit 68810, for example. Claims for 68810 will be downcoded to 68840 or 68801, or denied if the medical record fails to demonstrate medical necessity and adequate documentation according to the requirements of this policy.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below:

Ballard EA. Excessive tearing in infancy and early childhood. *Postgraduate Medicine*. 2000;107(6):149-154.

Camara JG. Nasolacrimal Duct Obstruction. <http://emedicine.medscape.com/article/1210141>. Accessed 02/14/2011.

Nasolacrimal Duct Obstruction Handbook of Ocular Disease Management. Chronic Epiphora. <http://www.nevoptom.com/handbook/seclj.html>. Accessed 02/14/2011.

Lee DA, Higginbotham EJ. Clinical Guide to Comprehensive Ophthalmology. 1999. Thieme Publishing Group (NY, Stuttgart);1999;107-116.

Ophthalmologic Disorders. Chapter 93: Disorders of the Lacrimal Apparatus. Dacryostenosis. In: The Merck Manual of Diagnosis and Therapy.

Reed K. Diseases and Disorders of the Lacrimal System. Course Notes 1999. Ocular Disease and Therapeutics I,

Royal College of Ophthalmologists Guidelines: Management of Epiphora.
<http://www.site4sight.org.uk/Quality/Rgov/Guidelines/Epiphora.htm>. Accessed 02/14/2011.

Spotten D, et al. Atlas of Clinical Ophthalmology. 2nd ed. Mosby Inc. (London, Philadelphia); 2000:20-24.

Yanoff M, Duke J. Orbit and Lacrimal Gland: The Lacrimal Drainage System. In: Ophthalmology. Mosby, Inc. (London, Philadelphia). 1998;7:17.7-17.8.

Yanoff M, Duker JS. Ophthalmology. 2nd ed. Mosby, Inc. 2004.

[Back to Top](#)

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	R2 Revision Effective: N/A Revision Explanation: Annual review no changes made.	<ul style="list-style-type: none">Other (Annual review)
10/01/2015	R1	R1 Revision Effective: 10/01/2015 Revision Explanation: Accepted revenue code description changes.	<ul style="list-style-type: none">Other (revenue code)

[Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A52391 - Nasal Punctum/Nasolacrimal Duct Dilation and Probing with or without Irrigation – Supplemental Instructions Article](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 05/24/2016 with effective dates 10/01/2015 - N/A [Updated on 06/15/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 03/17/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)