

Local Coverage Determination (LCD): Lacrimal Punctum Plugs (L35095)

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Contractor Information

| Contractor Name | Contract Type | Contract Number | Jurisdiction | State(s) |
|---|---------------|-----------------|--------------|----------------------|
| Novitas Solutions, Inc. | A and B MAC | 04111 - MAC A | J - H | Colorado |
| Novitas Solutions, Inc. | A and B MAC | 04112 - MAC B | J - H | Colorado |
| Novitas Solutions, Inc. | A and B MAC | 04211 - MAC A | J - H | New Mexico |
| Novitas Solutions, Inc. | A and B MAC | 04212 - MAC B | J - H | New Mexico |
| Novitas Solutions, Inc. | A and B MAC | 04311 - MAC A | J - H | Oklahoma |
| Novitas Solutions, Inc. | A and B MAC | 04312 - MAC B | J - H | Oklahoma |
| Novitas Solutions, Inc. | A and B MAC | 04411 - MAC A | J - H | Texas |
| Novitas Solutions, Inc. | A and B MAC | 04412 - MAC B | J - H | Texas |
| | | | | Colorado |
| Novitas Solutions, Inc. | A and B MAC | 04911 - MAC A | J - H | New Mexico |
| | | | | Oklahoma |
| | | | | Texas |
| Novitas Solutions, Inc. | A and B MAC | 07101 - MAC A | J - H | Arkansas |
| Novitas Solutions, Inc. | A and B MAC | 07102 - MAC B | J - H | Arkansas |
| Novitas Solutions, Inc. | A and B MAC | 07201 - MAC A | J - H | Louisiana |
| Novitas Solutions, Inc. | A and B MAC | 07202 - MAC B | J - H | Louisiana |
| Novitas Solutions, Inc. | A and B MAC | 07301 - MAC A | J - H | Mississippi |
| Novitas Solutions, Inc. | A and B MAC | 07302 - MAC B | J - H | Mississippi |
| Novitas Solutions, Inc. | A and B MAC | 12101 - MAC A | J - L | Delaware |
| Novitas Solutions, Inc. | A and B MAC | 12102 - MAC B | J - L | Delaware |
| Novitas Solutions, Inc. | A and B MAC | 12201 - MAC A | J - L | District of Columbia |
| Novitas Solutions, Inc. | A and B MAC | 12202 - MAC B | J - L | District of Columbia |
| Novitas Solutions, Inc. | A and B MAC | 12301 - MAC A | J - L | Maryland |
| Novitas Solutions, Inc. | A and B MAC | 12302 - MAC B | J - L | Maryland |
| Novitas Solutions, Inc. | A and B MAC | 12401 - MAC A | J - L | New Jersey |
| Novitas Solutions, Inc. | A and B MAC | 12402 - MAC B | J - L | New Jersey |
| Novitas Solutions, Inc. | A and B MAC | 12501 - MAC A | J - L | Pennsylvania |
| Novitas Solutions, Inc. | A and B MAC | 12502 - MAC B | J - L | Pennsylvania |
| | | | | District of Columbia |
| Novitas Solutions, Inc. | A and B MAC | 12901 - MAC A | J - L | Delaware |
| | | | | Maryland |
| | | | | New Jersey |
| | | | | Pennsylvania |

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LCD Information

Document Information

LCD ID
L35095

Original ICD-9 LCD ID
[L34358](#)

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

Revision Effective Date
For services performed on or after 03/08/2018

LCD Title
Lacrimal Punctum Plugs

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

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CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for lacrimal punctum plugs. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for lacrimal punctum plugs and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

IOM Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 120
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 1, Section 80.5

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

History/Background and/or General Information

Lacrimal punctum plugs are useful in the treatment of dry eye syndrome by obstructing the lacrimal punctum to delay the drainage of tears thus allowing the lubricating tears to stay in the eye longer. These plugs are available as either collagen plugs for temporary placement or silicone for permanent placement.

Covered Indications

Lacrimal punctum plugs are indicated in the treatment of chronic dry eye syndrome that has not responded to more conservative treatment of synthetic tears. Symptoms of chronic dry eye syndrome include complaints of foreign body sensation, itching, excessive mucus secretion, dryness, burning, photosensitivity, redness, and pain. The decision to use lacrimal punctum plugs should include at least one the following:

- Superficial punctate keratopathy.
- Corneal erosions or ulceration.
- Filamentary keratitis.
- Corneal scarring.
- Conjunctival findings, such as from the keratoconjunctivitis associated with Sjogren's syndrome.
- Dry eye symptoms (e.g., blurred vision, reflex tearing, mucous precipitation) not adequately relieved by artificial tears.

Limitations

Notice: This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862 (a)(1)(A).

Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
- Furnished in a setting appropriate to the patient's medical needs and condition.
- Ordered and furnished by qualified personnel.
- One that meets, but does not exceed, the patient's medical needs.
- At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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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.

999x Not Applicable

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.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph:

Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

68761 Close tear duct opening

Group 2 Paragraph:

Medicare will not allow separate payment for silicone punctal plugs (A4263) or temporary plugs (A4262) as these are included in the procedure.

Group 2 Codes:

A4262 Temporary tear duct plug

A4263 Permanent tear duct plug

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS code: 68761**

Group 1 Codes:

| ICD-10 Codes | Description |
|--------------|--|
| H04.121 | Dry eye syndrome of right lacrimal gland |
| H04.122 | Dry eye syndrome of left lacrimal gland |
| H04.123 | Dry eye syndrome of bilateral lacrimal glands |
| H04.129 | Dry eye syndrome of unspecified lacrimal gland |
| H16.001 | Unspecified corneal ulcer, right eye |
| H16.002 | Unspecified corneal ulcer, left eye |
| H16.003 | Unspecified corneal ulcer, bilateral |
| H16.009 | Unspecified corneal ulcer, unspecified eye |
| H16.011 | Central corneal ulcer, right eye |
| H16.012 | Central corneal ulcer, left eye |
| H16.013 | Central corneal ulcer, bilateral |
| H16.019 | Central corneal ulcer, unspecified eye |
| H16.021 | Ring corneal ulcer, right eye |
| H16.022 | Ring corneal ulcer, left eye |
| H16.023 | Ring corneal ulcer, bilateral |
| H16.029 | Ring corneal ulcer, unspecified eye |
| H16.041 | Marginal corneal ulcer, right eye |
| H16.042 | Marginal corneal ulcer, left eye |
| H16.043 | Marginal corneal ulcer, bilateral |
| H16.049 | Marginal corneal ulcer, unspecified eye |
| H16.051 | Mooren's corneal ulcer, right eye |
| H16.052 | Mooren's corneal ulcer, left eye |
| H16.053 | Mooren's corneal ulcer, bilateral |
| H16.059 | Mooren's corneal ulcer, unspecified eye |
| H16.061 | Mycotic corneal ulcer, right eye |
| H16.062 | Mycotic corneal ulcer, left eye |
| H16.063 | Mycotic corneal ulcer, bilateral |
| H16.069 | Mycotic corneal ulcer, unspecified eye |
| H16.071 | Perforated corneal ulcer, right eye |
| H16.072 | Perforated corneal ulcer, left eye |
| H16.073 | Perforated corneal ulcer, bilateral |
| H16.079 | Perforated corneal ulcer, unspecified eye |
| H16.101 | Unspecified superficial keratitis, right eye |
| H16.102 | Unspecified superficial keratitis, left eye |
| H16.103 | Unspecified superficial keratitis, bilateral |
| H16.109 | Unspecified superficial keratitis, unspecified eye |
| H16.121 | Filamentary keratitis, right eye |

| ICD-10 Codes | Description |
|--------------|---|
| H16.122 | Filamentary keratitis, left eye |
| H16.123 | Filamentary keratitis, bilateral |
| H16.129 | Filamentary keratitis, unspecified eye |
| H16.141 | Punctate keratitis, right eye |
| H16.142 | Punctate keratitis, left eye |
| H16.143 | Punctate keratitis, bilateral |
| H16.149 | Punctate keratitis, unspecified eye |
| H16.211 | Exposure keratoconjunctivitis, right eye |
| H16.212 | Exposure keratoconjunctivitis, left eye |
| H16.213 | Exposure keratoconjunctivitis, bilateral |
| H16.219 | Exposure keratoconjunctivitis, unspecified eye |
| H16.221 | Keratoconjunctivitis sicca, not specified as Sjogren's, right eye |
| H16.222 | Keratoconjunctivitis sicca, not specified as Sjogren's, left eye |
| H16.223 | Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral |
| H16.229 | Keratoconjunctivitis sicca, not specified as Sjogren's, unspecified eye |
| H16.231 | Neurotrophic keratoconjunctivitis, right eye |
| H16.232 | Neurotrophic keratoconjunctivitis, left eye |
| H16.233 | Neurotrophic keratoconjunctivitis, bilateral |
| H16.239 | Neurotrophic keratoconjunctivitis, unspecified eye |
| H18.831 | Recurrent erosion of cornea, right eye |
| H18.832 | Recurrent erosion of cornea, left eye |
| H18.833 | Recurrent erosion of cornea, bilateral |
| H18.839 | Recurrent erosion of cornea, unspecified eye |
| M35.00 | Sicca syndrome, unspecified |
| M35.01 | Sicca syndrome with keratoconjunctivitis |
| M35.09 | Sicca syndrome with other organ involvement |

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy.

Group 1 Codes: N/A

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General Information

Associated Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, 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.
3. 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.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. Patient's records must contain evidence of:

- Patient's complaints normally associated with dry eye syndrome;
- Documentation of trial period of synthetic tears; and
- Decreased tear meniscus, punctate keratopathy, corneal ulcers, or erosions, an early tear break-up time, oily tear film, corneal filaments, corneal scars or nodules or an abnormal Schirmer's test.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Sources of Information

Contractor is not responsible for the continued viability of websites listed.

CPT Coding Assistant, June 1996. p. 11.

OK/NM Newsletter, December 17, 1993.

OK/NM Newsletter, May 1994, p. 22.

Vaughn D, Asbury T, Riordan-Eva P, eds. General Ophthalmology. 14th ed. Stamford: Appleton and Lange, 1995:91-94.

Other Contractor Policies

Contractor Medical Directors

Original JH ICD-9 Source LCD L32607, Lacrimal Punctum Plugs

Bibliography

N/A

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Revision History Information

| Revision History Date | Revision History Number | Revision History Explanation | Reason(s) for Change |
|-----------------------|-------------------------|--|-------------------------|
| 03/08/2018 | R2 | LCD revised and published on 03/08/2018. Per LCD annual review, updated the citations in the "CMS National Coverage Policy" section and made standard formatting revisions throughout the LCD without a change in coverage content. | • Other (Annual Review) |
| 12/30/2015 | R1 | At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; therefore, not all the fields included on the LCD are applicable as noted in this policy. | • Other (Annual Review) |
| 12/30/2015 | R1 | LCD reviewed for administrative purposes. No changes were made to the LCD itself. | • Other (Annual Review) |

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 03/02/2018 with effective dates 03/08/2018 - N/A [Updated on 01/04/2016 with effective dates 12/30/2015 - 03/07/2018](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

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