

### Clinical Policy: Probing and Closure of the Lacrimal Duct System

Reference Number: OC.UM.CP.0011

Coding Implications
Revision Log

See <u>Important Reminder</u> at the end of this policy for important regulatory and legal information.

### **Description**

Last Review Date: 11/2022

Lacrimal punctum plugs are useful in the treatment of dry eye syndrome by obstructing the lacrimal punctum to delay the drainage of tears thereby allowing lubricating tears to stay in the eye longer. These plugs are available as either collagen plugs for temporary placement or silicone for permanent placement. This policy describes the medical necessity requirements for probing and closure of the lacrimal duct system.

### Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.® (Envolve) that probing and closure of the lacrimal duct system is **medically necessary** for the following indications:
  - A. Chronic dry eye syndrome which has not responded to conservative treatment with synthetic tears, and both of the following:
    - 1. Meibomian gland disease has been excluded or fully treated;
    - 2. Clinical findings include at least one of the following:
      - a. Superficial punctate keratopathy;
      - b. Corneal erosions or ulceration;
      - c. Filamentary keratitis;
      - d. Corneal scarring;
      - e. Conjunctival findings, such as from the keratoconjunctivitis associated with Sjogren's syndrome;
      - f. Dry eye symptoms (e.g., blurred vision, reflex tearing, mucous precipitation) not adequately relieved by artificial tears.
- II. It is the policy of health plans affiliated with Envolve that probing of the lacrimal duct system is **medically necessary** for the following indications:
  - A. Congenital nasolacrimal duct obstructions;
  - B. Acquired nasolacrimal duct obstructions following trauma, viral conjunctivitis, acute dacryocystitis or use of topical antiviral medications.

### **Background**

Surgical treatment of nasolacrimal duct obstruction includes nasolacrimal duct probing. In this procedure a probe is passed through either the upper or lower punctum following dilation of the punctum. The probe is advanced along the canaliculus while exerting gentle later traction on the lid until it reaches the nasal bone. Then the probe is rotated 90 degrees and gently introduced into the nasolacrimal duct and advanced into the nose.

Nasolacrimal duct stent insertion is used with or following failure of simple probing. The procedure involves nasolacrimal duct probing followed by the passage of a nasolacrimal duct probe that has a stent wedged to one end. The probe is removed and the stent is tied in the nose and sometimes secured with a suture.

### envolve.

### **CLINICAL POLICY**

### **Probing and Closure of the Lacrimal Duct System**

Balloon catheter dilation is used with or following failure of simple probing. Standard nasolacrimal duct probing is followed by the introduction of a balloon catheter into the duct. The balloon is inflated and withdrawn.

Nasal endoscopy is sometimes used in conjunction with probing, stent insertion and balloon catheter dilation in the treatment of persistent nasolacrimal duct obstruction. It is also frequently used in the treatment of congenital dacryocystoceles to identify and marsupialize the intranasal cyst.

### **Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®	Description
Codes	
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	Closure of the lacrimal punctum; by plug, each
68770	Closure of lacrimal fistula (separate procedure)
68801	Dilation of lacrimal punctum, with our without irrigation
68810	Probing of nasolacrimal duct, with our 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-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM	Description
Code	
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
H04.141	Primary lacrimal gland atrophy, right lacrimal gland
H04.142	Primary lacrimal gland atrophy, left lacrimal gland
H04.143	Primary lacrimal gland atrophy, bilateral lacrimal glands
H04.151	Secondary lacrimal gland atrophy, right lacrimal gland



### **CLINICAL POLICY**

### **Probing and Closure of the Lacrimal Duct System**

ICD-10-CM	Description
Code	Description
H04.152	Secondary lacrimal gland atrophy, left lacrimal gland
H04.153	Secondary lacrimal gland atrophy, bilateral lacrimal glands
H04.531	Neonatal obstruction of right nasolacrimal duct
	Neonatal obstruction of left nasolacrimal duct
H04.532	
H04.533	Neonatal obstruction of bilateral nasolacrimal duct
H04.551	Acquired stenosis of right nasolacrimal duct
H04.552	Acquired stenosis of left nasolacrimal duct
H04.553	Acquired stenosis of bilateral nasolacrimal duct
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.111	Macular keratitis, right eye
H16.112	Macular keratitis, left eye
H16.113	Macular keratitis, bilateral
H16.121	Filamentary keratitis, right eye
H16.122	Filamentary keratitis, left eye
H16.123	Filamentary keratitis, bilateral
H16.131	Photokeratitis, right eye
H16.132	Photokeratitis, left eye
H16.133	Photokeratitis, bilateral
H16.141	Punctate keratitis, right eye
H16.142	Punctate keratitis, left eye
H16.142	Punctate keratitis, bilateral
	·
H16.211	Exposure keratoconjunctivitis, right eye
H16.212	Exposure keratoconjunctivitis, left eye



## CLINICAL POLICY

### **Probing and Closure of the Lacrimal Duct System**

ICD-10-CM	Description	
Code		
H16.213	Exposure keratoconjunctivitis, bilateral	
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	
H16.231	Neurotrophic keratoconjunctivitis, right eye	
H16.232	Neurotrophic keratoconjunctivitis, left eye	
H16.233	Neurotrophic keratoconjunctivitis, bilateral	
H16.251	Phlyctenular keratoconjunctivitis, right eye	
H16.252	Phlyctenular keratoconjunctivitis, left eye	
H16.253	Phlyctenular keratoconjunctivitis, bilateral	
H16.321	Diffuse interstitial keratitis, right eye	
H16.322	Diffuse interstitial keratitis, left eye	
H16.323	Diffuse interstitial keratitis, bilateral	
H16.331	Sclerosing keratitis, right eye	
H16.332	Sclerosing keratitis, left eye	
H16.333	Sclerosing keratitis, bilateral	
H18.11	Bullous keratopathy, right eye	
H18.12	Bullous keratopathy, left eye	
H18.13	Bullous keratopathy, bilateral	
H18.421	Band keratopathy, right eye	
H18.422	Band keratopathy, left eye	
H18.423	Band keratopathy, bilateral	
H18.831	Recurrent erosion of cornea, right eye	
H18.832	Recurrent erosion of cornea, left eye	
H18.833	Recurrent erosion of cornea, bilateral	
L51.0	Nonbullous erythema multiforme	
L51.1	Stevens-Johnson syndrome	
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome	
L51.9	Erythema multiforme, unspecified	
M35.01	Sjogren syndrome with keratoconjunctivitis	
T26.01XA	Burn of right eyelid and periocular area, initial encounter	
T26.01XD	Burn of right eyelid and periocular area, subsequent encounter	
T26.01XS	Burn of right eyelid and periocular area, sequela	
T26.02XA	Burn of left eyelid and periocular area, initial encounter	
T26.02XD	Burn of left eyelid and periocular area, subsequent encounter	
T26.02XS	Burn of left eyelid and periocular area, sequela	
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter	
T26.11XD	Burn of cornea and conjunctival sac, right eye, subsequent encounter	
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela	
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter	
T26.12XD	Burn of cornea and conjunctival sac, left eye, subsequent encounter	
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela	



# **CLINICAL POLICY Probing and Closure of the Lacrimal Duct System**

#### ICD-10-CM **Description** Code Burn with resulting rupture and destruction of right eyeball, initial T26.21XA T26.21XD Burn with resulting rupture and destruction of right eyeball, subsequent encounter T26.21XS Burn with resulting rupture and destruction of right eyeball, sequela T26.22XA Burn with resulting rupture and destruction of left eyeball, initial encounter T26.22XD Burn with resulting rupture and destruction of left eyeball, subsequent encounter T26.22XS Burn with resulting rupture and destruction of left eyeball, sequela T26.31XA Burns of other specified part of right eye and adnexa, initial encounter T26.31XD Burns of other specified part of right eye and adnexa, subsequent encounter Burns of other specified part of right eye and adnexa, sequela T26.31XS T26.32XA Burns of other specified part of left eye and adnexa, initial encounter T26.32XD Burns of other specified part of left eve and adnexa, subsequent encounter Burns of other specified part of left eye and adnexa, sequela T26.32XS T26.41XA Burn of right eye and adnexa, part unspecified, initial encounter T26.41XD Burn of right eye and adnexa, part unspecified, subsequent encounter Burn of right eye and adnexa, part unspecified, sequela T26.41XS T26.42XA Burn of left eye and adnexa, part unspecified, initial encounter T26.42XD Burn of left eye and adnexa, part unspecified, subsequent encounter Burn of left eye and adnexa, part unspecified, sequela T26.42XS T26.51XA Corrosion of right evelid and periocular area, initial encounter T26.51XD Corrosion of right eyelid and periocular area, subsequent encounter Corrosion of right eyelid and periocular area, sequela T26.51XS T26.52XA Corrosion of left eyelid and periocular area, initial encounter T26.52XD Corrosion of left eyelid and periocular area, subsequent encounter Corrosion of left eyelid and periocular area, sequela T26.52XS T26.61XA Corrosion of cornea and conjunctival sac, right eye, initial encounter T26.61XD Corrosion of cornea and conjunctival sac, right eye, subsequent encounter Corrosion of cornea and conjunctival sac, right eye, sequela T26.61XS T26.62XA Corrosion of cornea and conjunctival sac, left eye, initial encounter T26.62XD Corrosion of cornea and conjunctival sac, left eye, subsequent encounter T26.62XS Corrosion of cornea and conjunctival sac, left eye, sequela T26.71XA Corrosion with resulting rupture and destruction of right eyeball, initial encounter T26.71XD Corrosion with resulting rupture and destruction of right eyeball, subsequent encounter Corrosion with resulting rupture and destruction of right eyeball, sequela T26.71XS



### **CLINICAL POLICY**

### **Probing and Closure of the Lacrimal Duct System**

ICD-10-CM Code	Description
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter
T26.72XD	Corrosion with resulting rupture and destruction of left eyeball, subsequent encounter
T26.72XS	Corrosion with resulting rupture and destruction of left eyeball, sequela
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.81XD	Corrosions of other specified parts of right eye and adnexa, subsequent encounter
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.82XD	Corrosions of other specified parts of left eye and adnexa, subsequent encounter
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.91XD	Corrosion of right eye and adnexa, part unspecified, subsequent encounter
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T26.92XD	Corrosion of left eye and adnexa, part unspecified, subsequent encounter
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template	04/2020	06/2020
Annual Review; Updated references	12/2020	12/2020
Annual Review; Updated ICD-10 diagnosis code for Sjogren syndrome with keratoconjunctivitis	12/2021	12/2021
Annual Review	11/2022	11/2022

#### References

- 1. Kashkouli MB, Pakdel F, Kiavash V. Assessment and management of proximal and incomplete symptomatic obstruction of the lacrimal drainage system. Middle East Afr J Ophthalmol. 2012;19(1):60-69. doi:10.4103/0974-9233.92117.
- 2. Nasolacrimal Duct Obstruction, Congenital, American Academy of Ophthalmology, Katherine A. Lee, MD, PhD, Reviewed: Michael T Yen, MD on May 2020. <a href="https://eyewiki.aao.org/Nasolacrimal Duct Obstruction">https://eyewiki.aao.org/Nasolacrimal Duct Obstruction</a>, Congenital
- 3. Bhatia J, Rahman N, Varghese M. Uncommon presentation of congenital lacrimal duct obstruction a case report of congenital amniontocele. *Oman Med J.* 2007;22(3):60-61.

## envolve.

### **CLINICAL POLICY**

### **Probing and Closure of the Lacrimal Duct System**

4. Shams PN, Chen PG, Wormald PJ, Sloan B, Wilcsek G, McNab A, Selva D. Management of functional epiphora in patients with an anatomically patent dacryocystorhinostomy. JAMA Ophthalmol. 2014 Sep;132(9):1127-32.

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited.



# CLINICAL POLICY Probing and Closure of the Lacrimal Duct System

Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed <u>prior to</u> applying the criteria set forth in this clinical policy. Refer to the CMS website at <a href="http://www.cms.gov">http://www.cms.gov</a> for additional information.

©2018 Envolve, Inc. All rights reserved. All materials are exclusively owned by Envolve and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve. You may not alter or remove any trademark, copyright or other notice contained herein.