**Billing Guidelines for Punctal Occlusion with Plugs**

**FCI Ophthalmics, Inc.** has developed this guide to provide you with the basic billing information you need to successfully file claims for reimbursement from Medicare and other third-party payers. We strongly encourage you to review official instructions from the Centers for Medicare and Medicaid Services (CMS) and your Medicare carrier. In addition, check with local insurance carriers for approved diagnosis codes and usage guidelines for these services.

### Documentation Tips

**History**
Note the patient’s symptoms (e.g., itching, burning, redness, tearing) as well as related illness such as Sjogren’s disease or rheumatoid arthritis. Note any affect this is having on the patient’s lifestyle and activities of daily living. Carefully document the patient’s prior experience with artificial tears or other therapy for dry eyes. List current medications, especially those with ocular side effects.

**Examination**
Document your evaluation of tear production (e.g., tear breakup time, lissamine green, Schirmer’s tear test, observation of tear meniscus, etc.) the condition of the patient’s eyes.

**Treatment**
Discuss and document risks and benefits of punctal occlusion as well as alternative therapeutic options. This is a minor surgical procedure, so be sure to document the patient’s consent. Your operative note of the procedure should include any preparatory drops, information about the plugs themselves (e.g., brand, size, lot number, etc.), and discharge instructions.

**Post-Operative Period**
Medicare and many other payers include the 10 days following the procedure as part of the global surgery period. Visits directly related to punctal occlusion will not generally be paid during this time.

### Frequently Asked Questions

**Q:** Does insurance cover punctal occlusion with plugs?

**A:** Yes. Use CPT code 68761, *Closure of lacrimal punctum; by plug, each* to describe the professional service. This code describes punctal occlusion with either collagen or silicone plugs. Payment for the plugs themselves is included by Medicare. Private insurers may pay separately for the supply of the plugs.

**Q:** What is the reimbursement for punctal occlusion with plugs?

**A:** The national Medicare Physician Fee Schedule allowable for 68761 in 2004 is $181.09; this amount is adjusted by local wage indices in each area. When multiple puncta are occluded during the same session, the first procedure is allowed at 100% and each additional procedure at 50%. Other payers have different payment amounts and coverage rules.

**Q:** What documentation is required?

**A:** Medicare and other payers expect that a surgical procedure for dry eyes will not be performed as the initial treatment. Your chart notes should include documentation that other therapies were tried unsuccessfully. Include the patient’s consent for the procedure. Your operative note should include any preparatory drops, information about the plugs themselves (e.g., brand, size, lot number, etc.), and discharge instructions.

**Q:** What diagnosis codes apply?

**A:** Common diagnosis codes include:
- 370.33 Keratoconjunctivitis sicca
- 375.15 Tear film insufficiency
- 710.2 K. sicca associated with Sjogren’s disease

Supplemental diagnoses may also apply, including:
- 714.0 Rheumatoid arthritis
- 370.20 Superficial keratitis

**Q:** Are there specific modifiers that apply to these claims?

**A:** Yes. Some of the common modifiers you may use include:
- 25 Separately identifiable visit on the same day as the procedure
- 50 Bilateral procedure
- 51 Multiple procedures
- E1 Left upper lid
- E2 Left lower lid
- E3 Right upper lid
- E4 Right lower lid

Contact FCI Ophthalmics today to order Anatomy Friendly Punctum Plugs. Our unique slanted collarette hugs the natural shape of the eyelid for maximum comfort & retention. The Slim Plugs insert easily into tiny puncta.

Call: 800.932.4202 or
Email: info@fci-ophthalmics.com
### SAMPLE CLAIM FORMS

**Two Inferior Puncta—Either Silicone or Collagen Plugs**

#### PLUG INSERTION FOR MEDICARE

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#### PLUG INSERTION FOR NON-MEDICARE

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#### PLUG INSERTION FOR NON-MEDICARE (ALTERNATE)

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**Note:** Some payer policies will differ, and many private payers no longer pay separately for the supply of the plugs. Check with your individual carriers for specific instructions.

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