

REIMBURSEMENT FOR INTUBATION OF LACRIMAL CANALICULI WITH STENT

1

QUESTION: What is the Self-Retaining Bicanaliculus Intubation Stent?

ANSWER: The self-retaining stent consists of a silicone tube with an anchor-shaped head at each end to allow fixation. Each head consists of two flexible winglets that fold inwards during insertion through the punctum, and spread back out after passage through the junction of the common canaliculus and lacrimal sac, thus securing the stent's fixation.

Insertion is performed in the office at the slit lamp. Generally, both eyes are intubated at the same time and the stent remains in position for several weeks.

2

QUESTION: What are the indications for insertion of this stent?

ANSWER: Punctal stenosis (H04.56- or 375.52),* canalicular constriction (H04.54- or 375.53) and inflammation can occur secondary to infection, trauma or certain chemo and radiation therapy treatments. Patients often present with complaints of tearing, external eye inflammation or irritation, consistent with acute canaliculitis (H04.33- or 375.31) and epiphora due to insufficient drainage (H04.22- or 375.22). It is important to identify and address the canalicular constriction as early as possible. Delays can lead to complete closure of the canaliculi which may necessitate a dacryocystorhinostomy (DCR).

3

QUESTION: Will Medicare and other third party payers cover this procedure?

ANSWER: Usually. Medicare and other health insurance plans cover services to diagnose and treat disease or disorders that manifest as patient complaints.

4

QUESTION: What code is used to identify this procedure?

ANSWER: Currently, no CPT code exists to identify this procedure. Use 68899, *Unlisted procedure, lacrimal system*. Supporting documentation providing a description of the procedure is needed. If the payer accepts paper claims, that may be the best way to be paid when using a miscellaneous code.

Medicare has assigned "E" modifiers to indicate which eyelid (and puncta) was treated.

E1 Left upper lid	E3 Right upper lid
E2 Left lower lid	E4 Right lower lid



Most private payers and some Medicare contractors do not recognize these modifiers, but will accept RT (right eye) and LT (left eye) on the claim.

5

QUESTION: How much is reimbursed for this procedure?

ANSWER: Miscellaneous codes carry no designated RVUs. As a practical matter, the payer will need to assign a fair payment. So, it is helpful to provide a point of reference. While not exactly the same, this procedure is comparable to CPT 68761 (*closure of the lacrimal punctum; by plug, each*). Your claim attachment should mention this similarity in terms of effort, skill, and expected follow-up. A comment about the value of the supplies is merited when making the comparison.

February 21, 2014

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2014 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Corcoran Consulting Group (800) 399-6565 www.corcoranccg.com

S:\Monographs_FAQ\FAQ_LacrimalStent FCI_022114.docx

Provided Courtesy of FCI Ophthalmics
 (800) 932-4202 www.fci-ophthalmics.com

REIMBURSEMENT FOR INTUBATION OF LACRIMAL CANALICULI WITH STENT

6

QUESTION: Is separate payment made for the stent?

ANSWER: No. The stent is a supply item, and considered part of the practice expense component of the professional fee. Payment made to the surgeon includes reimbursement for the stent.

7

QUESTION: What documentation is required in the medical record to support a claim for this service?

ANSWER: Medical necessity for this treatment is established following preliminary evaluation and consideration of several management options. Patients may self-refer, or be referred by an oncologist, usually due to recent onset of excessive tearing brought on by canalculitis and lacrimal stenosis. Recent chemotherapy or radiation therapy is the proximal cause in a high percentage of patients. For some, less invasive treatment modalities such as lid massage, artificial tears, or topical anti-inflammatory medication may resolve the problem. The medical record should include an appropriate history and exam, as well as mention of any failed treatment previously attempted.

An appropriate operative report should be placed in the medical record. This includes any pre- and postoperative instructions, and a description of the procedure. A [template for in-office procedures](#) is available on our website.

8

QUESTION: Is reimbursement available for removing the stent?

ANSWER: Yes. The stent is expected to remain in place for several weeks. Use an appropriate office visit to report the removal of the stent. Do not use CPT 68530, *Removal of foreign body or dacryolith, lacrimal passages*.

9

QUESTION: How common is this procedure?

ANSWER: Chemotherapy is widely used to treat a variety of cancers, including GI, GU and breast tumors. Scientific papers describe epiphora and canalculitis as a common side effect. Following 5-FU, one study reported that 39% of patients were symptomatic. Following docetaxel, another study reported that 50% of patients reported excessive tearing.

As a result, it is likely that intubation of lacrimal canaliculi with stent will be a very common ophthalmic procedure. Since the Self-Retaining Bicanaliculus Intubation Stent only received FDA approval in November of 2004, there is no utilization data available as yet. Lack of a specific code to describe the procedure, and the default use of a miscellaneous code, further complicates identifying frequency.

* ICD-10 and ICD-9 codes, respectively. A dash (-) at the end of an ICD-10 code indicates that there are more digits to follow.

February 21, 2014

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2014 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Corcoran Consulting Group (800) 399-6565 www.corcoranccg.com

S:\Monographs_FAQ\FAQ_LacrimalStent FCI_022114.docx

Provided Courtesy of FCI Ophthalmics
(800) 932-4202 www.fci-ophthalmics.com