

REIMBURSEMENT FOR INTUBATION OF LACRIMAL CANALICULI WITH STENT

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

ANSWER: The self-retaining stent consists of a silicone tube with 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 stents remain in position for several weeks.

2

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

ANSWER: Punctal stenosis (375.52), canalicular constriction (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 (375.31) and epiphora due to insufficient drainage (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 insertion of the stent?

ANSWER: Usually. Medicare and other health insurance plans cover services to diagnosis and treat disease or disorders that manifest as patient's 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*. Append modifiers E1, E2, E3, and E4 to indicate four (4) steps: RUL, RLL, LUL, LLL. A paper claim with an attachment providing a description of the procedure should be submitted.

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QUESTION: How much will Medicare reimburse for this procedure?

ANSWER: Miscellaneous codes carry no designated RVUs. As a practical matter, this procedure is comparable to CPT 68761 (*closure of the lacrimal punctum; by plug, each*). Notably, intubation involves all four puncta and canaliculi. The 2006 national Medicare fee schedule allowable for 68761 is \$140. This amount is adjusted in each area by local wage indices. In the aggregate, treatment of all four (4) puncta amounts to \$315. Additionally, the surgeon provides two (2) self-retaining stents at a cost of \$89 each which is about twice the cost of four silicone punctal plugs. Your claim attachment should mention this similarity in terms of effort, skill, and expected follow-up. Likewise, a comment about the value of the supplies is merited.

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QUESTION: Is separate payment made for the stent?

ANSWER: No. The stent is a supply item, not a prosthetic. As such, it is considered part of the practice expense component of the professional fee. Payment made to the surgeon includes reimbursement for the stent.

April 12, 2006

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QUESTION: What documentation is needed to justify 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 canaliculitis and lacrimal stenosis. Recent chemotherapy or radiation therapy is the proximal cause in a high percentage of patients. For some patients, 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.

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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. Don't use CPT 68530 - *Removal of foreign body or dacryolith, lacrimal passages.*

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QUESTION: How common is this procedure?

ANSWER: 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 2004, there is no utilization data available as yet.

Chemotherapy is widely used to treat a variety of cancers (e.g., GI, GU, breast). Scientific papers describe epiphora and canaliculitis as a common side effect. Following 5-FU, one study reported 39% of patients were symptomatic. Following docetaxel, another study reported 50% of patients reported excessive tearing.

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