

2012 LacriCATH® Reimbursement Coding

CPT Codes

Dacryoplasty (DCP) procedure involves probing of the lacrimal apparatus with a Bowman probe followed by the LacriCATH balloon catheter.

- **CPT 68816**, *Probing of the nasolacrimal duct, with or without irrigation, with transluminal balloon catheter dilation*

Dacryocystorhinostomy (DCR) procedure is more extensive and is performed in cases of lacrimal stenosis where prior treatment failed or was not fully successful. Codes to report this might include:

- **CPT 31239**, *Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy*
- **CPT 68720**, *Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)*

Add-on Codes

It may also be necessary to report the following codes when performed:

- **CPT 92018**, *Ophthalmologic examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete*
- **CPT 30930**, *Fracture of nasal turbinate(s), therapeutic*

Use of Modifiers

Each insurer will have the final say according to their policies and restrictions. Modifiers may be appended to 68815 and 68816 if the clinical circumstances justify the use of the modifier. There are certain modifiers that can be used under appropriate clinical circumstances.

Modifier -50 is used to indicate a bilateral procedure.

Modifier -58 may be used when both balloon dilation and stent placement is done at the same operative setting. In this scenario, the coding would be 68816 or 68815-58.

HCPCS Codes

C-Codes are used in the outpatient setting for Medicare only. Hospitals are encouraged to report all appropriate codes regardless of payment status to assist future payment rate setting.

- **HCPCS C1726**, *Catheter, balloon dilation, nonvascular*

This code can be used for billing all payers and all patient settings. Each insurer will have the final say according to their policies and restrictions, and may require documentation which is accessed on our website, <http://www.questmedical.com>

- **HCPCS A4649**, *Surgical supply; miscellaneous*

The information provided is general information only; it is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. It is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers, and bills for the services that were rendered. Coding and reimbursement information is subject to change without notice. Before filing any claim, providers should verify current requirements and policies with the payor.