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QUESTION: What is the OphtaCath®?

ANSWER: The OphtaCath is a lacrimal duct balloon catheter¹ that is inflated after insertion to provide enhanced dilation effect and to relieve lacrimal stenosis and associated tearing. It is a “single-use balloon catheter consisting of a semi-flexible stainless steel stylet”. At the end of the balloon dacryocystoplasty (BDCP) procedure, it is then deflated and completely removed.

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QUESTION: What are the indications for use of OphtaCath?

ANSWER: OphtaCath is indicated for treatment of nasolacrimal duct (NLD) obstructions in patients 12 months or older via BDCP. The most common diagnoses and ICD-9-CM codes are:

- 375.55 (*Obstruction of NLD, neonatal*)
- 375.56 (*Stenosis of NLD, acquired*)
- 743.65 (*Congenital anomalies of lacrimal passages*)

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QUESTION: What CPT code should be used to report the procedure?

ANSWER: CPT code 68816 (*Probing of nasolacrimal duct, with transluminal balloon catheter dilation*) describes BDCP. This code is “per eye”, not “per lid”, so use modifier RT or LT if performed unilaterally. When performed bilaterally, use modifier 50 and “1” unit on the claim. Some payers have different instructions, so check your payer policies.

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QUESTION: What documentation is required in the chart?

ANSWER: BDCP is a surgical procedure, so the risks, benefits and alternatives need to be reviewed with the patient prior to the procedure, and the patient’s informed consent obtained. An operative report is needed for the medical record describing where the OphtaCath was used and the lot number(s). Any postoperative instructions should also be noted.

Third party payers and Medicare expect that BDCP will not be performed as an initial treatment for epiphora. The medical record should mention that other, less invasive, therapies were unsuccessful or contraindicated.

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QUESTION: Is BDCP covered by health insurance?

ANSWER: Yes, when medically necessary, under both Medicare and other third party payers.² Where possible, obtain prior authorization before proceeding. When coverage is in doubt or prior authorization is not possible, obtain a financial waiver to ensure payment, such as an ABN.³

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QUESTION: What is the Medicare payment to the physician for BDCP?

ANSWER: In 2013, the national Medicare Physician Fee Schedule allowable for 68816 performed in a facility (ASC or HOPD) is \$265.72. This amount is adjusted by local wage indices.

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The reader is strongly encouraged to review federal and state laws, regulations and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information, including references and hyperlinks, can and does change over time, and may be incorrect at any time following publication.

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QUESTION: May an ASC or HOPD receive payment of a facility fee?

ANSWER: Yes. The 2013 national Medicare HOPD facility payment rate for APC 0240, which includes CPT 68816, is \$1,367.92. Medicare's national ASC facility payment rate is \$767.58. These rates include the OphtaCath; there is no separate payment for the instrument.

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QUESTION: May BDCP be repeated?

ANSWER: Yes. If performed again within the 10-day global surgery period of the initial procedure, use modifier -76. If performed outside the global surgery period, use the modifiers described in question #3 above.

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QUESTION: How often is BDCP performed?

ANSWER: Infrequently. Within the Medicare program, it was performed about 270 times in 2011. This represents about 1 BDCP per 100,000 eye exams on Medicare beneficiaries.

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QUESTION: May we charge for an exam on the same day as BDCP?

ANSWER: Sometimes. CPT 68816 is a minor surgical procedure by virtue of its 10-day global period. Reimbursement includes the visit on the same day unless there is a distinct and separately identifiable reason for the visit. If so, then modifier -25 is appended to the visit code. Modifier -25 indicates that the patient's condition required an additional E/M service beyond the usual preoperative care provided for the procedure or service. CPT adds that *"This [25] modifier is not used to report an E/M service that resulted in a decision to perform surgery."* Due to widespread abuse, this modifier is heavily scrutinized.⁴

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QUESTION: What other procedures are associated with BDCP?

ANSWER: Dilation of punctum, probing, irrigation, and dye tests for lacrimal patency may be done at the time of BDCP and are incidental services, or are explicitly bundled with 68816 in the NCCI edits. Billing other lacrimal procedures on the same claim is duplicative.

In cases of stenosis or displacement of the nasolacrimal duct caused by turbinate impingement, the surgeon may infracture the inferior turbinate (CPT 30930) at the time of BDCP.

¹ WebMD, Nov 8, 2011. [Blocked Tear Ducts: Balloon Dacrycystoplasty](#).

² Aetna Policy [No. 0420](#), 6/1/2000.

³ [Advance Beneficiary Notice](#)

⁴ For additional information, see our [FAQ](#) or [distance learning module](#) on modifier -25.

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