Lacrmedics began contributing to the sub-specialty of Lacrimology in 1984. Today, the Herrick System of Occlusion Therapy™ provides a comprehensive solution to eye care professionals who provide Dry Eye patients with Occlusion Therapy.

Our new “Quick Reference Material” (in print or by e-mail) includes:

**Quick Reference Guides** - For Clinical Staff (Review of Procedures)
- Removing Intracanalicular Lacrimal Plugs
- Confirming the Presence and Location of Intracanalicular Plugs
- Choosing the Best Plug Size
- Evaluating Post-Occlusion Epiphora
- CD – Digital Videos of Occlusion Therapy Procedures

**Practice Aids** - Forms To Support Occlusion Therapy
- Symptoms Checklist
- Informed Consent Forms
- Letter to P.C.P. Requesting Referral
- Patient Self-Evaluation Form

**Expanded Billing Guide** - Medicare and Private Insurance
- Medicare Billing Summary (area specific)
- Procedural Reports – for submission with insurance claims
- Letter to Insurance Company Appealing Denial of Payment
- Samples of Completed Form 1500

These items will enhance the outcomes you achieve while providing Occlusion Therapy to Dry Eye patients. For more information, or to place an order, call (800) 367-8327 or e-mail us at Info@Lacrimedics.com.

Thank you for the opportunity to be of service!

Robert Herrick, II
President

Lacrmedics USA • (800) 367-8327 • INFO@Lacrimedics.com • www.Lacrimedics.com
# TABLE of CONTENTS

Medicare & Lacrimal Occlusion  
Current Reimbursement & Coding.........................................................3

History of Prior Treatment of Dry Eye  
Prior to Occlusion with Plugs..............................................................4

Medicare & Lacrimal Occlusion  
Testing or Treating All Four Lids..........................................................5

Medicare Billing for Lacrimal Occlusion  
Using 50/51 Modifiers...........................................................................6

Medicare Billing for Lacrimal Occlusion  
Using E Modifiers..................................................................................7

Private Insurance Billing  
For Lacrimal Occlusion..........................................................................8

Medicare Billing for Lacrimal Irrigation  
Using E Modifiers..................................................................................9

Medicare Billing for Lacrimal Irrigation  
Using 50/51 Modifiers.........................................................................10

Private Insurance Billing  
For Lacrimal Irrigation........................................................................11

Sample Health Insurance Claim Form CMS-1500  
Medicare Billing for Visits 1 & 2...........................................................12

Sample Health Insurance Claim Form CMS-1500  
Medicare Billing for Visit 3....................................................................13

Sample Health Insurance Claim Form CMS-1500  
Medicare Billing for Visit 4....................................................................14

Sample Health Insurance Claim Form CMS-1500  
Medicare Billing for Visit 5....................................................................15

Sample Health Insurance Claim Form CMS-1500  
Private Insurance Billing for Visits 1 & 2..............................................16

Sample Health Insurance Claim Form CMS-1500  
Private Insurance Billing for Visit 3......................................................17

Sample Health Insurance Claim Form CMS-1500  
Private Insurance Billing for Visit 4......................................................18

Sample Health Insurance Claim Form CMS-1500  
Private Insurance Billing for Visit 5......................................................19

Sample Letter:  
Primary Care Physician Referral.........................................................20

Sample Letter:  
Appealing Denial of Payment...............................................................21

Order Form:  
Supportive Materials............................................................................22
Medicare and Lacrimal Occlusion
Current Reimbursement and Coding

At Issue

Medicare currently reimburses for occlusion of the lacrimal excretory system by plug (CPT 68761). However, Medicare does not reimburse for the cost of the sterile supply.

Discussion

There are several reasons for this:

1. If a physician performs “occlusion of the excretory system by plug, each”, it is assumed that a plug was used. Therefore, billing for the device is redundant.

2. “Bundling” reimbursement for the service and supply simplifies the process for physicians and Medicare, and reduces the potential for billing errors.

3. There was a question of the plug being considered durable medical equipment, which would require billing the device through DMERC. Eliminating billing for the supply simplifies the process for everyone.

4. This applies to dissolvable and non-dissolvable plugs.

Both surface style punctal plugs and intracanalicular lacrimal plugs are included, as Medicare is addressing the procedure, not the device.

The opportunity for the physician is in the reimbursement for testing with dissolvable plugs (LO1). While the reimbursement provided for treatment with non-dissolvable plugs (LO2 and LO3) is the same, the cost of goods is significantly less. In essence, a higher level of reimbursement exists for testing verses treatment when considering the relative cost of goods. This is offset by the degree of counseling and patient education required during the first visit.

Summary

These changes were put into place to simplify the system and are not a reflection of concerns about utilization, types of devices, or physician scope of care.

Medicare Quick Reference Guides and area specific reimbursement information are available by contacting Lacrimedics.
History of Prior Treatment of Dry Eye
Prior to Occlusion with Plugs

Medicare requires a History of Prior Treatment of the Dry Eye condition prior to occlusion with lacrimal/punctum plugs. Contact your local Medicare carrier for specific guidelines in your area.

This should document that:

1. The patient presented with Dry Eye related symptoms.

2. Two or more diagnostic tests were performed to support a diagnosis of Dry Eye. These may include:

   a. Schirmer's Test
   b. Tear Break-up Time
   c. Slit lamp exam with Rose Bengal
   d. Tear Assay
   e. Zone-Quick

3. The patient has undergone two to four weeks of conventional treatment using eye drops and ointments.

4. The patient experienced little or no improvement with eye drops and ointments, and the lack of objective change is documented via an examination of the cornea.

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Quick Reference Guide

Medicare and Lacrimal Occlusion
Testing or Treating All Four Lids

At Issue:

Some physicians have expressed concern that testing or treating all four lids would give the appearance of over-utilization, and possibly trigger an audit.

Discussion

There are two points to remember regarding testing or treating all four lids at the same time:

Proper and Valid Treatment

The FDA granted permission to sell these devices after reviewing and approving their Instructions for Use (IFU). The Lacrimedics’ IFU for dissolvable Collagen Plugs discusses the indication for placement of the plugs into all four lids during the initial test visit (LO1). The IFU for OPAQUE Herrick Lacrimal Plugs further suggests that 1) non-dissolvable plugs may be placed into the upper lids concurrent with the placement of dissolvable plugs into the lower lids during the second visit (LO2); and 2) non-dissolvable plugs may be placed into the remaining two lower lids during a third visit (LO3).

Coding and Billing Compliance

When occluding all four lids during the same visit, Medicare recognizes 100% of the maximum allowable charge for the first lid, 50% for each of the remaining three lids. Medicare will pay 80% of the maximum allowable charge, while the remaining 20% is the patient’s responsibility.

When a physician occludes two lids on one visit, they are reimbursed 100% for the first lid and 50% for the second lid. Treating the two remaining lids on a separate visit outside the initial global period will result in reimbursement of 100% for the third lid and 50% for the fourth lid. In this case, the physician would be reimbursed 100% for one lid, which, if treating all four at the same visit, would have only been reimbursed 50% for that same lid. This gives the appearance of attempting to increase reimbursement by splitting the procedures.

When bilateral symptoms present, follow the Instructions for Use and test all four lids during the initial visit (LO1). When treating upper lids during the second visit, re-test the lower lids with dissolvable plugs at the same time (LO2). In addition to increasing the quality and validity of testing or treatment, doing so will reduce concerns about perceived over-utilization and risk of non-compliance with billing and coding guidelines.

To our knowledge, no physician has been reviewed or audited for occlusion of all four lids during the same visit. Our concern is that not doing so as a standard practice may put the physician at risk for review for over-utilization and over charging due to splitting the procedures. There may be cases in which treating only two of the lids at one visit are indicated, but patient records and procedural reports must clearly document the reasons for doing so.

Summary

Testing or treating all four lids at the same visit is not over-utilization, and is more appropriate both clinically and for coding compliance than splitting the procedure into two visits.
# Medicare Billing for Lacrimal Occlusion using 50, 51 Modifiers

## Procedure Codes

<table>
<thead>
<tr>
<th>Condition</th>
<th>Procedure Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occluded one lid</td>
<td>68761</td>
</tr>
<tr>
<td>Occluded both lower lids</td>
<td>68761 50 or 68761 51</td>
</tr>
<tr>
<td>Occluded both upper lids</td>
<td>68761 50 or 68761 51</td>
</tr>
<tr>
<td>Occluded all four lids</td>
<td>68761 50, 51 or 68761 50, 51</td>
</tr>
<tr>
<td>Occluded both lids, same eye</td>
<td>68761 50, 51 or 68761 50, 51</td>
</tr>
</tbody>
</table>

Contact your local carrier for specific modifier/unit use.
Medicare Billing for Lacrimal Occlusion using E Modifiers

CPT Procedure Code:  68761   Closure of the lacrimal punctum, by plug, each

HCPCS Modifier   E1   Upper left, eyelid
HCPCS Modifier   E2   Lower left, eyelid
HCPCS Modifier   E3   Upper right, eyelid
HCPCS Modifier   E4   Lower right, eyelid
CPT Modifier   51   Multiple Procedures

Procedure Codes

Occluded one lid  68761
Occluded both lower lids  68761 E2 or 68761 E2
               68761 E4  68761 51 E4
Occluded both upper lids  68761 E1 or 68761 E1
               68761 E3  68761 51 E3
Occluded all four lids  68761 E1 or 68761 E1
               68761 E2  68761 51 E2
               68761 E3  68761 51 E3
               68761 E4  68761 51 E4
Occluded both lids, same eye  68761 E1  68761 E3
               68761 E2 or 68761 E4

or

Occluded both lids, same eye  68761 E1  68761 E3
               68761 51 E2  68761 51 E4
Contact your local carrier for specific modifier/unit use.
Private Insurance Billing for Lacrimal Occlusion

CPT Procedure Code: 68761  Closure of the lacrimal punctum, by plug, each

CPT Supply Code: 99070  Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered

CPT Modifier 50  Bilateral Procedure (both eyes)

CPT Modifier 51  Multiple Procedures

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Supply Codes</th>
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</thead>
<tbody>
<tr>
<td>Occluded one lid 68761</td>
<td>99070 units 1</td>
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<tr>
<td>Occluded both lower lids 68761 50 or 68761 51</td>
<td>68761 99070 units 2</td>
</tr>
<tr>
<td>Occluded both upper lids 68761 50 or 68761 51</td>
<td>68761 99070 units 2</td>
</tr>
<tr>
<td>Occluded all four lids 68761 50 or 68761 50, 51 or 68761 51</td>
<td>68761 99070 units 4</td>
</tr>
<tr>
<td>Occluded both lids, same eye 68761 51</td>
<td>99070 units 2</td>
</tr>
</tbody>
</table>

Contact your local carrier for specific modifier/unit use.

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Quick Reference Guide

Medicare Billing for Lacrimal Irrigation using E Modifiers

CPT Code   *68801  Dilation of Lacrimal punctum, with or without irrigation

*68810  Probing of nasolacrimal duct, with or without irrigation

*68840  Probing of lacrimal canaliculi, with or without irrigation

*Choose the CPT Code that corresponds to the level of service the physician provided.

HCPCS Modifier  E1   Upper left, eyelid
HCPCS Modifier  E2   Lower left, eyelid
HCPCS Modifier  E3   Upper right, eyelid
HCPCS Modifier  E4   Lower right, eyelid
CPT Modifier   51   Multiple Procedures

Procedure Codes

68810 is used here as an example; choose the CPT Code that corresponds to the level of service provided.

Irrigated one lid 68810

Irrigated both lower lids 68810 E2 or 68810 E2
68810 E4 68810 51 E4

Irrigated both upper lids 68810 E1 or 68810 E1
68810 E3 68810 51 E3

Irrigated all four lids 68810 E1 or 68810 E1
68810 E2 68810 51 E2
68810 E3 68810 51 E3
68810 E4 68810 51 E4

Irrigated both lids, same eye 68810 E1 68810 E3
or 68810 E2 or 68810 E4

or

Irrigated both lids, same eye 68810 E1 or 68810 E3
68810 51 E2 68810 51 E4

Contact your local carrier for specific modifier/unit use.
# Medicare Billing for Lacrimal Irrigation using 50, 51 Modifiers

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*68801</td>
<td>Dilation of Lacrimal punctum, with or without irrigation</td>
</tr>
<tr>
<td>*68810</td>
<td>Probing of nasolacrimal duct, with or without irrigation</td>
</tr>
<tr>
<td>*68840</td>
<td>Probing of lacrimal canaliculi, with or without irrigation</td>
</tr>
</tbody>
</table>

*Choose the CPT Code that corresponds to the level of service the physician provided.

<table>
<thead>
<tr>
<th>CPT Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Bilateral Procedure (both eyes)</td>
</tr>
<tr>
<td>51</td>
<td>Multiple Procedures</td>
</tr>
</tbody>
</table>

## Procedure Codes

68810 is used here as an example; choose the CPT Code that corresponds to the level of service provided.

<table>
<thead>
<tr>
<th>Irrigated one lid</th>
<th>68810</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrigated both lower lids</td>
<td>68810 50 or 68810 51 or 68810 51</td>
</tr>
<tr>
<td>Irrigated both upper lids</td>
<td>68810 50 or 68810 51 or 68810 51</td>
</tr>
<tr>
<td>Irrigated all four lids</td>
<td>68810 50 or 68810 51 or 68810 51</td>
</tr>
</tbody>
</table>

| Irrigated both lids, Same eye | 68810 51 |

Contact your local carrier for specific modifier/unit use.
Quick Reference Guide

Private Insurance Billing for Lacrimal Irrigation

CPT Code  *68801  Dilation of Lacrimal punctum, with or without irrigation
*68810  Probing of nasolacrimal duct, with or without irrigation
*68840  Probing of lacrimal canaliculi, with or without irrigation

*Choose the CPT Code that corresponds to the level of service the physician provided.

CPT Modifier  50  Bilateral Procedure (both eyes)
CPT Modifier  51  Multiple Procedures

Procedure Codes

68810 is used here as an example; choose the CPT Code that corresponds to the level of service provided.

**Irrigated one lid**
- 68810

**Irrigated both lower lids**
- 68810 50 or 68810 51

**Irrigated both upper lids**
- 68810 50 or 68810 51

**Irrigated all four lids**
- 68810 50 or 68810
- 68810 50, 51

**Irrigated both lids, same eye**
- 68810 51

Contact your local carrier for specific modifier/unit use.
Sample Medicare Billing for LO3
Lacrimal Occlusion with non-dissolvable plugs in the lower lids.

**HEALTH INSURANCE CLAIM FORM**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Medicare, Medicaid, OR NAME</td>
</tr>
<tr>
<td>2.</td>
<td>PATIENT'S NAME (Last Name, First Name, Middle Name)</td>
</tr>
<tr>
<td>3.</td>
<td>PATIENT'S DATE OF BIRTH</td>
</tr>
<tr>
<td>4.</td>
<td>PATIENT'S ADDRESS</td>
</tr>
<tr>
<td>5.</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>6.</td>
<td>INSURER'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>7.</td>
<td>INSURER'S ADDRESS</td>
</tr>
<tr>
<td>8.</td>
<td>INCLUSIVE DENTAL PLAN NAME</td>
</tr>
<tr>
<td>9.</td>
<td>INSURER'S POLICY GROUP OR FECA NUMBER</td>
</tr>
<tr>
<td>10.</td>
<td>PATIENT'S RELATIONSHIP TO INSURED</td>
</tr>
<tr>
<td>11.</td>
<td>OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>12.</td>
<td>EMPLOYER'S NAME OR SCHOOL NAME</td>
</tr>
<tr>
<td>13.</td>
<td>EMPLOYER'S ADDRESS</td>
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<tr>
<td>14.</td>
<td>EMPLOYER'S FECA NUMBER</td>
</tr>
<tr>
<td>15.</td>
<td>PATIENT'S SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>16.</td>
<td>PATIENT'S GENDER</td>
</tr>
<tr>
<td>17.</td>
<td>PATIENT'S DATE OF BIRTH</td>
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<tr>
<td>18.</td>
<td>PATIENT'S ADDRESS</td>
</tr>
<tr>
<td>19.</td>
<td>PATIENT'S PHONE NUMBER</td>
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<tr>
<td>20.</td>
<td>PATIENT'S EMAIL ADDRESS</td>
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**Claim Details**

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<th>Procedure</th>
<th>Diagnosis Code</th>
<th>Amount Charged</th>
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<td>E2</td>
<td>$123.45</td>
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<tr>
<td>07-01-01</td>
<td>68761</td>
<td>E4</td>
<td>$123.45</td>
</tr>
</tbody>
</table>

**Signed by**

Dr. John Doe

**Signature**

Signed: ____________________________

Date: ____________________________
**Health Insurance Claim Form**

**Lacrimedics**

The Leader in Occlusion Therapies

Follow up visit to Lacrimedics with plug adjustment.

**HEALTH INSURANCE CLAIM FORM**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicare PPA or HMO</td>
<td>[Details]</td>
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<tr>
<td>2. Patient's Name (Last Name, First Name, Middle Initial)</td>
<td>[Details]</td>
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<tr>
<td>3. Patient's Birth Date</td>
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<tr>
<td>4. Insured's Name (Last Name, First Name, Middle Initial)</td>
<td>[Details]</td>
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<tr>
<td>5. Patient's Address (City, State, ZIP Code)</td>
<td>[Details]</td>
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<tr>
<td>6. Patient Relationship to Insured</td>
<td>[Details]</td>
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<tr>
<td>7. Patient's Status</td>
<td>[Details]</td>
</tr>
<tr>
<td>8. Zip Code</td>
<td>[Details]</td>
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<tr>
<td>9. Other Insured's Name (Last Name, First Name, Middle Initial)</td>
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<td>10. Patient's Condition (Date of Onset)</td>
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<td>11. Insured's Policy Group or PPO Number</td>
<td>[Details]</td>
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<tr>
<td>12. Employment History or Previous</td>
<td>[Details]</td>
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<tr>
<td>13. Insured's Date of Birth</td>
<td>[Details]</td>
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<td>14. Age and Sex</td>
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<tr>
<td>15. Employer's Name or School Name</td>
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<tr>
<td>16. Insurance Plan Name or Program Name</td>
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<tr>
<td>17. Employer's Social Security Number</td>
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<td>18. Medicare HIC</td>
<td>[Details]</td>
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<tr>
<td>19. Medicare Hearing Number</td>
<td>[Details]</td>
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<tr>
<td>20. Medicare Number</td>
<td>[Details]</td>
</tr>
<tr>
<td>21. Diagnosis or Nature of Illness or Injury (Refer Items 12, 13 or 4 to Item 24c by Line)</td>
<td>[Details]</td>
</tr>
<tr>
<td>22. Diagnosis Code</td>
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<tr>
<td>23. Medicare Recertification Code</td>
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<tr>
<td>24. Prior Authorization Number</td>
<td>[Details]</td>
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<td>25. Federal Tax ID Number</td>
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<td>26. Patient's Account No</td>
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<td>28. Total Charge</td>
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<td>29. Amount Paid</td>
<td>[Details]</td>
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<tr>
<td>30. Balance Due</td>
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<tr>
<td>31. Signature of Physician or Supplier Including Degrees or Credentials</td>
<td>[Details]</td>
</tr>
<tr>
<td>32. Name and Address of Facility Where Services Were Rendered (if other than home or office)</td>
<td>[Details]</td>
</tr>
<tr>
<td>33. Physician's or Supplier's Billing Name, Address, ZIP Code</td>
<td>[Details]</td>
</tr>
</tbody>
</table>

**PLEASE PRINT OR TYPE**

(Approved by AMA Council on Medical Services 69)

7594 Rev A
Sample Private Insurance Billing for LO1 & LO2
Lacrimal Occlusion with dissolvable or non-dissolvable plugs in all four lids.

<table>
<thead>
<tr>
<th>HEALTH INSURANCE CLAIM FORM</th>
</tr>
</thead>
</table>

**1. MEDICARE MEDICAID OR MAINE GROUP INSURANCE**
- [ ] Medicare
- [ ] Medicaid
- [ ] Group Insurance
- [ ] Self
- [ ] Other

**2. PATIENT'S NAME (Last Name, First Name, Middle Initial)**

**3. PATIENT'S DATE OF BIRTH**
- [ ] Male
- [ ] Female

**4. INSURER'S NAME (Last Name, First Name, Middle Initial)**

**5. PATIENT'S ADDRESS (No., Street)**

**6. PATIENT RELATIONSHIP TO INSURED**
- [ ] Spouse
- [ ] Parent
- [ ] Child
- [ ] Other

**7. INSURER'S ADDRESS (No., Street)**

**8. PATIENT'S STATUS**
- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Other

**9. ZIP CODE**

**10. EMPLOYER'S NAME OR SCHOOL NAME**

**11. INSURER'S POLICY GROUP OR FEHA NUMBER**

**12. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)**

**13. OTHER INSURED'S DATE OF BIRTH**

**14. INSURER'S DATE OF BIRTH**

**15. EMPLOYER'S NAME OR SCHOOL NAME**

**16. INSURER'S PLAN NAME OR PROGRAM NAME**

**17. IS THERE ANOTHER HEALTH BENEFIT PLAN?**
- [ ] Yes
- [ ] No

**18. PATIENT'S CONDITION DATE OF ONSET**

**19. PATIENT'S HISTORY OF DISEASE**

**20. PATIENT'S DISABILITY**

**21. NAME OF REFERRING PHYSICIAN/PRINCIPAL SOURCE**

**22. MEDICAID REFERRAL CODE**

**23. PRIOR AUTHORIZATION NUMBER**

**Diagnosis or Nature of Illness or Injury**

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Charges</th>
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<tbody>
<tr>
<td>68761</td>
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<tr>
<td>99070</td>
<td>$4</td>
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</tbody>
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**PROVIDER INFORMATION**

**SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS**

**PHYSICIAN OR SUPPLIER INFORMATION**

**APPROVED OMB-0938-0009 FORM OMB-1500 (12/69)**

**PLEASE PRINT OR TYPE**

**SAMPLE**

** Approved by AAMC Council on Medical Services**

**7618 Rev A**
Request for Referral from Primary Care Physician

<Primary Care Provider>
<Address>
<City, State, Zip Code>

Re: <Patient Name>

Dear: <Name>

I am writing to update you on the status of your patient, <Patient Name> and to request authorization for services. This letter provides information about the patient’s history and diagnosis to document the medical necessity of the planned procedure.

<Ms./Mr. Patient Name> was seen in my office on <Date> and is being treated for Dry Eye disease. At this point, the use of artificial tears and ointments is not providing adequate relief. I have discussed the option of occlusion therapy with the patient and wish to proceed with lacrimal/punctal occlusion “by plug”.

Clinical Findings:

Complaints of itching, scratching

Results of Schirmer’s Test

Tear-Break-Up-Time (TBUT)

Corneal staining

Results of tear assay test

Other pertinent or systemic involvement

Chronic problems or systemic involvement

Treatment History:

Date of first diagnosis

Results of tears or ointments

Compliance with tears and ointments

Need for lacrimal/punctal plugs

Other surgical options (laser, cautery, suture)

I feel this procedure is medically appropriate. If you are in agreement, please sign and return this form to our office. If you need additional information in determining treatment, please do not hesitate to contact our office.

Sincerely,

<Doctor's Signature>

<Printed Name>

<Practice Telephone Number and Contact Information>

For reasons outlined above, I hereby refer this patient for Occlusion Therapy with plugs.

Primary Care Physician ___________________________ Date ___________________________
Letter to Insurance Company Appealing Denial of Authorization for Payment

Dear <____________________________>

I am writing in response to a recent denial of our claim(s) for lacrimal occlusion with plugs (CPT 68761). This letter will serve as a request for an appeal of your denial as well as provide additional information on which to base a favorable payment determination.

**Service Description**
Occlusion of the lacrimal canal with plugs involves insertion of dissolvable or non-dissolvable plugs into the lacrimal canal. The number of plugs used depends on the severity of the condition. The plugs restrict the drainage of tears into the lacrimal system; the effect is a greater tear film on contact with the front surface of the eye and a decrease in dry eye symptoms and corneal dryness.

**Indications**
Symptoms of dry eye syndrome may include dryness or irritation of eyes and eyelids, scratchy sensation, reflex tearing, treatment for dry eye syndrome includes a regimen of artificial tears and lubrication ointments. For patients who do not achieve a satisfactory result from use of drops and ointments, insertion of lacrimal plugs is an option. Insertion of collagen plugs is performed to assess the condition and to determine if permanent occlusion is required. The collagen plugs dissolve in the lacrimal canal over the course of several days. In many, but not all cases, occlusion with permanent plugs is performed once the results of the temporary occlusion are apparent.

**CPT Code**
The American Medical Association has published a CPT code for this procedure:

68761 – Closure of the lacrimal punctum; by plug, each

**Conclusion**
<Patient's Name> presented in our office with symptoms of Dry Eye disease. The Clinical findings supported this diagnosis. After discussing the options with the patient, it was decided that occlusion therapy with lacrimal/punctal plugs was the best course of treatment. After reviewing this information, we hope that the denial previously issued will be reversed and our claim will be honored for reimbursement. If you have any questions or need additional information to proceed with this request, please do not hesitate to contact our office.

Sincerely,

<Doctor's Signature>
<Printed Name>

Call Lacrimedics for an electronic version of this form: (800) 367-8327
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Supportive Materials For Occlusion Therapy

Download our Quick Reference Materials for FREE from our website:
www.Lacrimedics.com
User Name: guest • Password: rubk4197
Email your request to: INFO@Lacrimedics.com or Fax your request to: (360) 376-7085

Billing Guide □ Includes the following:
Medicare Billing Summary – Area Specific
   Please provide your zip code: ____________________________
   History of Treatment Prior to Occlusion Therapy
   Medicare and Occlusion Therapy - Current Reimbursement & Coding
   Medicare & Lacrimal Occlusion–Testing or Treating All Four Lids
   Medicare Billing for Occlusion using 50/51 Modifiers
   Medicare Billing for Occlusion using E Modifiers
   Medicare Billing for LO1 & LO2 (Form CMS-1500)
   Medicare Billing for LO3 (Form CMS-1500)
   Medicare Billing for LO4 (Form CMS-1500)
   Medicare Billing for LO5 (Form CMS-1500)
   Medicare Billing for Irrigation/Probing Using E Modifiers
   Medicare Billing for Irrigation/Probing Using 50/51 Modifiers
   Private Insurance Billing for Occlusion Therapy
   Private Insurance Billing for LO1 & LO2 (Form CMS-1500)
   Private Insurance Billing for LO3 (Form CMS-1500)
   Private Insurance Billing for LO4 (Form CMS-1500)
   Private Insurance Billing for LO5 (Form CMS-1500)
   Private Insurance Billing for Irrigation/Probing
   Sample Letter: Request for Referral from Primary Care Physician
   Sample Letter: Appealing Denial of Authorization for Payment

Practice Aids □ Send All
□ Using the Symptoms Checklist
□ Symptoms Checklist
□ Request for Testing with Collagen Plugs (Informed Consent, LO1)
□ Request for Partial Treatment & Secondary Testing (Informed Consent, LO2)
□ Request for Treatment with OPAQUE Herrick Lacrimal Plugs (Informed Consent, LO3)
□ Request for Plug Removal via Dilation & Irrigation or Probing (Informed Consent, LO5)
□ Request for Pre-authorization to test with Collagen Plugs (LO1)
□ Request for Pre-authorization to treat with OPAQUE Herrick Lacrimal Plugs (LO3)
□ Procedural Report – Testing with Collagen Plugs (LO1)
□ Procedural Report – OPAQUE Herrick Lacrimal Plugs in Upper Lids, Collagen Plugs in Lower Lids (LO2)
□ Procedural Report – OPAQUE Herrick Lacrimal Plugs in lower lids (LO3)
□ Procedural Report - Removal of Plugs via Dilation & Irrigation or Probing (LO5)
□ Procedural Report - Removal of Plugs via Irrigation with the TruPro™ Cannula (LO5)
□ Patient Self-evaluation Form
□ After Care Instructions

Quick Reference Guides □ Send All
□ Universal Precautions for Occlusion Therapy
□ Confirming the Presence and Location of Intracanalicular Lacrimal Plugs
□ Evaluating Post-Occlusion Tearing
□ Repositioning Dissolvable and Non-dissolvable Plugs (LO4)
□ Evaluating the Need to Remove Non-dissolvable OPAQUE Herrick Lacrimal Plug
□ Removing Intracanalicular Lacrimal Plugs
□ Determining the Need to Reposition Intracanalicular Plugs
□ The Obstructed Irrigation Cannula
□ Procedure Abbreviations for Occlusion Therapy
□ Silicone Material Response
□ Choosing the Right Size Plug
□ Instructions for Use – Lacrimal Efficiency Test with dissolvable Collagen Plugs
□ Instructions for Use – Dissolvable OPAQUE Herrick Lacrimal Plugs
□ Instructions for Use – Non-dissolvable OPAQUE Herrick Lacrimal Plugs
□ Instructions for Use – Williams Intracanalicular Plug Positioning Tool (WIPPT)
□ Allergic Reactions

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