

# Clinical Policy: Probing and Closure of the Lacrimal Duct System

Reference Number: CP.VP.11

Last Review Date: 08/2025

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## **Description**

Lacrimal punctum plugs are useful in the treatment of dry eye syndrome by obstructing the lacrimal punctum to delay the drainage of tears thereby allowing lubricating tears to stay in the eye longer. These plugs are available as either collagen plugs for temporary placement or silicone for permanent placement. This policy describes the medical necessity requirements for probing and closure of the lacrimal duct system.

## **Policy/Criteria**

- I. It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> (Centene) and Envolve Vision, Inc.<sup>®</sup> (Envolve) that probing and closure of the lacrimal duct system is **medically necessary** for the following indications:
  - A. Chronic dry eye syndrome which has not responded to conservative treatment with synthetic tears, and both of the following:
    1. Meibomian gland disease has been excluded or fully treated;
    2. Clinical findings include at least one of the following:
      - a. Superficial punctate keratopathy;
      - b. Corneal erosions or ulceration;
      - c. Filamentary keratitis;
      - d. Corneal scarring;
      - e. Conjunctival findings, such as from the keratoconjunctivitis associated with Sjogren's syndrome;
      - f. Dry eye symptoms (e.g., blurred vision, reflex tearing, mucous precipitation) not adequately relieved by artificial tears.
- II. It is the policy of health plans affiliated with Centene and Envolve that probing of the lacrimal duct system is **medically necessary** for the following indications:
  - A. Congenital nasolacrimal duct obstructions;
  - B. Acquired nasolacrimal duct obstructions following trauma, viral conjunctivitis, acute dacryocystitis or use of topical antiviral medications.

## **Background**

Surgical treatment of nasolacrimal duct obstruction includes nasolacrimal duct probing. In this procedure a probe is passed through either the upper or lower punctum following dilation of the punctum. The probe is advanced along the canaliculus while exerting gentle later traction on the lid until it reaches the nasal bone. Then the probe is rotated 90 degrees and gently introduced into the nasolacrimal duct and advanced into the nose.

Nasolacrimal duct stent insertion is used with or following failure of simple probing. The procedure involves nasolacrimal duct probing followed by the passage of a nasolacrimal duct probe that has a stent wedged to one end. The probe is removed and the stent is tied in the nose and sometimes secured with a suture.

Balloon catheter dilation is used with or following failure of simple probing. Standard nasolacrimal duct probing is followed by the introduction of a balloon catheter into the duct. The balloon is inflated and withdrawn.

Nasal endoscopy is sometimes used in conjunction with probing, stent insertion and balloon catheter dilation in the treatment of persistent nasolacrimal duct obstruction. It is also frequently used in the treatment of congenital dacryocystoceles to identify and marsupialize the intranasal cyst.

**Coding Implications**

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CPT® Codes	Description
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	Closure of the lacrimal punctum; by plug, each
68770	Closure of lacrimal fistula (separate procedure)
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, with or without irrigation
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
68840	Probing of lacrimal canaliculi, with or without irrigation

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.141	Primary lacrimal gland atrophy, right lacrimal gland
H04.142	Primary lacrimal gland atrophy, left lacrimal gland
H04.143	Primary lacrimal gland atrophy, bilateral lacrimal glands
H04.151	Secondary lacrimal gland atrophy, right lacrimal gland
H04.152	Secondary lacrimal gland atrophy, left lacrimal gland

ICD-10-CM Code	Description
H04.153	Secondary lacrimal gland atrophy, bilateral lacrimal glands
H04.531	Neonatal obstruction of right nasolacrimal duct
H04.532	Neonatal obstruction of left nasolacrimal duct
H04.533	Neonatal obstruction of bilateral nasolacrimal duct
H04.551	Acquired stenosis of right nasolacrimal duct
H04.552	Acquired stenosis of left nasolacrimal duct
H04.553	Acquired stenosis of bilateral nasolacrimal duct
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.111	Macular keratitis, right eye
H16.112	Macular keratitis, left eye
H16.113	Macular keratitis, bilateral
H16.121	Filamentary keratitis, right eye
H16.122	Filamentary keratitis, left eye
H16.123	Filamentary keratitis, bilateral
H16.131	Photokeratitis, right eye
H16.132	Photokeratitis, left eye
H16.133	Photokeratitis, bilateral
H16.141	Punctate keratitis, right eye
H16.142	Punctate keratitis, left eye
H16.143	Punctate keratitis, bilateral
H16.211	Exposure keratoconjunctivitis, right eye
H16.212	Exposure keratoconjunctivitis, left eye
H16.213	Exposure keratoconjunctivitis, bilateral

ICD-10-CM Code	Description
H16.221	Keratoconjunctivitis sicca, not specified as Sjogren's, right eye
H16.222	Keratoconjunctivitis sicca, not specified as Sjogren's, left eye
H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.251	Phlyctenular keratoconjunctivitis, right eye
H16.252	Phlyctenular keratoconjunctivitis, left eye
H16.253	Phlyctenular keratoconjunctivitis, bilateral
H16.321	Diffuse interstitial keratitis, right eye
H16.322	Diffuse interstitial keratitis, left eye
H16.323	Diffuse interstitial keratitis, bilateral
H16.331	Sclerosing keratitis, right eye
H16.332	Sclerosing keratitis, left eye
H16.333	Sclerosing keratitis, bilateral
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
L51.0	Nonbullous erythema multiforme
L51.1	Stevens-Johnson syndrome
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
L51.9	Erythema multiforme, unspecified
M35.01	Sjogren syndrome with keratoconjunctivitis
T26.01XA	Burn of right eyelid and periocular area, initial encounter
T26.01XD	Burn of right eyelid and periocular area, subsequent encounter
T26.01XS	Burn of right eyelid and periocular area, sequela
T26.02XA	Burn of left eyelid and periocular area, initial encounter
T26.02XD	Burn of left eyelid and periocular area, subsequent encounter
T26.02XS	Burn of left eyelid and periocular area, sequela
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.11XD	Burn of cornea and conjunctival sac, right eye, subsequent encounter
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.12XD	Burn of cornea and conjunctival sac, left eye, subsequent encounter
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela
T26.21XA	Burn with resulting rupture and destruction of right eyeball, initial encounter

ICD-10-CM Code	Description
T26.21XD	Burn with resulting rupture and destruction of right eyeball, subsequent encounter
T26.21XS	Burn with resulting rupture and destruction of right eyeball, sequela
T26.22XA	Burn with resulting rupture and destruction of left eyeball, initial encounter
T26.22XD	Burn with resulting rupture and destruction of left eyeball, subsequent encounter
T26.22XS	Burn with resulting rupture and destruction of left eyeball, sequela
T26.31XA	Burns of other specified part of right eye and adnexa, initial encounter
T26.31XD	Burns of other specified part of right eye and adnexa, subsequent encounter
T26.31XS	Burns of other specified part of right eye and adnexa, sequela
T26.32XA	Burns of other specified part of left eye and adnexa, initial encounter
T26.32XD	Burns of other specified part of left eye and adnexa, subsequent encounter
T26.32XS	Burns of other specified part of left eye and adnexa, sequela
T26.41XA	Burn of right eye and adnexa, part unspecified, initial encounter
T26.41XD	Burn of right eye and adnexa, part unspecified, subsequent encounter
T26.41XS	Burn of right eye and adnexa, part unspecified, sequela
T26.42XA	Burn of left eye and adnexa, part unspecified, initial encounter
T26.42XD	Burn of left eye and adnexa, part unspecified, subsequent encounter
T26.42XS	Burn of left eye and adnexa, part unspecified, sequela
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.51XD	Corrosion of right eyelid and periocular area, subsequent encounter
T26.51XS	Corrosion of right eyelid and periocular area, sequela
T26.52XA	Corrosion of left eyelid and periocular area, initial encounter
T26.52XD	Corrosion of left eyelid and periocular area, subsequent encounter
T26.52XS	Corrosion of left eyelid and periocular area, sequela
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.61XD	Corrosion of cornea and conjunctival sac, right eye, subsequent encounter
T26.61XS	Corrosion of cornea and conjunctival sac, right eye, sequela
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T26.62XD	Corrosion of cornea and conjunctival sac, left eye, subsequent encounter
T26.62XS	Corrosion of cornea and conjunctival sac, left eye, sequela
T26.71XA	Corrosion with resulting rupture and destruction of right eyeball, initial encounter
T26.71XD	Corrosion with resulting rupture and destruction of right eyeball, subsequent encounter
T26.71XS	Corrosion with resulting rupture and destruction of right eyeball, sequela
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter

ICD-10-CM Code	Description
T26.72XD	Corrosion with resulting rupture and destruction of left eyeball, subsequent encounter
T26.72XS	Corrosion with resulting rupture and destruction of left eyeball, sequela
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.81XD	Corrosions of other specified parts of right eye and adnexa, subsequent encounter
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.82XD	Corrosions of other specified parts of left eye and adnexa, subsequent encounter
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.91XD	Corrosion of right eye and adnexa, part unspecified, subsequent encounter
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T26.92XD	Corrosion of left eye and adnexa, part unspecified, subsequent encounter
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template	04/2020	06/2020
Annual Review; Updated references	12/2020	12/2020
Annual Review; Updated ICD-10 diagnosis code for Sjogren syndrome with keratoconjunctivitis	12/2021	01/2022
Annual Review	11/2022	12/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Annual Review	08/2025	10/2025

**References**

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**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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