Optometry Coding & Billing Alert

Coding Quiz: Get Plugged In to Punctal Plug Reimbursement

Try your hand at the below questions, then read on for our expert answers.

Between the diagnosis, the CPT® procedure code, the modifiers, and the supply code, coding and billing for punctal plug treatment can make any optometrist's eyes mist over. Take our quiz below, then read on for expert advice that may inspire tears of gratitude.

Question 1: What is the proper CPT® procedure code for insertion of temporary punctal plugs to treat dry eye?

A. 68750
B. 68760
C. 68761
D. 68770

Question 2: What is the proper HCPCS code for the supply of collagen punctal plugs?

A. A4226
B. A4236
C. A4262
D. A4263

Question 3: I insert four punctal plugs. How do I code for the work for a Medicare patient?

A. One code, on one line
B. Two codes on two lines (or one code with bilateral modifier 50)
C. Four codes on four lines
D. Four codes on four lines with modifiers E1-E4

Question 4: After I insert temporary plugs, the patient returns two weeks later and reports success, so I insert permanent plugs. How should I code?

A. 68760
*B. 68761
C. Report only an E/M code
D. The service is not billable

Question 5: What ICD-9 code describes the dry eye diagnosis that necessitates the punctal plug insertion?

A. 370.21
B. 373.0
C. 375.15
D. 375.16.