



**UM-CDG-055 Nasal Punctum Nasolacrimal Duct  
Dilation and Probing with or without Irrigation**

**Approved By:  
Director, Health Services**

**Effective Date:  
10/20/2025**

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## **PURPOSE**

This coverage determination guideline serves to address dilation of nasolacrimal punctum and probing of nasolacrimal duct, with or without irrigation, a treatment useful when mechanical, inflammatory, or infectious processes cause or contribute to obstruction of normal tear drainage, resulting in epiphora (excess tearing) or persistent infection.

The most common cause of obstruction is primary acquired nasolacrimal duct obstruction (PANDO). Epiphora is the most common symptom. Obstruction can occur at any point in the nasolacrimal system including the punctum, nasolacrimal sac, and nasolacrimal duct.

Differentiation is important in terms of chronic and acute epiphora and normal tearing. Chronic epiphora results from a persistent or continuous disorder and usually present a challenging clinical problem. Acute epiphora usually results from irritative ocular conditions such as allergies, environmental factors, and even emotional stress and sleep deprivation. One of the most common causes is dry eye syndrome. Acute epiphora usually resolves with treatment of the associated disorder and does not typically require dilation or probing.

Before dilation and/or probing, pre-punctal disturbances should be excluded. If after the history, physical examination, and other appropriate noninvasive tests have been completed, the site of obstruction is suspected to be at or distal to the punctum, dilation may proceed. Local anesthetic is instilled, and the punctum gradually dilate using probes of increasing size. If simple dilation fails, lacrimal probing may be performed by passing a malleable wire probe through the punctum and into the canaliculus, lacrimal sac, and down the nasolacrimal duct until patency is established. Irrigation may be used during both dilation and probing.

For those where nasolacrimal duct probing has failed, further surgical treatments are available. Punctal dilation and lacrimal duct probing are contraindicated in those with anatomic malformations in the lacrimal duct or bony lacrimal canal, recurrent episodes of active dacryocystitis, post traumatic strictures with bony narrowing, and tumor(s) of the lacrimal sac.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## **DEFINITIONS**

None

## POLICY

SECUR Health Plan recognizes probing of the nasolacrimal duct and/or dilation of the nasolacrimal punctum as being indicated for the following:

1. Epiphora due to acquired obstruction within the nasolacrimal sac and duct
2. Mucocele of the lacrimal sac
3. Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction
4. Lacrimal sac infection that must be relieved before intra-ocular surgery

SECUR Health Plan will consider the above as medically necessary when the following is met:

1. Supporting documentation shows the member has first undergone a thorough lacrimal evaluation that includes at least one of the following:
  - Consideration by history and physical examination of likely pre-punctal and/or non-obstructive causes for epiphora, and
  - Noninvasive testing to diagnose punctal or post-punctal obstruction and to identify the site and degree of obstruction, followed by,
  - Initiation of appropriate treatment.

SECUR Health Plan considers punctal dilation and lacrimal duct probing as not medically necessary for dacryocystolithiasis as these are not indicated.

### References:

2. Ballard EA. Excessive tearing in infancy and early childhood. *Postgraduate Medicine*. 2000;107(6):149-154.
3. Camara JG. Nasolacrimal Duct Obstruction. <http://emedicine.medscape.com/article/1210141>. Accessed 02/14/2011.
4. Nasolacrimal Duct Obstruction Handbook of Ocular Disease Management. Chronic Epiphora. <http://www.nevoptom.com/handbook/seclj.html>. Accessed 02/14/2011.
5. Lee DA, Higginbotham EJ. Clinical Guide to Comprehensive Ophthalmology. 1999. Thieme Publishing Group (NY, Stuttgart);1999;107-116.
6. Ophthalmologic Disorders. Chapter 93: Disorders of the Lacrimal Apparatus. Dacryostenosis. In: The Merck Manual of Diagnosis and Therapy.
7. Reed K. Diseases and Disorders of the Lacrimal System. Course Notes 1999. Ocular Disease and Therapeutics I, Nova Southeastern University College of Optometry. <http://www.nova.edu/~kimreed/LACRIMAL.htm>
8. Royal College of Ophthalmologists Guidelines: Management of Epiphora. <http://www.site4sight.org.uk/Quality/Rgov/Guidelines/Epiphora.htm>. Accessed 02/14/2011.
9. Spotten D, et al. Atlas of Clinical Ophthalmology. 2nd ed. Mosby Inc. (London, Philadelphia); 2000:20-24.
10. Yanoff M, Duke J. Orbit and Lacrimal Gland: The Lacrimal Drainage System. In: Ophthalmology. Mosby, Inc. (London, Philadelphia). 1998;7:17.7-17.8.
11. Yanoff M, Duker JS. Ophthalmology. 2nd ed. Mosby, Inc. 2004.
12. Local Coverage Determination (LCD), L34171, Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34171&ver=16&=>

