

# Eyelid Reconstruction An Oculoplastic Surgical Coding Minicourse

Riva Lee Asbell  
Philadelphia, PA

## Part II

### INTRODUCTION

In this second part of the Minicourse on Surgical Coding for Eyelid Reconstruction we will review some tips and then work through actual coding examples. Part I may be found in the July xx , 2004 issue of OSN.

### TIPS

- **Repair Codes.** One adds the lengths of multiple lacerations in order to select the code. However, do not mix different anatomic sites or different classifications, such as simple and intermediate.
- **Adjacent Tissue Transfer or Rearrangement.** These are the codes to be used for Z-plasty, rotation flaps, V-Y plasty etc. Use a -59 modifier when repeating the procedure in separate areas in order to insure payment for each procedure.
- **Free Skin Grafts.** One does not bill for the closure of the donor site unless it requires use of a local flap or separately identifiable skin graft. Skin grafts can be used in conjunction with the eyelid repair codes such as 67961 and 67966.
- **Flaps (Skin and/or Deep Tissues).** Some surgeons have been using these codes instead of the codes under Adjacent Tissue Transfer - this is incorrect. It seldom that an oculoplastic surgeon performs the procedures described in this section.
- **Other Flaps and Grafts.** Codes for composite grafts, and derma-fat-fascia are found in this section.
- **Other Procedures.** Integumentary - this is the section where the blepharoplasty and other similar codes are found. Be careful to choose the correct code or you will not be paid by Medicare. Medicare does not pay for lower eyelids at all and only for code 15823 for the upper eyelid. Use of the rhytidectomy codes for SMAS procedures generally results in claim rejection since they are considered cosmetic codes.

## MODIFIERS

Here are a few of the most commonly used modifiers in oculoplastic coding. A complete listing is found in the CPT (Current Procedure Terminology) book.

**-50 BILATERAL PROCEDURE:** Unless otherwise identified in the listing, bilateral procedures that are performed at the same operative session should be identified by the 50 modifier.

**-51 MULTIPLE PROCEDURES:** When multiple procedures, other than E/M services, are performed on the same day or at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending the modifier '-51' to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add on" codes (See appendix D).

**-58 STAGED OR RELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding the modifier '-58' to the staged or related procedure. **NOTE:** This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier '-78'.

**-59 DISTINCT PROCEDURAL SERVICE:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier '-59' is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate it should be used rather than modifier '-59'. Only if no more descriptive modifier is available, and the use of modifier '-59' best explains the circumstances, should modifier '-59' be used.

**-78 RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE PERIOD:** The physician may need to indicate that another procedure was performed during the postoperative period of the

initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure. (For repeat procedures on the same day, see '-76'.)

**-79 UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79'. (For repeat procedures on the same day, see '-76'.)

#### HCPCS Level II Modifiers

- RT** - Right side
- LT** - Left side
- E1** - Left upper eyelid
- E2** - Left lower eyelid
- E3** - Right upper eyelid
- E4** - Right lower eyelid

#### CODING WORKSHOP

1. Patient presented with bilateral cicatricial ectropion involving the right lower eyelid and the left lower eyelid. Repair consisted of: 1) repair of cicatricial ectropion left lower eyelid with reconstruction of the eyelid and placement of full-thickness skin graft; 2) repair of cicatricial ectropion right lower eyelid by tarsal strip procedure. Code all 3 procedures.

Diagnosis: 1) 374.14 Cicatricial ectropion, left lower eyelid  
 2) 374.14 Cicatricial ectropion, right lower eyelid

Surgery:	Diagnosis	Procedure Code	Modifier(s)
	1) 1	15260 Placement of full-thickness skin graft from left retroauricular area to reconstructed left lower eyelid	-E2 or -LT
	2) 1	67966 Reconstruction of left lower eyelid with repair of cicatricial ectropion	-51-E2 or -LT
	3) 2	67917 Repair of cicatricial ectropion right lower eyelid by tarsal strip procedure	-51-E4 or -RT

2. Patient underwent tarsoconjunctival flap for reconstruction of right lower eyelid 2 months previously. Current surgery consisted of second stage right lower eyelid reconstruction with opening of the tarsoconjunctival flap and reconstruction of the right lateral canthal tendon secondary to lateral canthal tendon laxity on the right side. Code all procedures.

Diagnosis: 1) 374.89 Lateral canthal tendon laxity  
 2) V45.69 Other states following surgery of the eye and adnexa

Surgery:	Diagnosis	Procedure Code(s)	Modifiers
	1) 2	67975 Reconstruction of right lower eyelid, full-thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	-58-E4 or -RT
	2) 1	67950 Canthoplasty (reconstruction of canthus), right side	-51-79-RT

3. Previous excision of basal cell carcinoma by Mohs surgery had been performed. The resulting large defect measured 3.0 cm x 3.5 cm and involved the left medial canthal region, medial portion of the left lower eyelid, and medial portion of the left upper eyelid. Surgical repair consisted of placement of: 1) placement of retroauricular skin graft, full thickness to the left medial canthus/nasal bridge/upper eyelid; 2) rotation flap reconstructing the superior defect of the nasal bridge area; 3) advancement flap to reconstruct the left upper eyelid defect; 4) rotational flap from left malar area to reconstruct the inferior nasal/malar area. Code all procedures.

Diagnosis: 1) 173.1 Basal cell carcinoma  
 2) V45.69 Other states following surgery of the eye and adnexa

Surgery:	Diagnosis	Procedures	Modifiers
	1) 1, 2	15260 Reconstruction of large defect of medial canthus, upper and lower eyelids with full-thickness skin graft	-LT
	2) 1, 2	14060 Reconstruction of superior nasal defect using rotational flap	-51-LT
	3) 1, 2	14060 Reconstruction of left upper eyelid using an advancement flap	-51-59-LT



## CONCLUSION

Because of the difficulty in selecting the appropriate codes, the coding and billing assignments should not be relegated to untrained ancillary personnel. Coding supervision is mandatory since the ultimate responsibility and accountability is the physician's.

When dealing with complex repairs the situation changes. It behooves every ophthalmic plastic surgeon to read the introduction to the **Repair (Closure)** codes (12001 - 13160, the introduction to the **Adjacent Tissue Transfer or Rearrangement** codes (14020 - 14300) and the introductions to **Free Skin Grafts** (15000 - 15401) and **Flaps (Skin and/or Deep Tissues)** (15570 - 15732). Other important notes are found in **Other Flaps and Grafts** (15740 - 15776) and **Other Procedures** (15870 - 15876).

With Medicare, the modifiers control payment; so, lastly, mastery and prudent use of the modifiers is mandatory for engendering proper optimal reimbursement.

Good Luck!!!