INTRODUCTION

I always have to work a little harder when coding for traumatic eyelid and facial repairs. There is a plethora of rules from CPT (Current Procedural Terminology) for coding these procedures and they range from the simple to the very complex.

One of the main problems in attempting to code these procedures from the operative notes is that physicians rarely dictate a comprehensive description that includes all the descriptors of the laceration(s) such as length, location, full thickness or partial thickness, direction. To complicate things further, sometimes the appropriate code may be found in the Eye and Ocular Adnexa section of CPT and sometimes in Integumentary section.

II EYE SECTION CODES

There have not been any CPT Assistant articles on this to help us. For eyelid laceration repair there are only two CPT codes in the Eye and Ocular Adnexa section:

- 67930 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
- 67935 full thickness

There are occasions when the following codes are also useful:

- 67961 Excision and repair of eyelids, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
- 67966 over one-fourth of lid margin

When appropriate these usually are the better choice.
III INTEGUMENTARY

CPT has written up use of these codes in CPT Assistant and has defined Simple Repair, Intermediate Repair and Complex Repair. The list provided here is far from comprehensive and it is recommended that you read these sections of CPT very carefully.

Simple Repair. A repair is classified as simple when the wound is superficial, primarily involving epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure. This includes local anesthesia and chemical electrocauterization of wounds not closed by suturing.

CPT codes that are applicable for oculoplastics include, but are not limited to:

12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013 2.6 to 5.0 cm
12014 5.1 to 7.5 cm
12015 7.6 to 12.5 cm
12016 12.6 to 20.0 cm
12017 20.1 to 30.0 cm
12018 over 30.0 cm

Intermediate Repair. Repair that requires layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia in addition to the superficial layers is defined as intermediate. Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair.

CPT codes that are applicable for oculoplastics include, but are not limited to:

12051 Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052 2.6 to 5.0 cm
12053 5.1 to 7.5 cm
12054 7.6 to 12.5 cm
12055 12.6 to 20.0 cm
12056 20.1 to 30.0 cm
12057 over 30.0 cm
**Complex Repair.** Repair is defined as complex when it involves the repair of wounds requiring more than layered closure such as scar revision, debridement (eg, traumatic lacerations or avulsions), extensive undermining, stents or retention sutures. Necessary preparation includes creation of a defect for repairs (eg, excision of a scar requiring a complex repair) or the debridement of complicated lacerations or avulsions. Complex repair does not include excision of benign or malignant lesions.

CPT codes that are applicable for oculoplastics include, but are not limited to:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13131</td>
<td>Repair, complex forehead, cheeks, chin mouth, neck, axillae, genitalia, hands and or feet; 1.1 cm to 2.5 cm</td>
</tr>
<tr>
<td></td>
<td>(For 1.0 cm or less, see simple or intermediate repair)</td>
</tr>
<tr>
<td>13132</td>
<td>2.6 to 7.5 cm</td>
</tr>
<tr>
<td>+13133</td>
<td>each additional 5 cm or less (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td></td>
<td>(Use 13133 in conjunction with 13132)</td>
</tr>
<tr>
<td>13150</td>
<td>Repair, complex, eyelids, nose, ears and/or lips; 1.0cm or less</td>
</tr>
<tr>
<td></td>
<td>(see also 40650, 69761 – 67975)</td>
</tr>
<tr>
<td>13151</td>
<td>1.1 to 2.5 cm</td>
</tr>
<tr>
<td>13152</td>
<td>2.6 to 7.5 cm</td>
</tr>
<tr>
<td>+13153</td>
<td>each additional 5 cm or less (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td></td>
<td>(Use 13153 in conjunction with 13152)</td>
</tr>
</tbody>
</table>

Here are some tips for using these 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. Code for these separately.
- The measurements should be in centimeters.
- The laceration should be described as to whether it is angular, curved, stellate, horizontal or vertical.
- Debridement may be billed additionally when it involves removal of appreciable amounts of devitalized or contaminated tissue or when debridement is performed.
separately without immediate primary closure. Reference CPT codes 11040 – 11044 for this.

- CPT codes 13133 and 13153 are add-on codes as indicated by the “+” sign in front of them. Add-on codes are not billed using modifier -51 and are paid at 100 per cent of the allowable each time it is used.

IV CASE STUDY

The case is presented in narrative form and does not provide all the modifiers etc. The patient sustained a bullet wound – the bullet entered at the left temple area and orbit and exited through the left medial canthus and the following diagnoses were dictated in the operative note:

- Rupture of the left globe
- Full thickness vertical laceration of the left upper eyelid
- Full thickness vertical laceration of the left lower eyelid
- Possible damage to the nasolacrimal system on the left side
- Avulsion of the levator aponeurosis from the left upper eyelid
- Multiple conjunctival lacerations, left cul-de-sac
- Fracture of the left lateral orbital wall and superior orbital rim with multiple bone chips and bullet fragments in the bullet track
- Laceration of left nasobuccal fold measuring 1.5 cm in length

The Auditor: Although it was possible to establish diagnosis codes from the above listing, it would have been more proper to have lengths on all the laceration diagnoses.

The case, coded as if it were a Medicare patient, follows:

- **67420** Orbitotomy without bone removal for exploration of the left canthal and orbital wound track
- **65105** Enucleation of left eye with muscles attached to implant
- **67904** Repair of avulsed levator aponeurosis
- **67935** Repair of full thickness vertical laceration left upper eyelid
- **67935 -59** Repair of full thickness vertical laceration left lower eyelid
- **13132** Repair of complex stellate laceration, left temple
- **11044 -59** Debridement of wound areas with removal of all bone chips, pieces of bullet, and glass
• **12032 -59** Repair of 1.5 cm skin laceration left nasobuccal fold
• **65270** Repair of extensive conjunctival lacerations
• **12011** Repair of simple laceration left upper eyelid
• **68840** Probing of left upper and lower nasolacrimal systems with irrigation

The Auditor: Modifier 59 was used to indicate separate sites for codes that ordinarily are bundled under the National Correct Coding Initiative. Debridement was unbundled due to the extensive nature of the physician work in this case. CPT code 68840 was used instead of 68811 since the nasolacrimal duct was not probed –the canaliculi were. With a case of such extreme complexity, this will go to a Medicare medical advisor and you may need to appeal the payment decision. This is one of the few times that appending modifier 22 may be helpful in the appeal process.

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