Eyelid Reconstruction
An Oculoplastic Surgical Coding Minicourse

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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 often incorrect.
- **Other Flaps and Grafts. C**odes 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 if 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 listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate 5 digit code.

-51 MULTIPLE PROCEDURES: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending 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). *RLA note:All Medicare Administrative Contractors do not require this code.*

-58 STAGED OR RELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DURING THE POSTOPERATIVE PERIOD: It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a surgical procedure. This circumstance may be reported by adding the modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), 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, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, 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 individual. 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. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

-78 UNPLANNED RETURN TO THE OPERATING/PROCEDURE ROOM BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOLLOWING INITIAL PROCEDURE FOR A RELATED PROCEDURE DURING THE POSTOPERATIVE PERIOD: It may necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this 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 OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 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) H.02.115 Cicatricial ectropion, left lower eyelid
2) H.02.112 Cicatricial ectropion, right lower eyelid

Surgery:	Dx:	Procedure Code		Modifier(s)
1)	1	15260	Placement of full-thickness skin graft from left retroauricular area to the reconstructed left lower eyelid	-E2 or -LT
2)	1	67966	Reconstruction of left lower lid with repair of cicatricial ectropion	-51-E2 or -LT
3)	2	67917	Repair of cicatricial ectropion right lower eyelid by tarsal strip procedure	-51-59-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) Z85.89 Personal history of malignant neoplasm of other organs and systems
2) Z98.89 Personal history of surgery

Surgery:	Diagnosis	Procedure Code(s)	Modifiers
1)	1, 2	67975 Reconstruction of right lower eyelid,full-thickness by transfer of tarso-conjunctival flap from opposing eyelid; second stage	-58-E4 or -RT
2)	1, 2	67950 Canthoplasty (reconstruction of canthus), right side	-51-59-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 medical canthal region, medial portion of the left lower eyelid, and medial portion of the left upper eyelid. Surgical repair consisted 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) Z85.89 Personal history of malignant neoplasm of other organs and systems
2) Z98.89 Personal history of surgery

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
4)	1, 2	14060 Reconstruction of left inferior nasal defect using rotational flap from left malar area	-51-59-LT

4. Patient had recurrent squamous cell carcinoma that had been excised using Mohs surgery. Current repair consisted of reconstruction of the right upper and lower eyelids using full thickness ear cartilage, mid forehead glabellar flap (performed by plastic surgeon), lateral canthoplasty, and skin graft for coverage from the midforehead flap. Code all procedures performed by the oculoplastic surgeon.

Diagnosis: 1) Z85.89 Personal history of malignant neoplasm of other organs and systems

2) Z98.89 Personal history of surgery

Surgery:	Diagnosis	Procedure Code(s)	Modifiers
1)	1, 2	15260 Full thickness graft, free, to both eyelids	-RT
2)	1, 2	15760 Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	-51-RT
3)	1, 2	67966 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	-51-E3
4)	1, 2	67966 Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over 1/4 of lid margi	-51-59-E4

CONCLUSION

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

When dealing with complex repairs the coding becomes more difficult. 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!!!

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