

## Straight Answers about Eyelid Surgery

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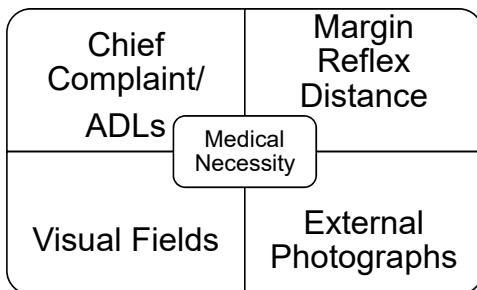


## Executive Summary

- Medical Necessity
- Coding
- NCCI edits
- Cosmetic vs Functional procedures
- Scrutiny



## Medical Necessity



## Medical Necessity

- Chief Complaint
  - Signs and Symptoms
  - Chronic dermatitis
  - Visual impairment
- Compromised Activities of Daily Living (ADL)
  - Interference with reading
  - Difficulty driving
  - Looking through eyelashes
  - Brow fatigue
  - Life style questionnaire

([http://www.corcoranccg.com/digital\\_files/forms/Patient%20questionnaire%20eyelid%20surgery\\_121713.pdf](http://www.corcoranccg.com/digital_files/forms/Patient%20questionnaire%20eyelid%20surgery_121713.pdf))



## Medical Necessity

- *Upper blepharoplasty and/or repair of blepharoptosis may be considered functional in nature when excess upper eyelid tissue or the upper lid position produces functional complaints. Those functional complaints are usually related to visual field impairment in primary gaze and/or down gaze (e.g., reading position). The visual impairment is commonly related to a lower than normal position of the eyelid relative to the pupil and/or to excess skin that hangs over the edge of the eyelid.*

Source: NGS Medicare Article A52837 Blepharoplasty, Eff 10/01/15

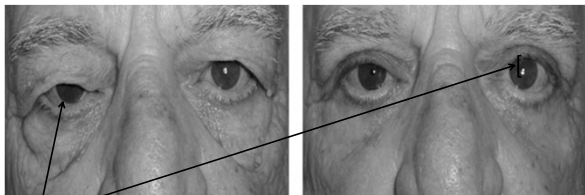


## Medical Necessity

- Margin Reflex Distance (MRD)
  - MRD typically  $\leq 2.0$  mm for ptosis
  - Pseudo MRD for blepharoplasty
  - Document with photographs
  - Not required by all payers



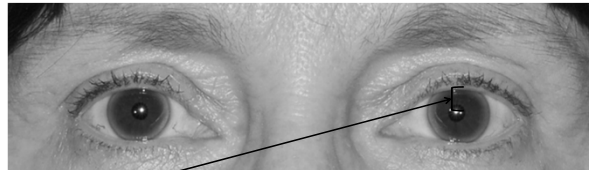
## Margin Reflex Distance



- Margin Reflex Distance (MRD) – lid margin to corneal light reflex
- Corneal light reflex (white dot) demonstrates proper alignment
- Obstructed corneal light reflex = MRD or zero



## Margin Reflex Distance



- Margin Reflex Distance (MRD) – lid margin to corneal light reflex for ptosis repair
- Corneal light reflex (white dot) demonstrates proper alignment



## Pseudo-Margin Reflex Distance



- Pseudo-Margin Reflex Distance (MRD) – distance from skin overhanging true lid margin to corneal light reflex for blepharoplasty
- Corneal light reflex (white dot) demonstrates proper alignment



## Medical Necessity

- Blepharoptosis Repair:  
*A margin reflex distance (MRD sometimes referred to as MRD1) of 2.0 mm or less. The MRD is a measurement from the corneal light reflex to the upper eyelid margin (NOT any overhanging skin that may be present causing pseudoptosis) with the brows relaxed*
- Blepharoplasty and/or Brow Ptosis Repair:  
*Redundant eyelid tissue hanging over the eyelid margin resulting in pseudoptosis where the "pseudo" margin produces a central "pseudo-MRD" of 2.0 mm or less*

Source: Noridian Medicare LCD L36286 Blepharoplasty Eyelid Surgery, and Brow Lift, Eff 10/01/15

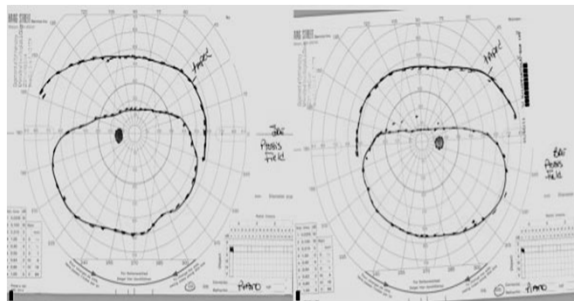


## Medical Necessity

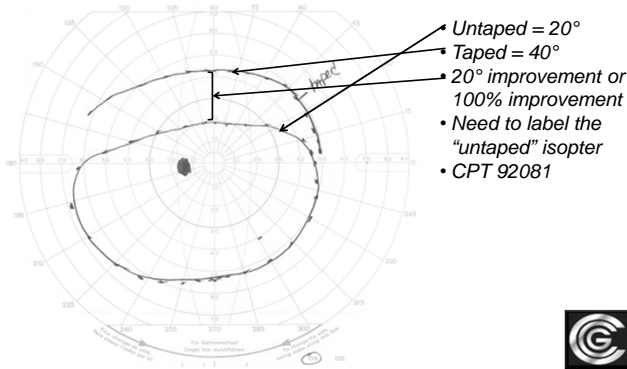
- Visual Field (VF) Testing
  - Taped and un-taped
  - Typically 12° or 30% loss
  - Detailed interpretation listing defect and improvement
  - Not required by all payers



## Visual Field Testing



## Visual Field Testing



## Medical Necessity

- The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids.

Source: WPS Medicare LCD L34528 Blepharoplasty, Blepharoptosis, and Brow Lift, Eff 10/01/15

## Medical Necessity

- Detailed Visual Field interpretation
  - State the visual field cut "untaped"
  - State the visual field improvement "taped"
  - State the difference in degrees and percentage

The Visual Field of the RIGHT eye shows untapped constriction within 30 degrees of fixation at approximately 12 degrees centrally. The visual field when taped shows an improvement to approximately 45 degrees centrally. The findings demonstrate an improvement of 33 degrees or greater than 100% improvement.

The Visual Field of the LEFT eye shows untapped constriction within 30 degrees of fixation at approximately 10 degrees centrally. The visual field when taped shows an improvement to approximately 40 degrees centrally. The findings demonstrate an improvement of 30 degrees or greater than 100% improvement.

## Taped and Untaped Perimetry

**Question:** Would it be appropriate to code a visual field test (code 92081) twice when performing it once with eyelids taped and once without eyelids taped?

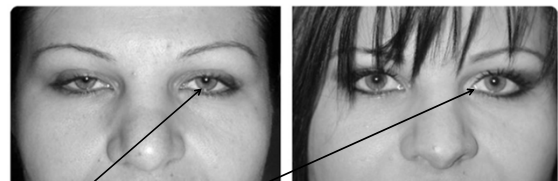
**Answer:** No. Code 92081 is designated as a unilateral or bilateral procedure. It is only reported once per session, even when the exam includes evaluations with and without lid taping as in evaluation for blepharoplasty. Therefore, it should be reported once, regardless of whether the examination is performed more than once unilaterally or bilaterally.<sup>4</sup>

Source: AMA CPT Assistant, Sept. 2010

## Medical Necessity

- External Photographs
  - Required by all payers
  - Primary gaze with corneal light reflex (if not obstructed)
  - Oblique photographs for redundant skin/skin on lashes
  - Separate photos for Brow/blepharoplasty combination showing elevated brow
  - Detailed interpretation describing the photographs
  - Focus on the correct area
  - Take extra photographs
  - This may be the only required item to support medical necessity so make them good

## External Photographs



- Primary gaze (straight ahead) with face perpendicular to camera
- Corneal light reflex (white dot) demonstrates proper alignment

## External Photographs



- Oblique photographs for redundant skin overhanging the lashes



## Medical Necessity

### Blepharoptosis Repair

- Photographs of both eyelids in the frontal (straight-ahead) position should demonstrate the MRD outlined in Section A. If the eyelid obstructs the pupil, there is a clear-cut indication for surgery. (For reference, the colored part of the eye is about 11 mm in diameter, so the distance between the light reflex and the lid would need to be about one fifth that distance or less for the MRD to be 2.0 mm or less.)

### Blepharoplasty Repair

- Photographs of both eyelids in both frontal (straight ahead) and lateral (from the side) positions demonstrate the physical signs in Section A. Oblique photos are only necessary if needed to better demonstrate a finding not clearly shown by frontal and lateral photos.

Source: Noridian Medicare LCD L36286 Blepharoplasty Eyelid Surgery, and Brow Lift, Eff 10/01/15



## Medical Necessity

- Detailed external photo interpretation
  - Use buzz words – (frontal, perpendicular, lateral etc..)
  - Do not leave room for misinterpretation

*The photographs of "frontal" position with face perpendicular to the camera show a Margin Reflex Distance (MRD) of 1.5 mm on the right eye and an MRD on the left eye of 0.5mm. The frontal and lateral photographs for both eyes clearly show redundant skin touching the eyelashes and overhanging the eyelid margins obstructing the visual field in both eyes.*



## Beneficiary Liability

*"...no payment may be made under Part A or Part B for any expenses incurred for items or services...where such expenses are for cosmetic surgery or are incurred in connection therewith, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member"*

Source: Social Security Act §1862(a)(10) Exclusions from Medicare



## Procedure Coding

- CPT 15822 – 15823
  - Upper lid blepharoplasty
  - Covered if criteria is met
  - Obtain ABN if needed
- CPT 67901-67908
  - Upper lid blepharoptosis
  - 67904 most common (external levator resection)
  - Covered if criteria met
  - Obtain ABN if necessary

Source: 2017 CPT



## Procedure Coding

- Coding for blepharoplasty and blepharoptosis in a single session.

*These procedures may either be done independently or together on the same eye depending on the surgical indication. This would occur when the upper eyelid has redundant skin and the levator muscle is unable to elevate the eyelid to the normal position. When these two procedures are done on the same upper eyelid, both procedural codes are needed to accurately describe the procedure.*

Source: CPT Assistant August 2011



## Procedure Coding

- Coding for blepharoplasty and blepharoptosis in a single session.

*Third-party payer guidelines may, however differ from CPT coding guideline, as both coverage and payment policy is determined by individual insurers and third-party payers. For reimbursement or third-party payer policy issues please contact the applicable payer.*

Source: CPT Assistant August 2011



## Bundles

- Effective April 1, 2009, NCCI bundled blepharoplasty and blepharoptosis procedures
- Codes listed as mutually exclusive
  - Bill for both and paid for the lesser valued code
  - Contradicts CPT Assistant position
- Edits updated quarterly



## NCCI Edits

CCI Edits –Bundled With Column 1 (Code)	
CPT Code Billed	Includes Codes Formerly “Mutually Exclusive” Check Code Pairs Both Directions
15823	15822, 67903, 67906, 67908
67901	15822, 15823, 67902
67902	15822, 15823
67903	15822, 67904
67904	15822, 15823, 67901
67906	15822
67908	15822
67909	15822

Source: National Correct Coding Initiative Provider PTP Edits v23.1 effective April 1, 2017.



## Bundles

Q: Is there a scenario when the edit can legitimately be broken with Modifier 59 or an X-modifier?

A: Yes. In an unusual scenario, if a blepharoplasty is done on one eye and blepharoptosis is done on the fellow eye.

67904 RT

15823 59 LT

Performing both procedures on the same eye does not support breaking the edit(s).



## Modifier 59

*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.*

Source: [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf)



## Level II (HCPCS / National) Modifiers

*HCPCS modifiers for selective identification of subsets of Distinct Procedural Services (-59 modifier)*

- XE Separate Encounter
- XS Separate Structure
- XP Separate Practitioner
- XU Unusual Non-Overlapping Service

Source: [www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf)



### Cosmetic vs Functional

- CMS MLN Matters MM9658 and MM9668 provide guidance regarding Upper Eyelid Blepharoplasty and Bepharoptosis Repair
- No separate payment for both procedures
- Do not charge beneficiary for cosmetic aspect in conjunction with covered portion

Source : <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9658.pdf>



### Cosmetic vs Functional

- Operating on the left and right eyes on different days when the standard of care is bilateral eyelid surgery
- Charging the beneficiary an additional amount for a cosmetic blepharoplasty when a blepharoptosis repair is performed
- Charging the beneficiary an additional amount for removing orbital fat when a blepharoplasty or a blepharoptosis repair is performed
- Performing a blepharoplasty on a different date of service than the blepharoptosis procedure for the purpose of unbundling the blepharoplasty or charging the beneficiary for a cosmetic surgery

Source : <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9658.pdf>



### Cosmetic vs Functional

- Performing blepharoplasty as a staged procedure, either by one or more surgeons (note that under certain circumstances a blepharoptosis procedure could be a staged procedure)
- Billing for two procedures when two surgeons divide the work of a blepharoplasty performed with a blepharoptosis repair
- Using modifier 59 to unbundle the blepharoplasty from the ptosis repair on the claim form; this applies to both physicians and facilities

Source : <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9658.pdf>



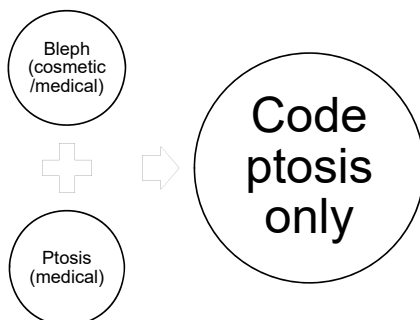
### Cosmetic vs Functional

- Treating medically necessary surgery as cosmetic for the purpose of charging the beneficiary for a cosmetic surgery
- Using an Advance Beneficiary Notice of Noncoverage for a service that would be bundled into another service if billed to Medicare
- In the rare event that a blepharoplasty is performed on one eye and a blepharoptosis repair is performed on the other eye, the services must each be billed with the appropriate RT or LT modifier.

Source : <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9658.pdf>



### Cosmetic vs Incidental



### Procedure Coding

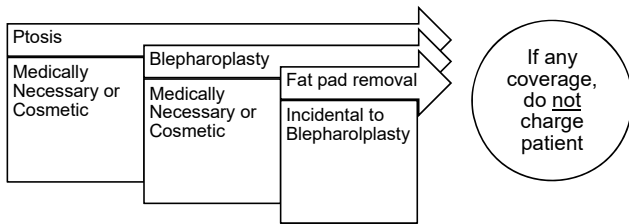
- Removal of Fat during a blepharoplasty is incidental and not separately billable as cosmetic

*....a blepharoplasty is surgery on the skin of the upper eyelid and the orbital fat....*

Source: CPT Assistant August 2011



## Cosmetic vs Incidental



## How should you bill?

Blepharoptosis and dermatochalasis are both present and medically significant, justifying surgery. Both blepharoplasty (15823) and blepharoptosis (67904) repairs occur in the same operative session. Which procedure(s) should be put on the claim to Medicare?

- a) Both surgeries with modifier 59 appended to 15823
- b) Only the ptosis surgery 67904
- c) Only the blepharoplasty surgery 15823
- d) The ptosis surgery and charge the patient for 15823 with ABN



## How should you bill?

Blepharoptosis and dermatochalasis are both present and medically significant, justifying surgery. Both blepharoplasty (15823) and blepharoptosis (67904) repairs occur in the same operative session. Which procedure(s) should be put on the claim to Medicare?

- b) Only the ptosis surgery 67904

The NCCI edits cannot be circumvented. Patient cannot be charged for a cosmetic service.



## How should you bill?

Only blepharoptosis is present and medically significant; dermatochalasis is slight. Elevating the eyelids (67904) will manifest as skin touching the eyelashes. The surgeon is obligated to create a good result. How should you bill this procedure?

- a) Bill Medicare for 67904, schedule the blepharoplasty (15823) for 90 days later and charge Medicare
- b) Bill Medicare for 67904 and the patient for a cosmetic blepharoplasty (15823)
- c) Bill Medicare for 67904
- d) Use an ABN and charge the patient for everything.



## How should you bill?

Only blepharoptosis is present and medically significant; dermatochalasis is slight. Elevating the eyelids (67904) will manifest as skin touching the eyelashes. The surgeon is obligated to create a good result. How should you bill this procedure?

- c) Bill Medicare for 67904

Postponement of the blepharoplasty is not appropriate since the surgeon knows the outcome. A separate charge to the patient at a later time is unjustified.



## How should you bill?

Only medically significant dermatochalasis is present. The surgeon performs the blepharoplasty (15823) and "sculpts" the fat pads. How should you bill this procedure?

- a) Get an ABN and charge the patient for everything as non-covered.
- b) Bill Medicare for 15823
- c) Bill Medicare for 15823 and the patient for cosmetic fat pad "sculpting"
- d) Call CCG



## How should you bill?

Only medically significant dermatochalasis is present. The surgeon performs the blepharoplasty (15823) and “sculpts” the fat pads. How should you bill this procedure?

b) Bill Medicare for 15823

Sculpting fat pad(s) is incidental to blepharoplasty.



## Operative Reports

- Date
- Patient name
- Preop and postop diagnoses
- Anesthesia
- Indications for surgery
- Description of surgery
  - Note size and location of incisions
  - Extent of tissue removed
- Discharge instructions
- Physician's signature



## Scrutiny

- Supplemental Medical Review Contractor (SMRC)\*
- Strategic Health Solutions LLC, is currently performing medical record review on the following projects:
  - Y3P0225 – Blepharoplasty and Other Related Facial Procedures
- Commonly requesting 40 charts from surgeon and 40 charts from facility (not all the same)

Source: [www.strategichs.com/wpcms/current-smrc-projects/](http://www.strategichs.com/wpcms/current-smrc-projects/)



## Scrutiny

- Y3P0225 – Blepharoplasty & Other Related Facial Procedures

The Center of Public Integrity Report (May 19, 2014), “Eyelid lifts skyrocket among Medicare patients costing taxpayers millions”, which states, “the public health insurance program for people over 65 typically does not cover cosmetic surgery.... In recent years, though, a rapid rise in the number of so-called functional eyelid lifts, or blepharoplasty, has led some to question whether Medicare is letting procedures that are really cosmetic slip through the cracks – at a cost of millions of dollars.”

Source: <https://strategichs.com/smr/y3p0225-blepharoplasty-and-other-related-facial-procedures/>



## Scrutiny

- Medical necessity is being scrutinized
- Know coverage guidelines for your payers & carrier
- Detailed description of photographs
- Detailed description of VFs
- Implement life style form to support CC
- Do not let the reviewer misinterpret your information



## Summary

- Claims for blepharoplasty may be challenged as “cosmetic”
- Know and adhere to payer's policy regarding covered indications
- Clearly document patient complaint and results of presurgical testing to support medical necessity
- Describe blepharoplasty clearly in an operative note
- Adhere to coding rules and NCCI edits
  - Do not misuse modifier 59 and X-modifiers
- Review new CMS guidelines in MLN Matters MM9658 or MM96668





### **More help...**

For additional assistance or confidential consultation,  
please contact us at:

Phone: (800) 399-6565

Website: [www.CorcoranCCG.com](http://www.CorcoranCCG.com)

Mobile App: Corcoran 24/7