Easing the Burden of Coding for Oculoplastic Procedures

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Financial Interest

I acknowledge a financial interest in the subject matter of this presentation.

Oculoplastics in Practice

- Fellowship Trained Subspecialist
  - Blepharoplasty
  - Brow Ptosis Repair
  - Dacryocystorhinostomy
  - Orbital Decompression for Graves Disease
- General Ophthalmologist
  - Epilation
  - Punctal Occlusion
  - Blepharoplasty
  - Extent of Oculoplastics Varies

Oculoplastic Procedures Pertain to Ocular Adnexa

- Lashes
- Lids
  - Skin
  - Muscle
  - Tarsus
- Lacrimal System
  - Lacrimal Gland
  - Puncta
  - Nasolacrimal Duct
- Brows
  - Skin
  - Muscle
- Bones
  - Orbit
  - Sinus Structures
  - Nasal Septum

Terms of Surgery

- Shaving
- Biopsy
- Excision
- Destruction
- Probe
- Debridement
- Irrigation
- Epilation
- Full Thickness
- Partial Thickness

Minor & Major Procedures

- Minor procedures are defined by a 0 or 10 day Global Period
  - Lesions, epilation, etc.
- Major procedures are defined by a 90 Day Global Period
  - Blepharoplasties, lid reconstruction, etc.
### Medical Necessity

- Elective surgery based on medical necessity
  - Epilation, Neoplasm Removal, Punctal Occlusion
    - Patient discomfort - Irritation, Scratchiness
    - Collateral Damage – Corneal Abrasions
  - Blepharoplasty also requires documentation of a patient lifestyle impairment
- Clinical findings, if left alone, could lead to possible loss of function or death

### Epilation for Trichiasis

- CPT Code 67820 – Correction of trichiasis; epilation, by forceps only
  - Method of epilation must be documented in chart
- CPT Code 67825 – Correction of trichiasis; epilation by other than forceps (e.g., by electrosurgery, cryotherapy, laser surgery)

### Clinical Corroboration – Epilation

- Subjective – CC or HPI
  - Patient is significantly bothered by the lashes
    - Scratching, irritation, etc.
- Objective – Examination
  - Clinical Signs Supporting Patient Complaint
    - Conjunctivitis, keratitis, PEE
    - Location & description of distichiasis
- Operative Note – Details
  - Location of Epilation, Instrumentation

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### Chalazion Excision

- CPT Code 67800 – Excision of Chalazion; single
- CPT Code 67801 – Excision of Chalazion; multiple, same lid
- CPT Code 67805 – Excision of Chalazion; multiple different lids
- CPT Code 67808 – Excision of Chalazion; under general anesthesia and/or requiring hospitalization, single or multiple

### Clinical Corroboration for Chalazion Excision

- Subjective – CC or HPI
  - Patient is significantly bothered by chalazion
    - Tenderness Discharge, Irritation, etc.
- Objective – Examination
  - Clinical Signs Supporting Patient Complaint
    - Presence of one or more Chalazion
    - Failure of alternative treatments failed
- Operative Note – Details
  - Location of Epilation, Instrumentation
Biopsy

- Obtaining tissue for pathology
  - Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure unless otherwise listed):
    - 11100 – single lesion
    - +11101 – each separate/additional lesion
      - Add-on codes are not subject to multiple procedure reduction
    - Bundled with lesion removals
- If Mohs’ Procedures Use Codes 1731x

Destruction

- Means the ablation of benign, premalignant or malignant tissues by any method, with or without curettage, including local anesthesia, and not usually requiring closure

Lesion Excisions

- “Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins and includes simple (non-layered) closure is performed”
  - Size is the excision size not the lesion size
  - Code per lesion if multiple excised in the same session

Clinical Corroboration - Lesions

- Subjective – CC or HPI
  - Patient is significantly bothered by the lesions
    - Pain, discharge
- Objective – Examination
  - Clinical Signs Supporting Patient Complaint
    - Loss of structure, diminished function, secondary damage or disease, size of lesion(s)
  - Operative Note – Details
    - Depth, size of lesion, type of closure

Code Descriptions

- CPT Codes 67800 - 67850
  - Codes for the removal of lesion include more than skin (i.e. involving lid margin, tarsus, and/or palpebral conjunctiva)
  - For removal of lesion, involving mainly skin of the eyelid, see 11310 – 11313, 11440 – 11446, 11640 – 11646, 17000-17004

Removal of Eyelid Lesion

- CPT Code 67840 – “Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure”
- CPT Code 67850 – “Destruction of lesion of lid margin (up to 1 cm)”
  - Margin of the eyelid is between the anterior & posterior edges
**Shaving of Skin Lesions**

- “Shaving is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision. This includes local anesthesia, chemical or electrocauterization of the wound. The wound does not require suture closure.”

**Shaving of Epidermal or Dermal Lesions**

- CPT Code 11310 – 11313 (0 Global Days)
  - “Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane,”
    - 11310 - 0.5 cm or less
    - 11311 - 0.6 cm to 1.0 cm
    - 11312 - 1.1 cm to 2.0 cm
    - 11313 - over 2.0 cm

**Shaving of Epidermal or Dermal Lesions**

- Subjective – CC or HPI
  - Patient is significantly bothered by the lesions
    - NOT the appearance of the lesions
      - Cosmetic Procedure Charge is Patient Responsibility
- Objective – Examination
  - External Exam – Size of lesion
  - Clinical Signs Supporting Patient Complaint
- Operative Note – Details
  - Location, Instrumentation, Size & Closure

**Excision of Benign Lesions**

- CPT Code 11440 – 11446 (10 Day Global)
  - “Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips mucous membrane,”

**Excision of Benign Lesions**

- 11440 - 0.5 cm or less
- 11441 - 0.6 to 1.0 cm
- 11442 - 1.1 to 2.0 cm
- 11443 - 2.1 to 3.0 cm
- 11444 - 3.1 to 4.0 cm
- 11445 - Over 4.0 cm

Size is based on Greatest Excision Size NOT Lesion Size

**Excision – Benign Lesions**

- Subjective – CC or HPI
  - Patient is significantly bothered by the lesions
    - NOT the appearance of the lesions
      - Cosmetic Procedure Charge is Patient Responsibility
- Objective – Examination
  - External Exam – Size of lesion
  - Clinical Signs Supporting Patient Complaint
- Operative Note – Details
  - Location, Instrumentation, Size & Closure
**Excision of Malignant Lesions**

- 11640 - 0.5cm or less
- 11641 - 0.6 to 1.0 cm
- 11642 - 1.1 to 2.0 cm
- 11643 - 2.1 to 3.0 cm
- 11644 - 3.1 to 4.0 cm
- 11645 - Over 4.0 cm

(CPT Codes 11640 – 11646 - 10 Day Global)

Size is based on Greatest Excision Size NOT Lesion Size

**Lesion Characteristic**

- When do you know when the lesion is benign or malignant?
  - Don’t give the patient a disease they don’t have
- When should the procedure be coded?

**Wound Closure**

- Certain codes stipulate method of closure
  - Sum of wounds in centimeters
  - “The closure of defects created by incision, excision, or trauma may require intermediate or complex closure.”
    - Simple - 12011 - 12018
    - Intermediate - 12051 - 12057
    - Complex - 13150 - 13153

**Simple Closure**

- Wound is superficial
  - Involving primarily epidermis or dermis, or
  - Subcutaneous tissues without significant involvement of deeper structures
    - Requires simple or one layer closure
    - Closure by adhesive strips reported as appropriate E&M code

**Intermediate Closure**

- Requires layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia
  - In addition to the skin (epidermal and dermal) closure
- Single layer closure of heavily contaminated wounds
  - Require extensive cleaning or removal of particulate matter

**Complex Closure**

- More than layered closure
  - Scar revision
  - Debridement extensive undermining
  - Stents or retention sutures
Multiple Closures

- Report total lengths of each type of closure
- Choose the appropriate closure method
- Choose the appropriate length sums
- Submit primary method first
- Submit secondary method second & append Modifier -59

Excision – Closure

- “The closure of defects created by incision, excision, or trauma may require intermediate or complex closure should be reported separately”
  - Intermediate - CPT Codes 12051 - 12057
  - Complex - CPT Codes 13150 - 13153

Excision – Closure

- Intermediate Closure
  - Repair of wounds requiring layered closure or one or more of the deeper layers or heavily contaminated wounds
- Complex Closure
  - Repair of wounds requiring more than layered closure and extensive undermining, stents or retention sutures

Lower Lid Blepharoplasty

- Blepharoplasty –
  - Lower Lid
    - CPT Code 15820
  - Lower Lid with extensive herniated fat pad
    - CPT Code 15821
  - Almost always a cosmetic procedure
  - For malpositioned eyelid refer to ectropion and entropion CPT code set

Upper Lid Blepharoplasty

- Blepharoplasty
  - Upper Lid
    - CPT Code 15822
  - Upper Lid w/excessive skin weighing down lid
    - CPT Code 15823
  - Can be either cosmetic, functional or both
  - If bilateral & functional submit claim as 2-line item with eye designation (RT/LT) for the ASC or single line item with Modifier -50 (Surgeon)

Clinical Corroboration - Blepharoplasty

- Margin to Reflex Distance (MRD)
- Palpebral Fissure
- Levator Function
- External Photographs
  - Ordered with Interpretation & Report
- Taped & Untaped Visual Fields
  - Not all Medicare LCDs require both
  - Ordered with Interpretation & Report
Blepharoptosis Repair

- CPT Code 67901 - Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
- CPT Code 67902 - Repair of blepharoptosis; frontalis muscle technique with autologous facial sling (includes obtaining fascia)

Bleph & Ptosis Bundled

- The only time these codes can be unbundled (Modifier -59) is each procedure is monocular on opposite eyes
  - If both are functional, the patient cannot be balance billed for either
  - If one is functional & the other cosmetic, the patient can be billed for the cosmetic procedure

Concurrent Visits

- Visit on the same day as a minor procedure (0-10 day global)
  - Append Modifier -25 to visit
  - NOT the decision for surgery
  - Separate & Identifiable exam required
- Visit on day before or same day as major procedure (90 day global)
  - Append Modifier -57 to the visit
  - Decision for Surgery

Op Note Errors

- Bilateral Procedure Billed; Unilateral Procedure described in the Operative Note
- Unilateral/Bilateral Procedure Billed; No Location Mentioned in Operative Note
- Canned Notes Do Not Include specifics of a given surgery
- Non-existent operative note

Questions