

Dermatology Coding Alert

CCI 16.1 Update: Reporting Wound Repair and Blepharoplasty Separately? Read This First

Take a second look at your eyelid surgery claims, thanks to the latest edits.

Among the thousands of new code pairs announced in Correct Coding Initiative (CCI) 16.1, effective April 1, there are a few that dermatology coders will want to keep their eyelids peeled for, experts say. CCI released version 16.1 in late March, revealing 2,054 new active pairs and 1,947 modifier changes, said **Frank D. Cohen, MPA, MBB**, senior analyst with MIT Solutions. And if your practice performs blepharoplasty procedures on the eyelid, take note of the fact that CCI bundles blepharoplasty codes 15820-15823 (Blepharoplasty ...) with the following wound repair codes:

12011-12018 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucuous membranes ...)

12051-12057 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips, and/ or mucous membranes ...)

13150-13152 (Repair, complex, eyelids, nose, ears, and/or lips ...).

Impact: These new bundles indicate that Medicare Part B contractors -- and other insurers who follow Medicare's lead -- consider the work involved in wound repair to be an intrinsic part of the blepharoplasty procedures. CCI marks these new code bundles with modifier indicator "1," allowing you to report the bundled codes together when necessary, with an appropriate modifier (such as modifier 59, Distinct procedural service) appended to the Column 2 code.

Example: A dermatologist performs a blepharoplasty of the left upper eyelid, and repairs a 2-cm wound on the patient's cheek. Report 15822 (Blepharoplasty, upper eyelid) with LT (Left side) appended. Next, report 12011 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less) with modifier 59 appended to show that it was a separate service.

Online resource: For the complete list of CCI 16.1 edits, visit the CMS Web site at www.cms.gov/NationalCorrectCodInitEd.

Remember, Bleph Isn't Always Cosmetic

Although payers do consider some blepharoplasty surgeries cosmetic and therefore medically unnecessary, payment depends on the procedure and the patient's main

complaint. Procedures to remove excess skin and fat from the eyelids are frequently done out of medical necessity -- but to convince Medicare, you need the right codes and airtight documentation.

Insurers cover blepharoplasty procedures 15822 (Blepharoplasty, upper eyelid) or 15823 (... with excessive skin weighting down lid) when the patient suffers from decreased vision or other specific medical problems, says **Janet McDiarmid, CPC, CMM, MPC, AFC, APC, CCP**, of St. Petersburg Pediatrics, which has eight offices serving Pinellas County, Fla.

For example, Medicare contractor Palmetto's local coverage determination (LCD) states that it will cover blepharoplasty as functional or reconstructive surgery to correct: visual impairment with near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis symptomatic redundant skin weighing down on upper lashes chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper-lid skin prosthesis difficulties in an anophthalmia socket.

Beware: Codes 15820 (Blepharoplasty, lower eyelid) and 15821 (... with extensive herniated fat pad) are almost never

payable, since the lower eyelid does not usually impair vision.

Note: For more information on coding and reimbursement for blepharoplasty, see "Bust 4 Myths to Boost Your Blepharoplasty Claims" in Dermatology Coding Alert, Vol. 5, No. 3.