

# Optometry Coding & Billing Alert

## Rely on These VF Diagnosis Codes

### Prove the procedure isn't cosmetic with 368.40 and more

Medicare is very picky about paying for procedures related to blepharoplasty. To receive compensation for your services, you must prove that you're working to correct a medical problem, not a cosmetic one - an easy feat with this handy list.

Carriers will only accept certain ICD-9 diagnosis codes to back up the medical necessity of blepharoplasty - and unfortunately, the same holds for visual fields you perform prior to the surgery (92081-92083, Visual field examination, unilateral or bilateral, with interpretation and report ...). Here are some usual suspects that carriers consider indicative of medical necessity for blepharoplasty:

1. 368.40 - Visual field defect, unspecified
2. 373.4-373.6 - Inflammation of eyelids
3. 374.00-374.05 - Entropion and trichiasis of eyelid
4. 374.10-374.14 - Ectropion
5. 374.30-374.34 - Ptosis of eyelid
6. 374.51 - Xanthelasma
7. 374.56 - Other degenerative disorders of skin affecting eyelid
8. 374.87 - Dermatochalasis
9. 375.15 - Tear film insufficiency, unspecified
10. 701.8 - Other specified hypertrophic and atrophic conditions of skin
11. 728.4 - Laxity of ligament
12. 743.61-743.62 - Congenital anomalies of eyelids
13. V52.2 - Artificial eye.

**Note:** These diagnosis codes come from Trailblazer's LCD for Maryland, Texas, Virginia and Washington, D.C. To read the entire LCD, visit [www.trailblazerhealth.com/lmrp.asp?ID=1802](http://www.trailblazerhealth.com/lmrp.asp?ID=1802).