Optometry Coding & Billing Alert

You Be the Expert: Epilation of Lashes

Question: What is the proper way to code for epilation of lashes? We used to bill per lash removed up to a maximum dollar amount, but that does not seem to work now. Which modifiers are best to use?

New York Subscriber

Answer: Most carriers only want you to report 67820 (Correction of trichiasis; epilation, by forceps only) once per date of service.

Although some carriers have reimbursed for epilation for each eyelash, most do not.

There may be some instances when you would append eyelid modifiers (E1, Upper left, eyelid; E2, Lower left, eyelid; E3, Upper right, eyelid; E4, Lower right, eyelid) to 67820, but in most cases you won't.

For the epilation codes, CPT® 2008 references the AMA's July 1998 CPT® Assistant, which says that the intent of 67820 is to report the service per procedure, not per eyelash or per eyelid.

Many Medicare Part B carriers have used that reference to amend or clarify their rules for 67820, so you can no longer report 67820 once for each eyelid you treat.

Medicare has indicated a bilateral status of "1" for 67820. So, when you perform the service bilaterally and report it with modifier 50 (Bilateral procedure) or RT (Right side) and LT (Left side) on separate lines of the claim form, Part B carriers should base payment on 150 percent of the fee schedule amount.