

Outpatient Facility Coding Alert

Reader Question: Report Levator Resection Before Blepharoplasty

Question: The oculoplastic surgeon performed a levator resection and blepharoplasty on both upper eyelids of the patient during the same surgical session. Can I report both the procedures (15823 and 67904), or are they considered bundled? If I can report both, which code should I list as the primary procedure?

Maine Subscriber

Answer: You might be able to report both services, depending on the situation. For example, if the surgeon performs the blepharoplasty (bleph) with excessive weight repair on the other eye, you may be able to report both codes. Submit 15823 (Blepharoplasty, upper eyelid; with excessive skin weighting down lid) and 67904 (Repair of blepharoptosis; [tarso] levator resection or advancement, external approach) as appropriate for each eye. Append modifier RT (Right side) or LT (Left side) and modifier 59 (Distinct procedural service) as appropriate to 15823 to designate a separate site from 67904. Otherwise, you should report only 67904.

Edit status: The OPPS Correct Coding Initiative (CCI) has made 15823 and 67904 mutually exclusive, meaning Medicare believes that the two procedures would not typically be performed during the same operative session. That's why you'll need to append modifiers and include thorough documentation explaining the situation when you file the claim.

When the physician completes multiple procedures during an encounter, you should code the procedure considered the column 1 code. OPPS CCI version 18.2 lists 15823 (16.38 relative value units) as the column 1 code and 67904 (17.74 RVUs) as the column 2 code. Because of this, report 67904 first on the claim.