Codify
BY AAPC

Outpatient Facility Coding Alert

Reader Question: Start Claims by Verifying Correct Anesthesia Code

Question: We billed 00140 for eye surgery 15823 and modifiers QS, LT with a total of 3.5 units. Medicare said the modifier is inconsistent or that the claim is missing a modifier. What did we do wrong?

Minnesota Subscriber

Answer: The surgical code was 15823 (Blepharoplasty, upper eyelid; with excessive skin weighting down lid) and you reported 00140 (Anesthesia for procedures on eye; not otherwise specified) as the associated anesthesia code. When you look at the ASA Crosswalk, it lists the correct anesthesia code for 15823 as 00103 (Anesthesia for reconstructive procedures of eyelid [e.g., blepharoplasty, ptosis surgery]), not 00140. That could be part of the issue.

Modifier QS (Monitored anesthesia care service) represents moderate sedation. Some payers accept this, but others don't -- you should verify this with the carrier.

Modifiers LT (Left side) or RT (Right side) pertain to the surgical service. If you're coding for the surgeon, either LT or RT should also be acceptable if the procedure was performed on only one eye.

You did not mention SG, which denotes Ambulatory Surgery Center. Some payers may require the SG appended to the surgical code. Code 15823 is a payable service in an ASC, so the place of service shouldn't complicate the reimbursement.