

Fact Sheet: Coding for Blepharoplasty

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FUNCTIONAL BLEPHAROPLASTY PREOPERATIVE CHECKLIST

This checklist meets the current requirements of all Medicare Administrative Contractors. For commercial or Medicaid payers, check their websites

- Functional (not cosmetic) patient complaint. (Note: Don't "clone" notes from patient to patient)
- Appropriate documented physician order indicating which test(s) and which eye(s) to be tested plus performance of test(s) required by each unique payer.
- Patient's name, date of service on each test(s) required by unique payer.
- Physician's interpretation/report of test(s) demonstrating that payer criteria is met for functional surgery.
- The patient has been educated by the surgeon about the risks and benefits of cataract surgery and the alternative to surgery and has provided informed consent.
- The patient desires to proceed with surgery.

Reminder: Obtain an Advance Beneficiary Notice (ABN) and append modifier -GA to the surgical code. This is your safety net for payment from the payer or the patient.

Policies and articles are updated frequently. Visit aao.org/lcds to keep up to date.

CPT CODES

- 15820** Blepharoplasty, lower eyelid
- 15821** Blepharoplasty, lower eyelid; with extensive herniated fat pad
- 15822** Blepharoplasty, upper eyelid
- 15823** Blepharoplasty, upper eyelid; with excessive skin weighting down lid

BILLING GUIDELINES

BILLING GUIDELINES FOR 15820, 15821 AND 15822

- CPT codes 15820, 15821 and 15822 are typically cosmetic. The patient would then be responsible for the service.
- Code 15820 only refers to a lower lid blepharoplasty with the removal of skin and/or muscle.
- If herniated fat is removed from the preaponeurotic space, then code 15821.

BILLING GUIDELINES FOR 15823

- An upper lid blepharoplasty is performed for the removal of excess, redundant skin from the upper eyelid (CPT Code 15823). This fold of skin may mechanically weight the lid, causing it to droop, and obscuring the superior portion of the visual field. Often removal of this fold of skin will lead to resolution of any eyelid drooping. The two skin edges are then sutured together. A blepharoplasty procedure often includes the removal of orbital fat as well as the excess skin.
- Confirm documentation requirements for functional surgery with each payer as it may vary.
- Confirm what tests are medically necessary with your payer at aao.org/lcds. Not every payer requires visual fields. Many only require external photos.
 - Only one set of photos should be submitted when the payer requires photos.
 - For visual field testing, only levels 92081 or 92082 is appropriate.
- Because the payer may determine the surgery is cosmetic, it is wise to obtain an ABN for Medicare Part B patients and submit the surgical CPT code with modifier -GA.
- CCI bundling edits: CPT codes 67901, 67902, 67903, 67904 are bundled with 15822 and 15823. CPT codes 67906 and 67908 are bundled with 15822. It is not appropriate to unbundle these two functional surgeries.
- If blepharoplasty is considered cosmetic, when ptosis repair is functional, the patient can be billed for the cosmetic surgery out-of-pocket even when performed on the same day. Practices are not required to submit cosmetic claims to insurance.
- The only appropriate time to unbundle ptosis with blepharoplasty surgery with modifier -59, is when a functional blepharoplasty is performed on one eye at the same time as a functional ptosis repair in the other eye.