Documentation Dissection

Preoperative Diagnosis: 1) Bilateral upper eyelid ptosis; 2) Bilateral upper eyelid blepharochalasis; 3) Bilateral brow ptosis

Postoperative Diagnosis: Same [1]

Operation: 1) Bilateral upper eyelid ptosis repair, via external approach using the levator aponeurosis application technique; 2) Bilateral upper eyelid blepharoplasties; 3) Bilateral brow ptosis repair [2]

Surgeon: John Eyes, MD

Anesthesia: Local with MAC

Operative Procedure: The patient was placed in the supine position and the upper eyelids were prepped and draped in the usual sterile ophthalmic fashion. The upper eye brow areas to be excised were marked and injected with 1% Lidocaine with epi. The radio frequency device was used to excise the upper brow skin and fat [3]. Hemostasis was controlled with cautery. Multiple interrupted 6-0 Silk sutures were used to close the wound. The same procedure was repeated on the left upper brow [4]. The upper eyelids were marked with a marking pen using the natural lid crease as the lower border of skin to be incised and the upper border determined by crimping the eyelid skin with non-toothed forceps until there was slight eversion of the eyelashes. The upper eyelids were then injected with approximately 3cc each of a 1/2 and 1/2 mixture of Xylocaine 2% with epinephrine and Marcaine 0.5% with epinephrine. The radio frequency device was used to incise along the pre-marked lines and a skin/muscle flap was excised. The orbital septum was identified and opened and any herniating orbital fat was removed [5]. The levator aponeurosis was identified and two horizontal mattress 6-0 silk sutures were placed through the mid upper tarsus and the levator aponeurosis [6]. This provided a nice contour of the upper eyelid margin and nice height was obtained. The patient was sat upright to evaluate the lid height and contour. The patient was then repositioned and re-approximation of the skin and orbicularis was accomplished using interrupted 6-0 silk sutures bilaterally. Bacitracin ointment, Telfa dressing and pressure patching were applied. The patient is to follow up in one day, applying ice frequently. Estimated blood loss less than 5 cc.

Prognosis: Immediate and remote good.

Specimen Sent to Lab: None

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[1] Post-operative diagnosis.

[2] Procedure performed.

[3] The upper brow skin and fat were excised.

[4] Indicates the procedure is bilateral.

[5] Excessive skin weighing down the lid.

[6] The bilateral upper eyelid ptosis repair was performed using the levator aponeurosis.

What CPT® and ICD-10-CM codes are reported?

CPT® Codes: 67904-50, 67900-50-51

ICD-10-CM Codes: H57.813, H02.31, H02.34

Rationales:

CPT®: In the CPT Index look for Repair/Brow Ptosis referring you to CPT code 67900 (Add modifier 50 as performed bilaterally). In the CPT Index look for Blepharoptosis/Repair/Tarso Levator Resection/Advancement/External referring you to CPT code 67904 (add modifier 50 as performed bilaterally). Modifier 51 is reported on code 67900 to indicate more than one surgical procedure was performed. Although blepharoplasty is performed, it is inclusive to the repair of blepharoptosis and is not reported separately.

ICD-10-CM: Ptosis of bilateral eyes. In the ICD-10-CM Alphabetic Index look for Ptosis/eyebrow referring you to H57.81-. In the Tabular List H57.81- requires an additional character 3 to specify bilateral. The complete code is H57.813. In the Alphabetic Index look for Blepharochalasis/right/upper and Blepharochalasis/left/upper. Because there is not a bilateral code you will report two codes to describe the bilateral condition; H02.31 and H02.34. Verify code selection in the Tabular List. There are no sequencing guidelines for the Blepharochalasis.