

15822-15823**15822 Blepharoplasty, upper eyelid****15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

(For bilateral blepharoplasty, add modifier 50)

**AMA Coding Guideline
Surgical Repair (Closure) Procedures on the Integumentary System**

Use the codes in this section to designate wound closure utilizing sutures, staples, or tissue adhesives (eg, 2-cyanoacrylate), either singly or in combination with each other, or in combination with adhesive strips. Wound closure utilizing adhesive strips as the sole repair material should be coded using the appropriate E/M code.

Definitions

The repair of wounds may be classified as Simple, Intermediate, or Complex.

Simple repair is used when the wound is superficial; eg, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure. This includes local anesthesia and chemical or electrocauterization of wounds not closed.

Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. It includes limited undermining (defined as a distance less than the maximum width of the defect, measured perpendicular to the closure line, along at least one entire edge of the defect). Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair.

Complex repair includes the repair of wounds that, in addition to the requirements for intermediate repair, require at least one of the following: exposure of bone, cartilage, tendon, or named neurovascular structure; debridement of wound edges (eg, traumatic lacerations or avulsions); extensive undermining (defined as a distance greater than or equal to the maximum width of the defect, measured perpendicular to the closure line along at least one entire edge of the defect); involvement of free margins of helical rim, vermilion border, or nostril rim; placement of retention sutures. Necessary preparation includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions. Complex repair does not include excision of benign (11400-11446) or malignant (11600-11646) lesions, excisional preparation of a wound bed (15002-15005) or debridement of an open fracture or open dislocation.

Instructions for listing services at time of wound repair:

1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular, or stellate.

2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and from all anatomic sites that are grouped together into the same code descriptor. For example, add together the lengths of intermediate repairs to the trunk and extremities. Do not add lengths of repairs from different groupings of anatomic sites (eg, face and extremities). Also, do not add together lengths of different classifications (eg, intermediate and complex repairs).

When more than one classification of wounds is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure, using modifier 59.

3. Decontamination and/or debridement: Debridement is considered a separate procedure only when gross contamination requires prolonged cleansing, when appreciable amounts of devitalized or contaminated tissue are removed, or when debridement is carried out separately without immediate primary closure.

4. Involvement of nerves, blood vessels and tendons: Report under appropriate system (Nervous, Cardiovascular, Musculoskeletal) for repair of these structures. The repair of these associated wounds is included in the primary procedure unless it qualifies as a complex repair, in which case modifier 59 applies.

Simple ligation of vessels in an open wound is considered as part of any wound closure.

Simple "exploration" of nerves, blood vessels or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required. If the wound requires enlargement, extension of dissection (to determine penetration), debridement, removal of foreign body(s), ligation or coagulation of minor subcutaneous and/or muscular blood vessel(s) of the subcutaneous tissue, muscle fascia, and/or muscle, not requiring thoracotomy or laparotomy, use codes 20100-20103, as appropriate.

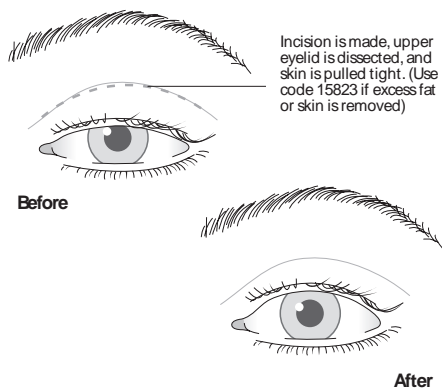
**AMA Coding Notes
Surgical Repair (Closure) Procedures on the Integumentary System**

(For extensive debridement of soft tissue and/or bone, not associated with open fracture(s) and/or dislocation(s) resulting from penetrating and/or blunt trauma, see 11042-11047.)

(For extensive debridement of subcutaneous tissue, muscle fascia, muscle, and/or bone associated with open fracture(s) and/or dislocation(s), see 11010-11012.)

AMA CPT® Assistant**15822:** Feb 04: 11, May 04: 12, Feb 05: 16**15823:** Sep 00: 7, Feb 04: 11, May 04: 12, Feb 05: 16, Aug 11: 8**Plain English Description**

Upper eyelid blepharoplasty is used to modify or reconstruct a droopy eyelid by removing excess skin, muscle, and/or fat. Blepharoplasty may be indicated for functional problems including dermatochalasis, blepharoptosis, pseudoptosis, and ptosis or for cosmetic reasons. The skin is marked along the natural creases of the eyelid and the surgical area is infiltrated with local anesthetic. Using a steel blade, laser, or radiofrequency instruments, the skin is incised along the marked lines and the excess skin is removed. Using cautery, all or part of the orbicularis muscle underlying the skin may be removed. The orbital septum is then identified and incised just below its attachment to the arcus marginalis to expose the preaponeurotic fat. Using gentle pressure on the globe, the creamy yellow-white fat from the medial section is identified along with the darker yellow fat from the central section. Additional anesthetic may be injected into the fat capsules, which are then incised and the fat pads trimmed to contour the eyelid. The lateral orbital rim is examined for the lacrimal gland, which may require suturing to the orbital rim to prevent postoperative fullness in the lateral aspect of the lid. Alteration of the eyelid crease can be accomplished using supratarsal fixation sutures to create adherence between the skin and underlying tissue. The subcutaneous tissue at the lower aspect of the eyelid crease incision is attached to the levator aponeurosis just above the tarsus, or a mattress suture is placed through the skin, orbicularis oculi, levator aponeurosis, and conjunctiva then back out and through those same structures on the opposite side of the incision. Once adequate contouring and hemostasis have been established, the skin incisions are closed with sutures or tissue adhesive. Code 15822 includes upper lid blepharoplasty for conditions that reduce the upper and outer aspects of the peripheral visual field. Code 15823 includes excessive skin that weighs down the lid, obscuring the superior visual field in addition to the peripheral visual field.

Blepharoplasty, upper eyelid**Facility RVUs**

Code	Work	PE Facility	MP	Total Facility
15822	4.62	6.50	0.55	11.67
15823	6.81	8.58	0.61	16.00

Non-facility RVUs

Code	Work	PE Non-Facility	MP	Total Non-Facility
15822	4.62	8.43	0.55	13.60
15823	6.81	10.74	0.61	18.16

Modifiers (PAR)

Code	Mod 50	Mod 51	Mod 62	Mod 66	Mod 80
15822	1	2	0	0	1
15823	1	2	0	0	1

Global Period

Code	Days
15822	090
15823	090

ICD-10-CM Diagnostic Codes

- ≈ H02.031 Senile entropion of right upper eyelid
- ≈ H02.034 Senile entropion of left upper eyelid
- ≈ H02.31 Blepharochalasis right upper eyelid
- ≈ H02.34 Blepharochalasis left upper eyelid
- ≈ H02.401 Unspecified ptosis of right eyelid
- ≈ H02.402 Unspecified ptosis of left eyelid
- ≈ H02.403 Unspecified ptosis of bilateral eyelids
- ≈ H02.411 Mechanical ptosis of right eyelid
- ≈ H02.412 Mechanical ptosis of left eyelid
- ≈ H02.413 Mechanical ptosis of bilateral eyelids
- ≈ H02.421 Myogenic ptosis of right eyelid
- ≈ H02.422 Myogenic ptosis of left eyelid
- ≈ H02.423 Myogenic ptosis of bilateral eyelids
- ≈ H02.431 Paralytic ptosis of right eyelid
- ≈ H02.432 Paralytic ptosis of left eyelid
- ≈ H02.433 Paralytic ptosis of bilateral eyelids
- ≈ H02.831 Dermatochalasis of right upper eyelid
- ≈ H02.834 Dermatochalasis of left upper eyelid
- H53.8 Other visual disturbances
- H53.9 Unspecified visual disturbance
- H54.7 Unspecified visual loss
- Q10.0 Congenital ptosis
- Q10.3 Other congenital malformations of eyelid

CCI Edits

Refer to Appendix A for CCI edits.

21385

21385 Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)

AMA Coding Guideline

Surgical Procedures on the Head

Skull, facial bones, and temporomandibular joint. Please see the Surgery Guidelines section for the following guidelines:

- *Surgical Procedures on the Musculoskeletal System*

AMA Coding Notes

Fracture and/or Dislocation Procedures on the Head

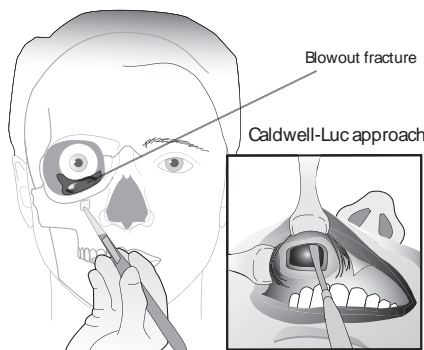
(For operative repair of skull fracture, see 62000-62010)

(To report closed treatment of skull fracture, use the appropriate Evaluation and Management code)

Plain English Description

Open repair of an orbital floor blowout fracture using a transantral approach (Caldwell-Luc procedure) is performed to restore anatomic and functional defects of the globe. Orbital fractures are a common injury sustained with mid-facial trauma and may include extraocular muscle entrapment with impairment of eye movement in addition to aesthetic facial deformity. The upper lip is retracted to expose the gingivobuccal sulcus and a horizontal incision is made superior to the sulcus creating a wide mucosal band. Using a periosteal elevator, the periosteum and overlying soft tissue are elevated from the underlying maxillary bone to the infraorbital foramen. The maxillary sinus is entered via an antral window (Caldwell-Luc antrostomy) and the bone fragment is preserved. The maxillary sinus is visualized and the herniated orbital contents are removed or repositioned back into the orbit. The fracture is reduced and an implant may be inserted if a bony deficit is present. The sinus cavity is checked for hemostasis, the antral wall bone fragment is replaced, and the incision is closed with sutures.

Open treatment of orbital floor blowout fracture; transantral approach



ICD-10-CM Diagnostic Codes

- 7 S02.31 Fracture of orbital floor, right side
- 7 S02.32 Fracture of orbital floor, left side

ICD-10-CM Coding Notes

For codes requiring a 7th character extension, refer to your ICD-10-CM book. Review the character descriptions and coding guidelines for proper selection. For some procedures, only certain characters will apply.

CCI Edits

Refer to Appendix A for CCI edits.

Facility RVUs

Code	Work	PE Facility	MP	Total Facility
21385	9.57	10.61	1.79	21.97

Non-facility RVUs

Code	Work	PE Non-Facility	MP	Total Non-Facility
21385	9.57	10.61	1.79	21.97

Modifiers (PAR)

Code	Mod 50	Mod 51	Mod 62	Mod 66	Mod 80
21385	1	2	1	0	2

Global Period

Code	Days
21385	090