

**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. 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 requiring more than layered closure, viz., scar revision, debridement (eg, traumatic lacerations or avulsions), extensive undermining, stents or 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**

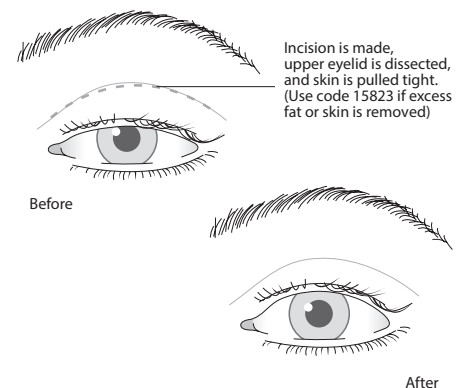
(For extensive debridement of soft tissue and/or bone, not associated with open fracture(s) and/or dislocation(s) resulting from penetrating and/or blunt trauma, see 11042-11047.)

(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 suprataral 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 has 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****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.

**Facility RVUs** □

| Code  | Work | PE Facility | MP   | Total Facility |
|-------|------|-------------|------|----------------|
| 15822 | 4.62 | 6.01        | 0.49 | 11.12          |
| 15823 | 6.81 | 8.14        | 0.56 | 15.51          |

**Non-facility RVUs** □

| Code  | Work | PE Non-Facility | MP   | Total Non-Facility |
|-------|------|-----------------|------|--------------------|
| 15822 | 4.62 | 7.63            | 0.49 | 12.74              |
| 15823 | 6.81 | 10.00           | 0.56 | 17.37              |

**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  |