

Overview

Reimbursement for the ENDOTINE TransBleph in the Doctor's Office Setting

For Medicare patients, payment for the ENDOTINE TransBleph device is included in payment for the procedure. (In cases where the carrier instructs providers to report an unlisted procedure CPT code such as 67999 for the procedure, it is appropriate to indicate the cost of the ENDOTINE TransBleph to the practice on the claim form.)

For commercial payers, the individual carrier may provide guidance. Contractual language with the payer should be checked. "TransBleph Precertification Letter" may be submitted. Providers will generally submit HCPCS code C1713, *Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)*. Some carriers will prefer 99070, *Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered*. The invoice for the device should be submitted. "TransBleph Letter of Appeal" should be sent in cases that are denied.

Reimbursement for the ENDOTINE TransBleph in an Ambulatory Surgery Center

For Medicare patients, payment for the ENDOTINE TransBleph device is included in the facility fee for the procedure. As a supply, the ENDOTINE TransBleph is not separately reportable.

For commercial payers, the individual carrier may provide guidance. Contractual language with the payer should be checked. "TransBleph Precertification Letter" may be submitted. Facilities will generally submit HCPCS code C1713, *Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)*. The invoice for the device should be submitted. The "TransBleph Letter of Appeal" should be sent in cases that are denied.

Health Care Provider Notification

Providers performing direct browpexy with the ENDOTINE TransBleph should check with the appropriate carrier to confirm that they are following correct coding and billing protocols. The ultimate responsibility for correct coding rests with the physician.

This is not intended as legal advice nor is the consultant engaged in rendering legal services. This information is not intended as a replacement for the American Medical Association's CPT book or as an alternative for individual legal advice.

This information should not be used to establish any fees or fee schedules, nor is it intended and it should not be construed as encouraging any user to take any actions that would violate any state or federal antitrust laws, tax laws, or Medicare or Medicaid laws.

Prepared for Coapt Systems, Inc. by CPR Analysts, Inc. www.cpranalysts.com

Procedural and Diagnostic Coding Recommendations: Direct Browpexy with the ENDOTINE TransBleph

Procedural Coding

Brow ptosis repair by supraciliary approach is correctly reported with CPT 67900, *Repair of brow ptosis (supraciliary, midforehead, or coronal approach)*. The use of CPT 67900 may be appropriate to describe direct browpexy utilizing the ENDOTINE TransBleph device as long as a supraciliary approach to the repair can be demonstrated.

Certain payers may not be familiar with correct reporting for direct browpexy utilizing the ENDOTINE TransBleph because of the differences in the TransBleph procedure (an internal technique) and the traditional external supraciliary approach.

The appropriateness of CPT 67900 will be more apparent when the operative note documents that dissection and placement of the device has been carried out to a level above the superior eyebrow hairs and that fixation of supraciliary tissue has been achieved.

Providers should be prepared to defend their choice of CPT 67900 based on documentation in the medical record and available information (potentially including diagrams) describing the surgical technique.

Modifiers (Medicare)

The following comments generally apply to Medicare patients. (Private payers vary regarding reporting guidelines and requirements.):

Providers choosing the 67900 option should report a unilateral procedure with modifier –RT or –LT and a bilateral procedure with modifier -50. When combined with upper blepharoplasty, modifier -51 should be added to 67900 to indicate multiple procedures. (Modifier -51 is added to 67900 rather than to 15823 because 15823 has a higher fee schedule amount.)

An Advance Beneficiary Notice should be obtained in case the direct browpexy is denied. When an ABN has been signed, append modifier –GA to the service.

Diagnostic Coding

Facial droop (ICD-9 diagnosis 781.94) will often accurately describe the underlying problem. However, this diagnosis may not be recognized as appropriately linked to the selected procedure code. In some cases, an ICD-9 diagnosis such as 374.87, *Dermatochalasis*; 374.30-374.34, *Ptosis of eyelid*; 728.4, *Laxity of ligament*; or 701.8 *Other specified hypertrophic and atrophic conditions of skin* may be preferred by the carrier.

Medicare Reimbursement Examples

Reimbursement Example in the Doctor's Office

Surgeon Reimbursement: When performed in a physician office, the surgeon will be assigned the following allowables (approximately) for functional bilateral blepharoplasty combined with functional bilateral eyebrow ptosis repairs, plus a small monetary increase over ASC values to compensate the surgeon for office overhead:

67900-RT right eyebrow (\$590) + 67900-LT left eyebrow (\$295) + 15823-RT right upper lid (\$292) + 15823-LT left upper lid (\$292) = \$1469.

Reimbursement Example in an Ambulatory Surgery Center

Surgeon Reimbursement: When performed in an ASC, the surgeon will be assigned the following allowables (approximately) for functional bilateral blepharoplasty combined with functional bilateral eyebrow ptosis repairs:

15823-RT right upper lid (\$529) + 15823-LT left upper lid (\$265) + 67900-RT right eyebrow (\$223) + 67900-LT left eyebrow (\$223) = \$1240.

Facility Reimbursement: CPT 15823 (blepharoplasty, upper eyelid) is approved in ASC Payment Group 5. The payment to the ASC is (approximately) \$717 for one upper eyelid and 150% of \$717, or \$1075, for both upper eyelids. Adding CPT 67900 (repair of brow ptosis) for both sides would add another (approximately) \$630, since CPT 67900 is approved in ASC Payment Group 4. (Each side of brow ptosis repair is awarded \$315, since these are additional procedures beyond the first procedure.) The total payment to the facility for bilateral upper blepharoplasty and bilateral eyebrow ptosis repair is (approximately) \$1075 + \$630 = \$1705.

TransBleph Precertification Letter

Date _____

Payer Precertification Office
Address

Patient Name: _____

Subscriber Number: _____

Dear Precertification Officer:

This letter is to request pre-certification for use of the ENDOTINE TransBleph (Coapt Systems, Inc.) device in conjunction with repair of eyebrow ptosis for the above-named patient. This letter provides the clinical rationale for using TransBleph as well as a brief description of the procedure. Included are a discussion of benefits to the patient and an outline of savings that are potentially enjoyed by the payer associated with the TransBleph procedure.

Background

Eyebrow ptosis (eyebrow descent) contributes to visual field impairment, independent of upper eyelid dermatochalasis (sagging eyelid skin). Therefore, repair of eyebrow ptosis is often required in patients with visual field impairment. This is the case for this particular patient.

The ENDOTINE TransBleph is a bioabsorbable implant that allows for soft tissue fixation in eyebrow ptosis repair. It is composed of a co-polymer made of 82/18 L-lactide/glycolide. The implant consists of an anchoring post and fixation platform with three small tines. Included with each implant is a disposable drill bit and insertion tool. When implanted, the post is anchored to bone and the tines engage the periosteum and soft tissue of the brow. The Food and Drug Administration approved the use of TransBleph in 2004 for subperiosteal browplasty fixation.

The TransBleph technique offers many advantages and contributes to savings for the payer when compared to traditional methods for repair of eyebrow ptosis.^{1,2} Depending upon the technique against which the TransBleph is compared, the advantages include:

- incorporates existing (lid crease/blepharoplasty) incision
- shorter operating time
- less anesthesia
- shorter recovery time
- less dissection
- lesser need for certain supplies including sutures
- adjustability
- no need for endoscopy with associated expense and time
- avoidance of hazards including facial paralysis and incisional alopecia

The table below compares different techniques and summarizes many of the benefits described above:

Feature	TransBleph	Traditional Supraciliary	Midforehead	"Open" Coronal	Endoscopic
Incorporates existing (lid crease/ blepharoplasty) incision	Yes	No	No	No	No
Anesthesia (typical)	Local or MAC	Local or MAC	MAC or General	General	General
Adjustability (Both intra- and post-operatively)	Yes	No	No	No	No
Endoscopy required	No	No	No	No	Yes

Additionally, TransBleph allows for simultaneous treatment of dermatochalasis and eyebrow ptosis, avoiding the need for the second operative session that is often required to treat the combined pathology present in this patient.

Procedural Details

The procedure is carried out through an incision in the eyelid. Subperiosteal dissection is carried out to a level above the superior eyebrow hairs in order to expose the bone above the superior orbital rim. A hole is drilled above the level of the superior eyebrow hairs with the special drill bit. The ENDOTINE TransBleph is secured in the hole using the fixation tool. Suprabrow tissues are then affixed to the tines.

Special Considerations in This Patient

(Include any patient-specific considerations here)

HCPCS Code and Cost

We believe the correct HCPCS identifier for this device to be C1713, *Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)*. Please advise if this is your preferred identifier, or if you prefer a different identifier. The approximate cost of this device is \$190 each.

We look forward to your written response to this precertification request. Please contact us if you have further questions. Thank you very much.

Sincerely yours,

Administrator
XXX Surgery Center

Or, Physician and/or Office Administrator

YYY Practice

References

1. Stevens WG, Apfelberg DB, Stoker DA, Schantz SA: The Endotine: A new biodegradable fixation device for endoscopic forehead lifts. *Aesthetic Surgery J* 2003; 23: 103-107.
2. Endotine viable for old browlift problems. *Cosmetic Surgery J* Nov./Dec. 2003.

TransBleph Letter of Appeal

Date _____

Appeals Department
Address

Patient Name: _____

DOS: _____

Subscriber Number: _____

Billed Charges: _____

Patient's Control Number: _____

Amount Paid: _____

Amount Due: _____

We are writing in response to a recent denial of our claim(s) for the ENDOTINE TransBleph device implanted during a recent ophthalmic surgical procedure. We failed to receive correct payment for this device. Please process this claim for additional payment.

The clinical rationale for using the ENDOTINE TransBleph as well as a brief description of the procedure are both described as an attachment to this letter.

We have enclosed a new claim along with a copy of the EOB, operative report, description of the device, and product invoice. If you disagree with our findings please notify us in writing within 30 days and provide documentation that supports your position. Thank you very much.

Sincerely,

Administrator
XXX Surgery Center

Or, Physician and/or Office Administrator
YYY Practice

Attachment for Letter of Appeal

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The TransBleph technique offers many advantages and contributes to savings for the payer when compared to traditional methods for repair of eyebrow ptosis^{1,2}. Depending upon the technique against which TransBleph is compared, the advantages include:

- utilizes existing (lid crease/blepharoplasty) incision
- shorter operating time
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Feature	TransBleph	Traditional Supraciliary	Midforehead	"Open" Coronal	Endoscopic
Utilizes existing (lid crease/ blepharoplasty) incision	Yes	No	No	No	No
Anesthesia (typical)	Local or MAC	Local or MAC	MAC or General	General	General
Adjustability (Both intra- and post-operatively)	Yes	No	No	No	No
Endoscopy required	No	No	No	No	Yes

Additionally, TransBleph allows for simultaneous treatment of dermatochalasis and eyebrow ptosis, avoiding the need for the second operative session that is often required to treat the combined pathology present in this patient.

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