

# Blepharoplasty, Blepharoptosis Repair and Brow Lift



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1024-000

Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

### Table of Contents

[Related Medical/Pharmacy Coverage Policies](#)

[Related Documents](#)

[Description](#)

[Coverage Determination](#)

[Coverage Limitations](#)

[Coding Information](#)

[References](#)

[Appendix](#)

[Change Summary](#)

#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare	Applicable States/Territories
------	-------	-----------	-----------------------	-------------------------------

			Administrative Contractors (MACs)	
Internet-Only Manuals (IOMs)	Chapter 16 General Exclusions from Coverage; Section 120 Cosmetic Surgery	<a href="#">Medicare Benefit Policy Manual</a>		
LCD LCA	Blepharoplasty, Blepharoptosis and Brow Lift	<a href="#">L34528</a> <a href="#">A56908</a>	J5, J8 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE IN, MI
LCD LCA	Blepharoplasty – Medical Policy Article	<a href="#">A52837</a>	J6, JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI CT, NY, ME, MA, NH, RI, VT
LCD LCA	Blepharoplasty	<a href="#">L33944</a> <a href="#">A56439</a>	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Blepharoplasty, Eyelid Surgery and Brow Lift	<a href="#">L34194</a> <a href="#">A57190</a>	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Blepharoplasty, Eyelid Surgery, and Brow Lift	<a href="#">L36286</a> <a href="#">A57191</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	<a href="#">L35004</a> <a href="#">A57618</a>	JH, JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA
LCD LCA	Blepharoplasty, Eyelid Surgery and Brow Lift Cosmetic and Reconstruction Surgery	<a href="#">L34411</a> <a href="#">A56503</a> <a href="#">L33428</a>	JJ, JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	<a href="#">L34028</a> <a href="#">A57025</a>	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI

## Description

**Blepharoplasty** is a general term for cosmetic or reconstructive plastic surgery on the eyelids involving the upper or lower lid and their medial and lateral margins. It may also involve canthoplasty (plastic surgery of the medial and/or lateral canthus [the angle formed by the meeting of the upper and lower eyelids at either side of the eye]).<sup>27</sup> Excess fatty tissue, muscle and skin are removed from the upper and/or lower eyelids during the blepharoplasty procedure.

Blepharoptosis, or ptosis, describes drooping or abnormal relaxation of one or both upper eyelids. It may be due to aging, birth defect, disease or injury. It is usually caused by a weakness of the levator muscle (muscle that raises the eyelid), laxity of the eyelid skin that occurs with aging or damage to the nerves that send messages to the levator muscle. A **blepharoptosis repair** is a procedure to correct upper eyelid ptosis. Techniques include levator advancement or frontalis suspension. Severe ptosis may cause visual disturbances impairing peripheral and forward vision. Dermatochalasis (excessive and lax eyelid skin) may occur simultaneously with ptosis.

Brow ptosis is a condition in which the eyebrow sags or droops. Significant overhang beyond the eyelashes can interfere with vision function or can appear unsightly. It usually occurs bilaterally (both sides) but may be unilateral (one-sided). Causes include aging, thinning tissue on the forehead, paralysis of facial nerves (facial palsy), trauma or disease. **Brow ptosis repair** is a surgical procedure that raises the brow by removing excess skin and/or tightening lax forehead muscles. This procedure may be referred to as a brow lift or browpexy, depending on the type of surgical technique used.

Procedures may be performed to improve abnormal function related to significant visual field loss, or to reconstruct a deformity. Occasionally these procedures are requested to improve appearance without a functional impairment.

## Coverage Determination

*iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### **Blepharoplasty, Blepharoptosis Repair, Brow Lift, Entropion and Ectropion Repair**

**Functional blepharoplasty, blepharoptosis repair, brow lift, entropion and ectropion repair** procedures will be considered medically reasonable and necessary when the following requirements are met:

- Goal of surgery is to restore function and normalcy to a body part that has been altered by disease or trauma (eg, degeneration, developmental errors, infection, inflammation, neoplasia); **OR**
- Interference with visual field, near or far visual impairment, or difficulty reading due to **any** of the following:
  - Blepharochalasis
  - Blepharoptosis

- Brow ptosis causing malposition of the upper eyelid and demonstrating a MRD1 (Margin reflex distance) of 2 mm or less
- Dermatochalasis
- Looking through the eyelashes or seeing the upper eyelid skin
- Pseudoptosis
- Visual impairment secondary to redundant skin weighing down on upper lashes resulting in eye strain, headache, and loss of vision
- Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin refractive to conservative measures (eg, antibiotics, education regarding hygiene, etc.); **OR**
- Visual field testing demonstrates a 12-to-15-degree superior field loss or 24% to 30% superior visual field impairment; **OR**
- Presence of prosthesis difficulties in an anophthalmic socket; **OR**
- Presence of ectropion (laxity and turning outward of the lower eyelid) resulting in corneal and conjunctival exposure, eye irritation, inflammation and excessive tearing; **OR**
- Presence of entropion (inward rotation of the eyelid margin) causing eyelashes to contact the cornea resulting in discomfort, redness, tearing, and foreign body sensation; **OR**
- Lower eyelid edema, tumor or mass causing signs and symptoms of eyelid ectropion

**Lower Eyelid Blepharoplasty**

**Lower eyelid blepharoplasty** to relieve excessive lower lid bulk will be considered medically reasonable and necessary when the following requirements are met:

- Individual requires continuous wear prescription eyeglasses if:
  - Proper positioning of prescription eyeglasses is precluded **AND** is secondary to conditions such as:
    - Chronic systemic corticosteroid therapy; **OR**
    - Dermatomyositis; **OR**
    - Graves' disease; **OR**
    - Myxedema; **OR**
    - Nephrotic syndrome; **OR**
    - Polymyositis; **OR**

- Scleroderma; **OR**
- Sjogren's syndrome; **OR**
- Systemic lupus erythematosus

### **Canthoplasty**

**Canthoplasty** will be considered medically reasonable and necessary when any of the following requirements are met:

- Performed in conjunction with a medically necessary ectropion or entropion repair
- Performed to restore the function of the eyelid when ectropion, entropion, or lagophthalmos are causing signs or symptoms of corneal or conjunctival exposure
- Required to restore the function of the eyelid after surgery for skin cancer

### **Eyelid Repair**

**Reduction of overcorrection of ptosis** following a blepharoplasty or blepharoptosis repair will be considered medically reasonable and necessary.

**Correction of eyelid retraction** will be considered medically reasonable and necessary when both of the following requirements are met:

- Due to muscular or neurological deficits caused by a congenital defect, disease (eg, cancer, thyroid disease), surgery or trauma; **AND**
- Functional visual impairment due to epiphora (excessive tearing/eye watering) and/or ocular pain

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## **Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Cosmetic surgery or expenses incurred in connection with such surgery is not a covered Medicare benefit. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (ie, as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. These treatments and services fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been

demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act).

Note: This exclusion does not apply to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.<sup>22</sup>

**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

<b>CPT® Code(s)</b>	<b>Description</b>	<b>Comments</b>
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	
21280	Medial Canthopexy	
21282	Lateral Canthopexy	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67914	Repair of ectropion; suture	
67915	Repair of ectropion; thermocauterization	
67916	Repair of ectropion; excision tarsal wedge	

67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
67921	Repair of entropion; suture	
67922	Repair of entropion; thermocauterization	
67923	Repair of entropion; excision tarsal wedge	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty (reconstruction of canthus)	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, up to ¼ of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, over ¼ of lid margin	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

## References

1. American Academy of Ophthalmology (AAO). Ophthalmic Technology Assessment. Functional indications for upper eyelid ptosis and blepharoplasty surgery. <https://www.aao.org>. Published November 2011. Accessed March 20, 2023.
2. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Amblyopia. <https://www.aao.org>. Published September 9, 2022. Accessed March 20, 2023.
3. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation. <https://www.aao.org>. Published September 12, 2020. Accessed March 20, 2023.
4. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). White paper on functional blepharoplasty, blepharoptosis and brow ptosis repair. <https://www.asoprs.org>. Published January 15, 2015. Accessed March 20, 2023.
5. American Society of Plastic Surgeons (ASPS). Practice parameter for blepharoplasty (ARCHIVED). <https://www.plasticsurgery.org>. Published March 2007. Accessed April 3, 2015.

6. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: blepharoplasty (A56439). <https://www.cms.gov>. Published October 1, 2015. Updated October 27, 2022. Accessed August 29, 2023.
7. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Blepharoplasty – medical policy article (A52837). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2018. Accessed August 29, 2023.
8. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Blepharoplasty, Blepharoptosis and Brow Lift (A56908). <https://www.cms.gov>. Published August 29, 2019. Updated August 28, 2022. Accessed August 29, 2023.
9. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: blepharoplasty (A56439). <https://www.cms.gov>. Published October 1, 2018. Updated October 27, 2022. Accessed August 29, 2023.
10. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: blepharoplasty, eye surgery, and brow lift (A57190). <https://www.cms.gov>. Published October 1, 2019. Accessed August 29, 2023.
11. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: blepharoplasty, blepharoptosis repair and surgical procedures of the brow (A57618). <https://www.cms.gov>. Published October 1, 2019. Updated June 25, 2023. Accessed August 29, 2023.
12. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: blepharoplasty, eyelid surgery and brow lift (A56503). <https://www.cms.gov>. Published April 18, 2019. Updated October 1, 2023. Accessed August 29, 2023.
13. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Blepharoplasty – Medical Policy Article (A52837). <https://www.cms.gov>. Published October 1, 2015. Updated January 1, 2018. Accessed August 29, 2023.
14. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift (A57025). <https://www.cms.gov>. Published August 29, 2019. Updated April 28, 2022. Accessed August 29, 2023.
15. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty (L33944). <https://www.cms.gov>. Published October 1, 2015. Updated October 27, 2022. Accessed August 29, 2023.
16. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, blepharoptosis and brow lift (L34528). <https://www.cms.gov>. Published October 1, 2015. Updated April 28, 2022. Accessed August 29, 2023.



17. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, eyelid surgery and brow lift (L34194). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2019. Accessed August 29, 2023.
18. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, Eyelid Surgery and Brow Lift (L36286). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2019. Accessed August 29, 2023.
19. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, blepharoptosis repair and surgical procedures of the brow (L35004). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2015. Updated March 21, 2021. Accessed August 29, 2023.
20. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, eyelid surgery, and brow lift (L34411). <https://www.cms.gov>. Published October 1, 2015. Updated May 20, 2021. Accessed August 29, 2023.
21. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Blepharoplasty, blepharoptosis repair and surgical procedures of the brow (L34028). <https://www.cms.gov>. Published October 1, 2015. Updated March 21, 2021. Accessed August 29, 2023.
22. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. General exclusions from coverage. <https://www.cms.gov>. Updated October 1, 2003. Accessed September 29, 2023.
23. ClinicalKey. Gigantelli JW. Entropion. In: Yanoff M, Duker J. *Ophthalmology*. 6<sup>th</sup> ed. Elsevier; 2023:1206-1211.e1. <https://www.clinicalkey.com>. Accessed March 20, 2023.
24. ClinicalKey. Maamari RN, Couch SM. Ectropion. In: Yanoff M, Duker J. *Ophthalmology*. 6<sup>th</sup> ed. Elsevier; 2023:1212-1218.e1. <https://www.clinicalkey.com>. Accessed March 20, 2023.
25. ClinicalKey. Tyers AG, Collin JRO. Blepharoplasty. In: Tyers AG, Collin JRO. *Color Atlas of Ophthalmic Plastic Surgery*. 4<sup>th</sup> ed. Elsevier; 2018:233-280. <https://www.clinicalkey.com>. Accessed March 20, 2023.
26. ClinicalKey. Tyers AG, Collin JRO. Preoperative evaluation. In: Tyers AG, Collin JRO. *Color Atlas of Ophthalmic Plastic Surgery*. 4<sup>th</sup> ed. Elsevier; 2018:61-81. <https://www.clinicalkey.com>. Accessed March 20, 2023.
27. Guthrie A, Kadakia P, Rosenberg J. Eyelid malposition: a review of the literature and current techniques. *Semin Plast Surg*. 2019;33(2):92-102. <https://pubmed.ncbi.nlm.nih.gov>. Accessed September 11, 2023.
28. MCG Health. Blepharoplasty, canthoplasty and related procedures. 26<sup>th</sup> edition. <https://www.mcg.com>. Accessed March 3, 2023.

29. UpToDate, Inc. Overview of ptosis. <https://www.uptodate.com>. Updated March 2, 2023. Accessed March 20, 2023.

## Change Summary

- 01/01/2024 New Policy.
-