

Local Coverage Determination (LCD): Surgery: Blepharoplasty (L34286)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10101 - MAC A	J - J	Alabama
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10102 - MAC B	J - J	Alabama
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10201 - MAC A	J - J	Georgia
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10202 - MAC B	J - J	Georgia
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10301 - MAC A	J - J	Tennessee
Cahaba Government Benefit Administrators®, LLC	A and B MAC	10302 - MAC B	J - J	Tennessee
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LCD Information

Document Information

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L34286

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L30057](#)

Revision Effective Date
For services performed on or after 10/01/2015

LCD Title
Surgery: Blepharoplasty

Revision Ending Date
N/A

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N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.
- Title XVIII of Social Security Act, Section 1862(a)(10). No payment may be made under part A or part B for any expenses incurred for items or services where such expenses are for cosmetic surgery, or are incurred in connection therewith; except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.
- 42 CFR 411.15(h) Cosmetic surgery and related services, except as required for the prompt repair of accidental injury or to improve the functioning of a malformed body member.
- Medicare Benefit Policy Manual (Pub. 100-02), Chapter 16, Section 120: Cosmetic surgery or expenses incurred in connection with such surgery are not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member.
- Medicare Program Integrity Manual (Pub. 100-08), Chapter 13, Local Coverage Determinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications

Blepharoplasty procedures and repair of blepharoptosis are covered when performed for the following functional indications. All other uses would be considered cosmetic.

1. Lower lid blepharoplasty (CPT 15820 and 15821) is considered as medically necessary when documentation:
 - A. supports horizontal lower eyelid laxity of medial and lateral canthus resulting in dacryostenosis or infection; or
 - B. supports significant lower eyelid edema.
 - C. reveals that glasses rest upon the lower eyelid tissues and cause lower eyelid ectropion as a result of the weight of the glasses and weight of the tissue.
2. Upper Eyelid Blepharoplasty (CPT 15822 & 15823) is considered medically necessary when:
 - A. Clinical notes and visual field testing support a decrease in peripheral vision and/or upper field vision; and
 - B. Photographs document obvious dermatochalasis, ptosis, or brow ptosis compatible with the visual field determinations; and
 - C. Documentation of visual fields must show upper eyelid taped improvement to greater than 25 degrees (Documentation of visual fields showing un-taped upper vision at 25 degrees or better is interpreted as normal and would be considered as cosmetic).

3. Repair of Brow Ptosis (CPT 67900) and Blepharoptosis (67901 & 67902) are considered medically necessary for the following functional indications:
 - A. Clinical notes and visual field testing that support a decrease in peripheral vision and/or upper field vision; and
 - B. Photographs document obvious dermatochalasis, ptosis, or brow ptosis compatible with the visual field determinations; and
 - C. Documentation of Visual Fields must show upper eyelid taped improvement to greater than 25 degrees (Documentation of visual fields showing un-taped upper vision at 25 degrees or better is interpreted as normal and would be considered as cosmetic).
4. Ptosis Repair (CPT 67903-67908) is considered as medically necessary when:
 - A. Documentation supports a treatable cause has been excluded; and
 - B. Pre-operative photos reveal the ptotic lid covering one-fourth of the pupil or 1-2mm above the midline of the pupil; and
 - C. Documentation of Visual Fields must show upper eyelid taped improvement to greater than 25 degrees (Documentation of visual fields showing un-taped upper vision at 25 degrees or better is interpreted as normal and would be considered as cosmetic).

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

15820 Revision of lower eyelid
15821 Revision of lower eyelid
15822 Revision of upper eyelid
15823 Revision of upper eyelid
67900 Repair brow defect

67901 Repair eyelid defect
 67902 Repair eyelid defect
 67903 Repair eyelid defect
 67904 Repair eyelid defect
 67906 Repair eyelid defect
 67908 Repair eyelid defect

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the 'Official ICD-10-CM Guidelines for Coding and Reporting' in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

Group 1 Codes:

ICD-10 Codes	Description
H02.30 - H02.36	Blepharochalasis unspecified eye, unspecified eyelid - Blepharochalasis left eye, unspecified eyelid
H02.401 - H02.403	Unspecified ptosis of right eyelid - Unspecified ptosis of bilateral eyelids
H02.409	Unspecified ptosis of unspecified eyelid
H02.411 - H02.413	Mechanical ptosis of right eyelid - Mechanical ptosis of bilateral eyelids
H02.419	Mechanical ptosis of unspecified eyelid
H02.421 - H02.423	Myogenic ptosis of right eyelid - Myogenic ptosis of bilateral eyelids
H02.429	Myogenic ptosis of unspecified eyelid
H02.431 - H02.433	Paralytic ptosis of right eyelid - Paralytic ptosis of bilateral eyelids
H02.439	Paralytic ptosis unspecified eyelid
H02.831 - H02.836	Dermatochalasis of right upper eyelid - Dermatochalasis of left eye, unspecified eyelid
H02.839	Dermatochalasis of unspecified eye, unspecified eyelid
H04.551 - H04.553	Acquired stenosis of right nasolacrimal duct - Acquired stenosis of bilateral nasolacrimal duct
H04.559	Acquired stenosis of unspecified nasolacrimal duct
L85.9*	Epidermal thickening, unspecified
L87.9*	Transepidermal elimination disorder, unspecified
L90.9*	Atrophic disorder of skin, unspecified
L91.9*	Hypertrophic disorder of the skin, unspecified
L94.9*	Localized connective tissue disorder, unspecified
Q10.0	Congenital ptosis
Z44.20 - Z44.22	Encounter for fitting and adjustment of artificial eye, unspecified - Encounter for fitting and adjustment of artificial left eye

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: ** L85.9,L87.9,L90.9,L91.9,L94.9 – Use for brow ptosis

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: Any ICD-10-CM code that is not listed in the "ICD-10 Codes that Support Medical Necessity" section of this LCD.

Group 1 Codes:

ICD-10 Codes	Description
XX000	Not Applicable

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General Information

Associated Information

b>Documentation Requirements

1. Clinical notes, operative reports, photos and visual field documentation supporting the above indications should be maintained in the record and provided to Medicare upon request.
2. Visual fields - Visual fields must be recorded using either a Goldmann Perimeter (III 4-E test object) or a programmable automated perimeter (equivalent to a screening field with a single intensity strategy using a 10db stimulus) to test a superior (vertical) extend of 50-60 degrees above fixation with targets presented at a minimum 4 degree vertical separation starting at 24 degrees above fixation while using no wider than a 10 degree horizontal separation. Each eye should be tested with the upper eyelid at rest, and repeated with the lid elevated to demonstrate an expected "surgical" improvement meeting or exceeding the criteria. A written narrative interpretation of the automated visual fields must describe the visual defect and the reasoning for the surgery.
3. Photographs - Prints, not slides, must be frontal, canthus to canthus, with the head perpendicular to the plane of the camera (not tilted) to demonstrate the position of the true lid margin or the pseudo-lid margin. The photos must be of sufficient clarity to show a light reflex on the cornea. If redundant skin coexists with true lid ptosis, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin (needed if both 15822-15823 are required and planned, in addition to 67901-67908).
4. Oblique photos are only needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery.
5. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

NOTE: If both a blepharoplasty and a ptosis repair are planned, both must be individually documented. This may require two sets of photographs: showing the effect of drooping of redundant skin (and its correction by taping), and the actual presence of blepharoptosis.

Sources of Information and Basis for Decision

- Bartley, G.B, MD. (1995). Functional Indications for Upper and Lower Eyelid Blepharoplasty. *Ophthalmology*, 102, 693-695.
- Blue Cross and Blue Shield of Alabama policy 2013.
- Carruthers, Jean. Brow lifting and blepharoplasty, *Dermatologic Clinics*, July 2001, Vol. 19, No. 3
- Ho SF, Morawski A, Sampath R and Burns J. Modified visual field test for ptosis surgery (Leicester Peripheral Field Test). *Eye*. 2011; 25:365-369; doi:10.1038/eye.2010.210
- Small R, Sabates NR, Burrows D. The measurement and definition of ptosis. *Ophthal Plast Reconstr Surg*. 1989;5(3):171-175

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a
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separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	Corrected typographical error.	• Typographical Error
10/01/2015	R1	ICD-10 Codes updated and added. Was previously a Part B LCD and was revised to include Part A.	• Other (ICD-10 Codes updated and added. Was previously a Part B LCD and was revised to include Part A.)

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 10/12/2015 with effective dates 10/01/2015 - N/A [Updated on 01/07/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 04/14/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)