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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<td>10102 - MAC B</td>
<td>J - J</td>
<td>Alabama</td>
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<td>10202 - MAC B</td>
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<td>A and B MAC</td>
<td>10302 - MAC B</td>
<td>J - J</td>
<td>Tennessee</td>
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LCD Information

Document Information

- **LCD ID**
  - L34286

- **Original ICD-9 LCD ID**
  - L30057

- **LCD Title**
  - Surgery: Blepharoplasty

- **Proposed LCD in Comment Period**
  - N/A

- **Source Proposed LCD**
  - 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.

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 dacyrostenosis 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 Phtosis (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-forth 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).

Summary of Evidence

Annual LCD review. No changes.

Analysis of Evidence
(Rationale for Determination)

Annual LCD review. No changes.

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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.
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**

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

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**
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:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
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<tr>
<td>XX000</td>
<td>Not Applicable</td>
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**ICD-10 Additional Information**

**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**

- Blue Cross and Blue Shield of Alabama policy 2013.

* L85.9,L87.9,L90.9,L91.9,L94.9 – Use for brow ptosis

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Bibliography

Annual LCD review. No changes.

Revision History Information

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<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
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<td>01/29/2018</td>
<td>R4</td>
<td>Palmetto GBA Transition</td>
<td>• Change in Affiliated Contract Numbers</td>
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<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>ICD-10 Codes updated and added. Was previously a Part B LCD and was revised to include Part A.</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td>10/01/2015</td>
<td>R2</td>
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<td>10/01/2015</td>
<td>R1</td>
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<td>• Other (ICD-10 Codes updated and added. Was previously a Part B LCD and was revised to include Part A.)</td>
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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 01/17/2018 with effective dates 01/29/2018 - N/A Updated on 01/17/2018 with effective dates 10/01/2015 - 01/28/2018 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

Keywords

N/A Read the LCD Disclaimer