

Article - Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift (A56908)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Article Information

General Information

Article ID

A56908

Article Title

Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift

Article Type

Billing and Coding

Original Effective Date

08/29/2019

Revision Effective Date

12/28/2023

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the social Security Act section 1833 (e). This section prohibits Medicare Payment for any claim that lacks the necessary information to process the claim.

Title XVIII Of the Social Security Act section 1862 (a)(10). This section excludes cosmetic surgery, except as required to repair an accidental injury or for the improvement of the function of a malformed body member.

CR 10236 – October 2017 Update of the Hospital Outpatient Prospective Payment System (OPPS), 5. Upper Eyelid Blepharoplasty and Blepharoptosis Repair.

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD.

1. List the appropriate CPT code for the procedure performed; include any appropriate modifiers.
2. Physicians' services and diagnostic tests must be submitted with a diagnosis code to support the medical necessity for the service and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise diagnosis code that fully explains the narrative description of the diagnosis contained in the medical record or the test interpretation and report including the digit sub-classification for the diagnosis category. The diagnosis code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the diagnosis code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury resulting in a functional anomaly of the upper eyelids a cosmetic diagnosis should be reported, and payment will be denied.
3. The Medicare global surgery and CCI rules apply to these eyelid surgeries.
4. If bilateral reconstruction is done on the same day, report one line of service using the "50" modifier or report two lines of service with the RT and LT modifiers.
5. If a patient wishes to have a blepharoplasty or brow lift for cosmetic purposes:
 - a. The physician should explain to the patient, in advance, that Medicare will not cover cosmetic eyelid or brow surgery and that the beneficiary will be liable for the cost of the service. Charges should be clearly stated. A claim for cosmetic services does not need to be submitted to the Medicare contractor, unless the patient requests that the claim be submitted on his/her behalf.
 - b. When the patient requests the claim for cosmetic services be submitted on his/her behalf, the services should be reported with modifier GY (items or services statutorily excluded or does not meet the definition of any Medicare benefit) **and** diagnosis code Z41.1. The diagnosis code Z41.1 should be placed in the first position in item 21 on the CMS 1500 claim form or the equivalent diagnosis code field for electronic claims. A Notice of Exclusion from Medicare Benefits (NEMB) may be used with services excluded from Medicare benefits.
6. When the signs or symptoms are present (See L34528 "Coverage Indications, Limitations and/or Medical Necessity") physicians are encouraged to place the appropriate diagnosis code in the first position with the available symptom diagnosis code in the second position in item 21 of the CMS 1500 claim form or the equivalent diagnosis code field for electronic claims.
7. Visual Field exams are classified as bilateral procedures where the bilateral adjustment does not apply; the Physician Fee Schedule amount represents payment for **both** eyes. The procedure should be reported on a single claim line **without** the 50 or RT/LT modifiers. In the event that the procedure is performed on only one eye per DOS the procedure may be reported with a 52 modifier – (reduced service) and a reduced charge.
8. Photographs are not separately billable to Medicare.

The following situation will result in the denial of initially billed Blepharoplasty, Blepharoptosis or Brow Lift services or in some cases as a result of a post payment review.
9. Physicians' services submitted without a diagnosis code or not coded to the highest level of accuracy and digit level completeness will be denied as unprocessable.
10. When blepharoplasty is performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities, the procedure is considered cosmetic and not covered by Medicare. (Use the GY modifier and ICD-10 code Z41.1 for a non-covered denial.)

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Blepharoplasty of the lower lid (CPT codes 15820, 15821) is generally considered cosmetic and will be denied as non-covered.

Group 1 Codes: (11 Codes)

CODE	DESCRIPTION
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
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)

CPT/HCPCS Modifiers

Group 1 Paragraph:

The GY modifier must be billed with ICD-10 code Z41.1 for a non-covered denial.

Group 1 Codes: (5 Codes)

CODE	DESCRIPTION
50	BILATERAL PROCEDURE: UNLESS OTHERWISE IDENTIFIED IN THE LISTINGS,

CODE	DESCRIPTION
	BILATERAL PROCEDURES THAT ARE PERFORMED AT THE SAME OPERATIVE SESSION SHOULD BE IDENTIFIED BY ADDING THE MODIFIER -50 TO THE APPROPRIATE FIVE DIGIT CODE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09950
52	REDUCED SERVICES: UNDER CERTAIN CIRCUMSTANCES A SERVICE OR PROCEDURE IS PARTIALLY REDUCED OR ELIMINATED AT THE PHYSICIAN'S DISCRETION. UNDER THESE CIRCUMSTANCES THE SERVICE PROVIDED CAN BE IDENTIFIED BY ITS USUAL PROCEDURE NUMBER AND THE ADDITION OF THE MODIFIER -52, SIGNIFYING THAT THE SERVICE IS REDUCED. THIS PROVIDES A MEANS OF REPORTING REDUCED SERVICES WITHOUT DISTURBING THE IDENTIFICATION OF THE BASIC SERVICE. MODIFIER CODE 09952 MAY BE USED AS AN ALTERNATIVE TO MODIFIER -52. NOTE: FOR HOSPITAL OUTPATIENT REPORTING OF A PREVIOUSLY SCHEDULED PROCEDURE/SERVICE THAT IS PARTIALLY REDUCED OR CANCELLED AS A RESULT OF EXTENUATING CIRCUMSTANCES OR THOSE THAT THREATEN THE WELL-BEING OF THE PATIENT PRIOR TO OR AFTER ADMINISTRATION OF ANESTHESIA, SEE MODIFIERS -73 AND -74 (SEE MODIFIERS APPROVED FOR ASC HOSPITAL OUTPATIENT USE).
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT
LT	LEFT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE LEFT SIDE OF THE BODY)
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY)

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

List the diagnosis code that best describes the patient's condition. Diagnosis codes must be present on all physician's service claims and must be coded to the highest level of accuracy and digit level completeness. When the patient requests the claim for cosmetic services be submitted on his/her behalf, the services should be reported with diagnosis code Z41.1 in the first position in item 21 on the CMS 1500 claim form or the equivalent diagnosis code field for electronic claims.

Group 1 Codes: (165 Codes)

CODE	DESCRIPTION
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus

CODE	DESCRIPTION
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus

CODE	DESCRIPTION
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.39	Carcinoma in situ of skin of other parts of face
D22.111	Melanocytic nevi of right upper eyelid, including canthus
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
G24.5	Blepharospasm
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid

CODE	DESCRIPTION
H02.045	Spastic entropion of left lower eyelid
H02.051	Trichiasis without entropion right upper eyelid
H02.052	Trichiasis without entropion right lower eyelid
H02.054	Trichiasis without entropion left upper eyelid
H02.055	Trichiasis without entropion left lower eyelid
H02.101	Unspecified ectropion of right upper eyelid
H02.102	Unspecified ectropion of right lower eyelid
H02.104	Unspecified ectropion of left upper eyelid
H02.105	Unspecified ectropion of left lower eyelid
H02.111	Cicatricial ectropion of right upper eyelid
H02.112	Cicatricial ectropion of right lower eyelid
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.151	Paralytic ectropion of right upper eyelid
H02.152	Paralytic ectropion of right lower eyelid
H02.154	Paralytic ectropion of left upper eyelid
H02.155	Paralytic ectropion of left lower eyelid
H02.201	Unspecified lagophthalmos right upper eyelid
H02.202	Unspecified lagophthalmos right lower eyelid
H02.204	Unspecified lagophthalmos left upper eyelid

CODE	DESCRIPTION
H02.205	Unspecified lagophthalmos left lower eyelid
CODE	DESCRIPTION
H02.20A	Unspecified lagophthalmos right eye, upper and lower eyelids
H02.20B	Unspecified lagophthalmos left eye, upper and lower eyelids
H02.20C	Unspecified lagophthalmos, bilateral, upper and lower eyelids
H02.211	Cicatricial lagophthalmos right upper eyelid
H02.212	Cicatricial lagophthalmos right lower eyelid
H02.214	Cicatricial lagophthalmos left upper eyelid
H02.215	Cicatricial lagophthalmos left lower eyelid
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.221	Mechanical lagophthalmos right upper eyelid
H02.222	Mechanical lagophthalmos right lower eyelid
H02.224	Mechanical lagophthalmos left upper eyelid
H02.225	Mechanical lagophthalmos left lower eyelid
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.231	Paralytic lagophthalmos right upper eyelid
H02.232	Paralytic lagophthalmos right lower eyelid
H02.234	Paralytic lagophthalmos left upper eyelid
H02.235	Paralytic lagophthalmos left lower eyelid
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid

CODE	DESCRIPTION
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
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid
H02.531	Eyelid retraction right upper eyelid
H02.532	Eyelid retraction right lower eyelid
H02.534	Eyelid retraction left upper eyelid
H02.535	Eyelid retraction left lower eyelid
H02.831	Dermatochalasis of right upper eyelid
H02.832	Dermatochalasis of right lower eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
H57.811	Brow ptosis, right
H57.812	Brow ptosis, left
H57.813	Brow ptosis, bilateral
H57.8A1	Foreign body sensation, right eye
H57.8A2	Foreign body sensation, left eye
H57.8A3	Foreign body sensation, bilateral eyes
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
Q15.9	Congenital malformation of eye, unspecified
Q18.8	Other specified congenital malformations of face and neck

CODE	DESCRIPTION
Z44.21	Encounter for fitting and adjustment of artificial right eye
Z44.22	Encounter for fitting and adjustment of artificial left eye

Group 2 Paragraph:

For Codes in the table below that require a 7th character, letter A initial encounter, D subsequent encounter or S sequel may be used.

Group 2 Codes: (47 Codes)

CODE	DESCRIPTION
S00.10XA	Contusion of unspecified eyelid and periocular area, initial encounter
S00.11XA	Contusion of right eyelid and periocular area, initial encounter
S00.12XA	Contusion of left eyelid and periocular area, initial encounter
S01.101A	Unspecified open wound of right eyelid and periocular area, initial encounter
S01.102A	Unspecified open wound of left eyelid and periocular area, initial encounter
S01.111A	Laceration without foreign body of right eyelid and periocular area, initial encounter
S01.112A	Laceration without foreign body of left eyelid and periocular area, initial encounter
S01.119A	Laceration without foreign body of unspecified eyelid and periocular area, initial encounter
S01.121A	Laceration with foreign body of right eyelid and periocular area, initial encounter
S01.122A	Laceration with foreign body of left eyelid and periocular area, initial encounter
S01.129A	Laceration with foreign body of unspecified eyelid and periocular area, initial encounter
S01.131A	Puncture wound without foreign body of right eyelid and periocular area, initial encounter
S01.132A	Puncture wound without foreign body of left eyelid and periocular area, initial encounter
S01.139A	Puncture wound without foreign body of unspecified eyelid and periocular area, initial encounter
S01.141A	Puncture wound with foreign body of right eyelid and periocular area, initial encounter
S01.142A	Puncture wound with foreign body of left eyelid and periocular area, initial encounter
S01.149A	Puncture wound with foreign body of unspecified eyelid and periocular area, initial encounter
S01.151A	Open bite of right eyelid and periocular area, initial encounter
S01.152A	Open bite of left eyelid and periocular area, initial encounter

CODE	DESCRIPTION
S01.159A	Open bite of unspecified eyelid and periocular area, initial encounter
S05.20XA	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, initial encounter
S05.21XA	Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, initial encounter
S05.22XA	Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, initial encounter
S09.92XA	Unspecified injury of nose, initial encounter
S09.93XA	Unspecified injury of face, initial encounter
S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter
S16.9XXA	Unspecified injury of muscle, fascia and tendon at neck level, initial encounter
S19.80XA	Other specified injuries of unspecified part of neck, initial encounter
S19.81XA	Other specified injuries of larynx, initial encounter
S19.82XA	Other specified injuries of cervical trachea, initial encounter
S19.83XA	Other specified injuries of vocal cord, initial encounter
S19.84XA	Other specified injuries of thyroid gland, initial encounter
S19.85XA	Other specified injuries of pharynx and cervical esophagus, initial encounter
S19.89XA	Other specified injuries of other specified part of neck, initial encounter
S19.9XXA	Unspecified injury of neck, initial encounter
T26.00XA	Burn of unspecified eyelid and periocular area, initial encounter
T26.01XA	Burn of right eyelid and periocular area, initial encounter
T26.02XA	Burn of left eyelid and periocular area, initial encounter
T26.20XA	Burn with resulting rupture and destruction of unspecified eyeball, initial encounter
T26.21XA	Burn with resulting rupture and destruction of right eyeball, initial encounter
T26.22XA	Burn with resulting rupture and destruction of left eyeball, initial encounter
T26.40XA	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T26.41XA	Burn of right eye and adnexa, part unspecified, initial encounter
T26.42XA	Burn of left eye and adnexa, part unspecified, initial encounter
T26.50XA	Corrosion of unspecified eyelid and periocular area, initial encounter
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.52XA	Corrosion of left eyelid and periocular area, initial encounter

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/28/2023	R5	12/28/2023: Under CPT/HCPCS Codes Group 1 Codes : Revised description for CPT code 67901. Biannual review completed 11/20/2023 with no change in coverage.
10/01/2023	R4	Posted 09/28/2023: Under ICD-10 Codes that Support Medical Necessity Group 1 Codes added H57.8A1, H57.8A2, and H57.8A3 due to the 2024 Annual ICD-10-CM update.
04/28/2022	R3	Posted 04/28/2022 Review completed 04/04/2022.
04/30/2020	R2	04/30/2020 Review completed 3/24/2020. Relocated coding guidance from the Documentation Requirements section of LCD L34528 Blepharoplasty, Blepharoptosis and Brow Lift to #2 in the Article Text section of this document. Removed redundant language from same section. Relocated references to the Social Security Act and CR 10236 from the Article Text section to the CMS National Coverage section. Removed specific Bill Type and Revenue codes. Typographical errors corrected. Reformatted numbers and tables.
08/29/2019	R1	10/31/2019 Added ICD-10 codes unintentionally omitted from Table 1 of the article when the codes were migrated from the LCD: H02.005, H02.011, H02.012, H02.014, H02.015, H02.021, H02.022, H02.024, H02.025, H02.031, H02.032, H02.034, H02.035, H02.041, H02.042, H02.044, H02.045, H02.051, H02.052, H02.054, H02.055, H02.101, H02.102, H02.104, H02.105, H02.111, H02.112, H02.114, H02.115, H02.121, H02.122, H02.124, H02.125, H02.131, H02.132, H02.134, H02.135, H02.141, H02.142, H02.144, H02.145, H02.151, H02.152, H02.154, H02.155, H02.201, H02.202, H02.204. Corrected minor typo. Added codes to Modifier section.

Associated Documents

Related Local Coverage Documents

LCDs

[L34528 - Blepharoplasty, Blepharoptosis and Brow Lift](#)

[L34635 - Botulinum Toxin Type A & Type B](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

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12/20/2023	12/28/2023 - N/A	Currently in Effect (This Version)
09/19/2023	10/01/2023 - 12/27/2023	Superseded
04/20/2022	04/28/2022 - 09/30/2023	Superseded

Keywords

N/A