

# Local Coverage Article: Blepharoplasty - Medical Policy Article (A52837)

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## Contractor Information

| Contractor Name                                    | Contract Type          | Contract Number | Jurisdiction | State(s)                   |
|--|------------------------|-----------------|--------------|----------------------------|
| <a href="#">National Government Services, Inc.</a> | MAC - Part A           | 06101 - MAC A   | N/A          | Illinois                   |
| <a href="#">National Government Services, Inc.</a> | MAC - Part B           | 06102 - MAC B   | N/A          | Illinois                   |
| <a href="#">National Government Services, Inc.</a> | MAC - Part A           | 06201 - MAC A   | N/A          | Minnesota                  |
| <a href="#">National Government Services, Inc.</a> | MAC - Part B           | 06202 - MAC B   | N/A          | Minnesota                  |
| <a href="#">National Government Services, Inc.</a> | MAC - Part A           | 06301 - MAC A   | N/A          | Wisconsin                  |
| <a href="#">National Government Services, Inc.</a> | MAC - Part B           | 06302 - MAC B   | N/A          | Wisconsin                  |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13101 - MAC A   | J - K        | Connecticut                |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13102 - MAC B   | J - K        | Connecticut                |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13201 - MAC A   | J - K        | New York - Entire<br>State |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13202 - MAC B   | J - K        | New York - Downstate       |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13282 - MAC B   | J - K        | New York - Upstate         |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 13292 - MAC B   | J - K        | New York - Queens          |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14111 - MAC A   | J - K        | Maine                      |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14112 - MAC B   | J - K        | Maine                      |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14211 - MAC A   | J - K        | Massachusetts              |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14212 - MAC B   | J - K        | Massachusetts              |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14311 - MAC A   | J - K        | New Hampshire              |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14312 - MAC B   | J - K        | New Hampshire              |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14411 - MAC A   | J - K        | Rhode Island               |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14412 - MAC B   | J - K        | Rhode Island               |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14511 - MAC A   | J - K        | Vermont                    |
| <a href="#">National Government Services, Inc.</a> | A and B and HHH<br>MAC | 14512 - MAC B   | J - K        | Vermont                    |
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## Article Information

### General Information

Article ID

Original Article Effective Date

Original ICD-9 Article ID  
[A51525](#)

**Revision Effective Date**  
10/01/2015

**Article Title**  
Blepharoplasty - Medical Policy Article

**Revision Ending Date**  
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

**Retirement Date**  
N/A

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## Article Guidance

### Article Text:

### Abstract:

Blepharoplasty may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance and may be either reconstructive or cosmetic (aesthetic). Surgery of the upper eyelids is reconstructive when it provides functional vision and/or visual field benefits or improves the functioning of a malformed or degenerated body member, but cosmetic when done to enhance aesthetic appearance. **Medicare does not cover cosmetic surgery or expenses incurred in connection with such surgery** (CMS publication 100-02; Medicare Benefit Policy Manual, Chapter 16, Section 20). This medical policy article specifies covered indications, limitations of coverage, and documentation requirements for non-cosmetic blepharoplasty surgery.

Upper blepharoplasty and/or repair of blepharoptosis may be considered functional in nature when excess upper eyelid tissue or the upper lid position produces functional complaints. Those functional complaints are usually related to visual field impairment in primary gaze and/or down gaze (e.g., reading position). The visual impairment is commonly related to a lower than normal position of the eyelid relative to the pupil and/or to excess skin that hangs over the edge of the eyelid. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin and for patients with an anophthalmic socket who are experiencing prosthesis difficulties. Brow ptosis may also produce or contribute to functional visual field impairment. Either or both of these procedures may be required in some situations when a blepharoplasty would not result in a satisfactory functional repair. Similarly, surgery of the lower eyelids is reconstructive when poor eyelid tone (with or without entropion or ectropion) causes dysfunction of the "lacrimal pump," lid retraction, and/or exposure

keratoconjunctivitis that often results in epiphora (tearing).

## **Definitions:**

Dermatochalasis: excess skin with loss of elasticity that is usually the result of the aging process.

Blepharochalasis: excess skin associated with chronic recurrent eyelid edema that physically stretches the skin.

Blepharoptosis: drooping of the upper eyelid which relates to the position of the eyelid margin with respect to the eyeball and visual axis.

Pseudoptosis: "false ptosis," for the purposes of this policy, describes the specific circumstance when the eyelid margin is usually in an appropriate anatomic position with respect to the eyeball and visual axis but the amount of excessive skin from dermatochalasis or blepharochalasis is so great as to overhang the eyelid margin and create its own ptosis. Other causes of pseudoptosis, such as hypotropia and globe malposition, are managed differently and do not apply to this policy. Pseudoptosis resulting from insufficient posterior support of the eyelid, as in phthisis bulbi, microphthalmos, congenital or acquired anophthalmos, or enophthalmos is often correctable by prosthesis modification when a prosthesis is present, although persistent ptosis may be corrected by surgical ptosis repair.

Brow Ptosis: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may coexist with clinically significant dermatochalasis and/or lid ptosis.

Horizontal Eyelid Laxity: poor eyelid tone, usually a result of the aging process, that causes (1) lid retraction without frank ectropion formation but with corneal exposure and irritation (foreign body sensation) and (2) dysfunction of the eyelid "lacrimal pump," both of which result in symptomatic tearing (epiphora).

## **Indications and Limitations:**

The conditions listed under "2" and "3" below are generally considered reconstructive and usually not subject to the medical review of conditions listed under "1" which have the potential of being considered cosmetic.

Blepharoplasty may be considered reconstructive when performed for one of the following conditions that may affect both upper and lower eyelids.

### **1. To correct visual impairment caused by:**

- Dermatochalasis, including symptomatic redundant skin weighing down on the upper eyelashes (i.e., pseudoptosis) and surgically induced dermatochalasis after ptosis repair.
- Blepharochalasis.
- Blepharoptosis, including dehiscence of the aponeurosis of the levator palpebrae superioris muscle after trauma or cataract extraction, causing ptosis that may obstruct the superior visual field as well as the visual axis in downgaze (reading position).
- Brow ptosis. It is recognized that brow ptosis repair, in addition to blepharoplasty and/or blepharoptosis repair, may be necessary in some cases to provide an adequate functional result.

Any procedure(s) involving blepharoplasty and billed to this contractor must be supported by documented patient complaints which justify functional surgery. This documentation must address the signs and symptoms commonly found in association with ptosis, pseudoptosis, blepharochalasis and/or dermatochalasis. These include (but are not limited to):

- Significant interference with vision or superior or lateral visual field, (e.g., difficulty seeing objects approaching from the periphery);
- Difficulty reading due to superior visual field loss; or,
- Looking through the eyelashes or seeing the upper eyelid skin.

The visual fields should demonstrate a significant loss of superior visual field and potential correction of the visual field by the proposed procedures(s). A minimum 12 degree or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures is required. Photographs should also demonstrate the eyelid abnormality(ies) necessitating the procedures(s). (Please see "Documentation Requirements.")

Please note that in the case of prosthetic difficulties associated with an anophthalmic, microphthalmic, or enophthalmic socket, subjective complaints, examination findings (signs), and failure of prosthesis modification (when indicated) must be documented, along with photographic documentation demonstrating the contribution of one of the above mentioned orbital and/or globe abnormalities as they relate to the abnormal upper and/or lower eyelid position and intolerance of prosthesis wear. (Please see "Documentation Requirements below.")

2. Repair of anatomical or pathological defects, including those caused by disease (including thyroid dysfunction and cranial nerve palsies), trauma, or tumor-ablative surgery. Surgery is performed to reconstruct the normal structure of the eyelid, using local or distant tissue. Reconstruction may be necessary to protect the eye and/or improve visual function. Conditions that may require blepharoplasty, ptosis repair, ectropion repair, or entropion repair are:
  - Ectropion and entropion
  - Epiblepharon\*
  - Post-traumatic defects of the eyelid
  - Post-surgical defects after excision of neoplasm(s)
  - Lagophthalmos
  - Congenital lagophthalmos\*
  - Congenital ectropion, entropion\*
  - Congenital ptosis\*
  - Lid retraction or lag (due to horizontal lower eyelid laxity without ectropion or entropion, causing exposure keratopathy and/or epiphora; due to horizontal upper eyelid laxity, causing floppy eyelid syndrome; or due to orbital thyroid disease).
  - Chronic symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin.

The medical record must contain documented patient complaints and pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment of any of the above conditions. In addition, photographic documentation must demonstrate the clinical abnormality(ies) consistent with the beneficiary's subjective complaint(s) for asterisked (\*) diagnoses listed above.

3. Relief of eye symptoms associated with blepharospasm. Primary essential (idiopathic) blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms the peri-ocular facial muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated, a blepharoplasty combined with limited myectomy may be necessary.

Patient complaints and relevant medical history (e.g., failure to respond to botulinum toxin therapy, botulinum toxin therapy is contraindicated, etc.) must be documented and available upon request. Please see "Documentation Requirements."

### **Documentation Requirements:**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this article. (Please see "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. This documentation must be submitted upon request. In addition, for the Group 2 CPT codes, documentation should consist of visual field results and/or photographs as specified below.

1. Visual fields must be recorded using either a tangent screen visual field, 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) extent of 50-60 degrees above fixation with targets presented at a minimum four-degree vertical separation starting at zero (0) degrees above fixation while using no wider than a 10-degree horizontal separation.
  - a. Each eye should be tested with the upper eyelid at rest and repeated with the lid elevated (e.g., taped or manually retracted) to demonstrate an expected "surgical" improvement meeting or exceeding the criteria. As previously stated, visual fields must demonstrate a minimum 12 degrees or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures.
  - b. Visual field studies must contain the beneficiary's name, the date, and the eye tested. If the skin edge is below the true eyelid margin, the visual field must be performed with the excess skin untaped and taped (or otherwise retracted).
  - c. Should there be ptosis in isolation or concurrent with dermatochalasis, the visual fields should be repeated with the true eyelid taped such that the eyelid margin assumes the anatomic position.
  - d. Visual fields are not required when the reason for the lid surgery is entropion or ectropion.
2. Photographs (prints, not slides) must be frontal and canthus-to-canthus with the head perpendicular to the plane of the camera (i.e., not tilted) in order to demonstrate the position of the true lid margin or the "false lid margin" in the case of pseudoptosis caused by severe dermatochalasis. The photographs must be of sufficient clarity to show a light reflex on the cornea or the relationship of the eyelid to the cornea or pupil (except in cases where the lid margin obscures the corneal light reflex or a digital camera is used and there is no light reflex).

Photographs for the purpose of justifying an eyelid procedure(s) and/or brow ptosis procedures due to superior visual field loss must demonstrate that the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex. Specific photograph requirements are described below.

- a. Blepharoplasty must portray both eyelids in the frontal (straight-ahead) position demonstrating:
  - Upper eyelid skin resting on the eyelashes or over the eyelid margin; or,
  - Excessive dermatochalasis pushing the eyelid margin down to an abnormally low position; or,
  - One of the above in cases of the induction of visually compromising dermatochalasis after ptosis repair in patients having a large dehiscence of the levator aponeurosis. In addition, an operative note documenting the skin excess after the ptosis has been repaired, and that blepharoplasty is indicated for its repair, is also required.
- b. Blepharoptosis repair must portray both eyelids in the frontal (straight-ahead) position demonstrating:
  - True lid ptosis;
  - The upper eyelid position with respect to a prosthesis in an anophthalmic socket or to the globe in congenital or acquired microphthalmos or in enophthalmos.
- c. Blepharoptosis repair and blepharoplasty must portray both eyelids in the frontal (straight-ahead) position demonstrating:
  - Presence of true lid ptosis when excessive skin is elevated by taping or is otherwise retracted, especially if it lies below the position of the true eyelid margin. Oblique or lateral photographs may be required to demonstrate redundant skin on the eyelashes.
- d. Brow ptosis (performed singly or in combination with other procedures) must be frontal demonstrating:
  - Drooping of brows below the superior orbital rim; and,
  - Improvement of blepharoptosis and/or dermatochalasis by elevation of the brows. (Note: If a blepharoplasty and/or lid ptosis repair and/or brow ptosis are planned, the necessity for each individual procedure performed and billed to Medicare must be documented and supported by photographs. This may require multiple sets of photographs (and/or visual fields), showing the effect of drooping of redundant skin (and its correction by taping or manual retraction) and the actual presence of blepharoptosis and/or brow ptosis and/or an eyelid dermatitis.
- e. If the patient's only complaint is obstruction of vision when reading, two photographs are obtained to demonstrate the eyelid position in primary gaze (straight ahead) and downgaze (visual axis and camera lens coaxial), demonstrating:
  - The eyelid position in primary gaze (straight ahead) and down gaze (visual axis and camera lens coaxial); and,
  - The subjective complaints of the beneficiary must be well documented in the medical record as well as the medical and/or surgical history supporting eyelid dysfunction. For instance, many patients may not have problems until after fatigue and/or may have more problems in the afternoon compared to the morning.

In cases of induction of visually compromising dermatochalasis by ptosis repair in patients having large dehiscence of the levator aponeurosis documentation must demonstrate:

- a. Dehiscence of the levator aponeurosis; and

An operative note indicating the skin excess after the ptosis has been repaired and blepharoplasty is necessary.

**Coding Information:**

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

The diagnosis code(s) must best describe the patient's condition for which the service was performed.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

Advance Beneficiary Notice of Noncoverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 30, for complete instructions.

**Specific coding information for this article:**

The relevant anatomic modifier or the modifier –59 (distinct procedural services) should be used for procedures at different sites.

Appropriate anatomic modifiers for procedure codes 15820-15823 and 67901-67924 are E1 (upper left, eyelid), E2 (lower left, eyelid), E3 (upper right eyelid), and E4 (lower right, eyelid).

Brow repair and eyelid procedures performed during the same operative session are subject to multiple surgery guidelines as listed in the Medicare Physician Fee Schedule.

When visual fields are done, bill one unit of service per date of service, even if multiple studies are performed.

Photography for purposes of documentation is not separately reportable or reimbursed.

Please see the “Documentation Requirements” for further instructions for the fiscal intermediary. The physician’s interpretation of the visual fields and the description of the photographic findings may be included in Form Locator 80 of the UB-04 or its electronic equivalent.

**For claims submitted to the Part B MAC:**

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

Claims for blepharoplasty services are payable under Medicare Part B in the following places of service (POS) office (11) inpatient hospital (21), outpatient hospital (22) and ambulatory surgical center (24) and (49) independent clinic.

Please see the “Documentation Requirements” for further instructions for the carrier. The physician’s interpretation of the visual fields and the description of the photographic findings may be included in Item 19 of the CMS 1500 form or its electronic equivalent.

**For claims submitted to the Part A MAC:**

Hospital Inpatient Claims:

- The hospital should report the patient's principal diagnosis in Form Locator (FL) 67 of the UB-04. *The principal diagnosis is the condition established after study to be chiefly responsible for this admission.*
- *The hospital enters ICD-10-CM codes for up to eight additional conditions in FLs 67A-67Q if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67.*
- For inpatient hospital claims, the admitting diagnosis is required and should be recorded in FL 69. (See CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 25, Section 75 for additional instructions.)

#### Hospital Outpatient Claims:

- *The hospital should report the full ICD-10-CM code for the diagnosis shown to be chiefly responsible for the outpatient services in FL 67. If no definitive diagnosis is made during the outpatient evaluation, the patient's symptom is reported. If the patient arrives without a referring diagnosis, symptom or complaint, the provider should report an ICD-10-CM code for Persons Without Reported Diagnosis Encountered During Examination and Investigation of Individuals and Populations (Z00.00-Z13.9).*
- *The hospital enters the full ICD-10-CM codes in FLs 67A-67Q for up to eight other diagnoses that co-existed in addition to the diagnosis reported in FL 67.*

### **CMS National Coverage Policy**

#### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(1)(10) prohibits payment for cosmetic surgery. Procedures performed only to approve appearances without a functional benefit are not covered by Medicare.

#### CMS Publications:

CMS Publication 100-02; Medicare Benefit Policy Manual, Chapter 16:  
20.2.1 Categorical Denials  
120 Cosmetic Surgery

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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 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.

#### **Bill Type Code Bill Type Description**

|      |                          |
|------|--------------------------|
| 013x | Hospital Outpatient      |
| 085x | Critical Access Hospital |

### **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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

| <b>Revenue Code</b> | <b>Revenue Code Description</b>                   |
|---------------------|---|
| 036X                | Operating Room Services - General Classification  |
| 049X                | Ambulatory Surgical Care - General Classification |
| 051X                | Clinic - General Classification                   |
| 076X                | Specialty Services - General Classification       |

### **CPT/HCPCS Codes**

#### **Group 1 Paragraph:**

The CPT codes in Group 1 are generally considered reconstructive in nature.

#### **Group 1 Codes:**

| <b>Group 1 CPT/HCPCS Code</b> | <b>Group 1 CPT/HCPCS Code Description</b>  |
|-------------------------------|--|
| 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) |

#### **Group 2 Paragraph:**

The CPT codes in Group 2 may potentially be considered as cosmetic and thus not covered by Medicare. Documentation to support functional impairment, visual or otherwise, must be present. (Please see the "Indications and Limitations" and "Documentation Requirements" sections.)

#### **Group 2 Codes:**

| <b>Group 2 CPT/HCPCS Code</b> | <b>Group 2 CPT/HCPCS Code Description</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   |
| 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)             |

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

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## **Revision History Information**

Please note: The Revision History information included in this Article prior to 06/20/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 06/20/2013 will display as a row in the Revision History section of the Article and numbering will begin with "R2".

| <b>Revision History<br/>Date</b> | <b>Revision History<br/>Number</b> | <b>Revision History Explanation</b>  |
|----------------------------------|------------------------------------|--|
| 10/01/2015                       | R1                                 | 05/17/2015 - For the following Revenue Codes the description was changed:<br>0499 descriptor was changed |

[Back to Top](#) **Related Local Coverage Document(s)** N/A

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

**Public Version(s)** Updated on 09/25/2015 with effective dates 10/01/2015 - N/A [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

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## **Keywords**

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