

Local Coverage Determination (LCD): Blepharoplasty (L33944)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	N/A	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	N/A	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	N/A	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	N/A	Ohio

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LCD Information

Document Information

LCD ID L33944	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID L31828	Revision Effective Date For services performed on or after 10/01/2015
LCD Title Blepharoplasty	Revision Ending Date N/A
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CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

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

CMS Publication 100-04; *Medicare Claims Processing Manual*, Chapter 30:

20.2.1 Denials for Which the Limitation on Liability Provision Does Not Apply - Categorical Denials
50 Form CMS-R-131 Advance Beneficiary Notice (ABN)
90 Form CMS-20007-Notice of Exclusions from Medicare Benefits (NEMBs)

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Medicare does not cover cosmetic surgery or expenses incurred in connection with such surgery. Cosmetic surgery is defined by Medicare as: "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. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose" (CMS Publication 100-2; *Medicare Benefit Policy Manual*, Chapter 16, Section 120). This local coverage determination provides additional guidance on CGS covered indications and limitations of coverage for blepharoplasty surgery

The American Society of Plastic and Reconstructive Surgeons has published the following definitions:

- **Blepharoplasty** may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. It may be either reconstructive or cosmetic (aesthetic).
- **Cosmetic Blepharoplasty:** When blepharoplasty is performed to improve a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure is considered cosmetic.
- **Reconstructive Blepharoplasty:** When blepharoplasty is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or relieve the painful symptoms of blepharospasm, the procedure should be considered reconstructive. This may involve rearrangement or excision of the structures with the eyelids and/or tissues of the cheek, forehead and nasal areas. Occasionally a graft of skin or other distant tissues is transplanted to replace deficient eyelid components.

Based upon the above definitions, 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. The goal of functional restorative surgery is to restore significant function to a structure that has been altered by trauma, infection, inflammation, degeneration (e.g., from aging), neoplasia, or developmental errors.

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).

The following are terms used to describe conditions which may require repair of the eyelids(s):

- **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 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 procedure(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 may be used to demonstrate the eyelid abnormality(ies) necessitating the procedure(s), but are not required. (Photography for purposes of documentation is not separately reportable or reimbursed.) (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.")

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. (Please see "Documentation Requirements.") (Photography for purposes of documentation is not separately reportable or reimbursed.)

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."

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS rvices to process their claims.

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

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for blepharoplasty services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

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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.

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 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.

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

0360 Operating Room Services - General Classification
0361 Operating Room Services - Minor Surgery
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:

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:

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)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: It is the responsibility of the physician/provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

For CPT codes 15820-15823 with/or without 67900-67908 and 67909-67924:

Group 1 Codes:

ICD-10 Codes	Description
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus
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
C44.90 - C44.92	Unspecified malignant neoplasm of skin, unspecified - Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
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
D04.11	Carcinoma in situ of skin of right eyelid, including canthus
D04.12	Carcinoma in situ of skin of left eyelid, including canthus
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face
G24.5	Blepharospasm
G51.0	Bell's palsy
G51.2 - G51.4	Melkersson's syndrome - Facial myokymia
G51.8	Other disorders of facial nerve
G51.9	Disorder of facial nerve, unspecified

ICD-10 Codes	Description
G70.00	Myasthenia gravis without (acute) exacerbation
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
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
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
H02.201	Unspecified lagophthalmos right upper eyelid
H02.202	Unspecified lagophthalmos right lower eyelid
H02.204	Unspecified lagophthalmos left upper eyelid
H02.205	Unspecified lagophthalmos left lower eyelid
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
H02.221	Mechanical lagophthalmos right upper eyelid

ICD-10 Codes	Description
H02.222	Mechanical lagophthalmos right lower eyelid
H02.224	Mechanical lagophthalmos left upper eyelid
H02.225	Mechanical lagophthalmos left lower eyelid
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
H02.31*	Blepharochalasis right upper eyelid
H02.32*	Blepharochalasis right lower eyelid
H02.34*	Blepharochalasis left upper eyelid
H02.35*	Blepharochalasis left lower eyelid
H02.401 - H02.403*	Unspecified ptosis of right eyelid - Unspecified ptosis of bilateral eyelids
H02.411 - H02.413	Mechanical ptosis of right eyelid - Mechanical ptosis of bilateral eyelids
H02.421 - H02.423	Myogenic ptosis of right eyelid - Myogenic ptosis of bilateral eyelids
H02.431 - H02.433	Paralytic ptosis of right eyelid - 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
H02.70	Unspecified degenerative disorders of eyelid and periocular area
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
H02.89*	Other specified disorders of eyelid
H02.9*	Unspecified disorder of eyelid
H04.521 - H04.523	Eversion of right lacrimal punctum - Eversion of bilateral lacrimal punctum
H50.89	Other specified strabismus
L11.8*	Other specified acantholytic disorders
L11.9*	Acantholytic disorder, unspecified
L57.2*	Cutis rhomboidalis nuchae
L57.4*	Cutis laxa senilis
L66.4*	Folliculitis ulerythematososa reticulata
L85.8*	Other specified epidermal thickening
L87.1*	Reactive perforating collagenosis
L87.8*	Other transepidermal elimination disorders
L90.3*	Atrophoderma of Pasini and Pierini
L90.4*	Acrodermatitis chronica atrophicans
L90.8*	Other atrophic disorders of skin
L91.8*	Other hypertrophic disorders of the skin
L92.2*	Granuloma faciale [eosinophilic granuloma of skin]
L94.8*	Other specified localized connective tissue disorders
L98.5*	Mucinosis of the skin
L98.6*	Other infiltrative disorders of the skin and subcutaneous tissue
L99*	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere
Q10.0 - Q10.3	Congenital ptosis - Other congenital malformations of eyelid
Q11.1	Other anophthalmos
S04.51XA	Injury of facial nerve, right side, initial encounter
S04.52XA	Injury of facial nerve, left side, initial encounter
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.22XA	Displacement of intraocular lens, initial encounter
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
Z44.21	Encounter for fitting and adjustment of artificial right eye
Z44.22	Encounter for fitting and adjustment of artificial left eye

ICD-10 Codes	Description
Z90.01	Acquired absence of eye

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: *•Lid surgeries done for the ICD-10-CM codes with an asterisk (*) may potentially be considered as cosmetic and thus not covered by Medicare without the appropriate documentation to support functional impairment. Please see the "Documentation Requirements."

Lid surgeries done for the ICD-10-CM codes that are NOT asterisked are generally considered reconstructive in nature and therefore do not require additional specific documentation for coverage by Medicare. Other diagnoses not on this policy can only be considered on a case-by-case basis when the procedures performed are not for cosmetic purposes and they are submitted with the appropriate supportive medical documentation.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
Z41.1	Encounter for cosmetic surgery

ICD-10 Additional Information

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General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (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. Claims submitted without requested supporting evidence in the medical record will be denied as being not medical necessary.

In addition, for the asterisked ICD-10-CM codes and Group 2 CPT codes, documentation should consist of visual field results and/or photographs.

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

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. CGS is not responsible for the continuing viability of Web site addresses listed below.

Aetna Clinical Policy Bulletin: Ptosis Surgery. Available at http://www.aetna.com/cpb/medical/data/1_33/0084.html. Accessed 07/23/2007.

American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Blepharoplasty. Available at http://www.plasticsurgery.org/medical_professionals/health_policy/recommended-insurance-coverage-criteria-papers.cfm. Accessed 07/25/2007.

Carrier Advisory Committee.

Other Medicare contractors' Local Coverage Determinations.

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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 separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R5	Revision #:R4 Revision effective: N/A Revision Explanation: annual review no changes made	<ul style="list-style-type: none">• Other (Annual Review)
10/01/2015	R4	Revision #:R2 Revision effective: N/A Revision Explanation: Accepted code descriptions changes for revenue codes.	<ul style="list-style-type: none">• Other (revenue code description changes)
10/01/2015	R3	Revision #:R2 Revision effective: N/A Revision Explanation: Attached the updated blepharoplasty fact sheet.	<ul style="list-style-type: none">• Provider Education/Guidance
10/01/2015	R2	Revision #:R2 Revision effective: N/A Revision Explanation: Attached the blepharoplasty fact sheet.	<ul style="list-style-type: none">• Provider Education/Guidance
10/01/2015	R1	R1 Revision effective: 10/01/2014 Revision Explanation: Remove ICD-9 verbiage in covered ICD-10 lists.	<ul style="list-style-type: none">• Provider Education/Guidance

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[Associated Documents](#)

Attachments [Blepharoplasty Fact Sheet](#) (PDF - 116 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 10/23/2015 with effective dates 10/01/2015 - N/A [Updated on 06/10/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 09/18/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 07/15/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/13/2014 with effective dates 10/01/2015 - N/A](#)

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