

Article - Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift (A56503)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

Article Information

General Information

Article ID

A56503

Article Title

Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift

Article Type

Billing and Coding

Original Effective Date

04/18/2019

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 30, §20.2.1 Categorical Denials

Article Guidance**Article Text**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Blepharoplasty, Eyelid Surgery, and Brow Lift L34411.

Coding Information**CPT/HCPCS Codes****Group 1 Paragraph:**

N/A

Group 1 Codes: (11 Codes)

CODE	DESCRIPTION
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

Group 2 Paragraph:

N/A

Group 2 Codes: (11 Codes)

CODE	DESCRIPTION
67909	Revise eyelid defect
67911	Revise eyelid defect
67912	Correction eyelid w/implant
67914	Repair eyelid defect
67915	Repair eyelid defect
67916	Repair eyelid defect
67917	Repair eyelid defect
67921	Repair eyelid defect
67922	Repair eyelid defect
67923	Repair eyelid defect
67924	Repair eyelid defect

CPT/HCPCS Modifiers

N/A

ICD-10-CM 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 Blepharoptosis Repair, Blepharoplasty, and Browplasty:

Group 1 Codes: (43 Codes)

CODE	DESCRIPTION
G24.5	Blepharospasm
G51.2	Melkersson's syndrome
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.4	Facial myokymia
G70.00	Myasthenia gravis without (acute) exacerbation
G70.80	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in disease classified elsewhere
G73.1	Lambert-Eaton syndrome in neoplastic disease
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	Unspecified ptosis of right eyelid
H02.402	Unspecified ptosis of left eyelid
H02.403	Unspecified ptosis of bilateral eyelids
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid
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

CODE	DESCRIPTION
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid
H02.70	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
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
L57.4	Cutis laxa senilis
L85.8	Other specified epidermal thickening
Q10.0	Congenital ptosis

Group 2 Paragraph:

For Other Eyelid Surgeries:

Group 2 Codes: (152 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
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus

CODE	DESCRIPTION
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
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous 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
C44.301	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

CODE	DESCRIPTION
D03.122	Melanoma in situ of left lower eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
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
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
D22.39	Melanocytic nevi of other parts of face
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
D23.39	Other benign neoplasm of skin of other parts of face
G51.0	Bell's palsy
G51.2	Melkersson's syndrome
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

CODE	DESCRIPTION
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
CODE	DESCRIPTION
H02.135	Senile ectropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid

CODE	DESCRIPTION
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
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
H02.21A	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
H02.531	Eyelid retraction right upper eyelid

CODE	DESCRIPTION
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
H04.521	Eversion of right lacrimal punctum
H04.522	Eversion of left lacrimal punctum
H04.523	Eversion of bilateral lacrimal punctum
H50.89	Other specified strabismus
P11.3	Birth injury to facial nerve
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
S04.51XD	Injury of facial nerve, right side, subsequent encounter
S04.51XS	Injury of facial nerve, right side, sequela
S04.52XD	Injury of facial nerve, left side, subsequent encounter
S04.52XS	Injury of facial nerve, left side, sequela

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

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

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2023	R5	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added H57.8A1, H57.8A2 and H57.8A3. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/23.
02/09/2023	R4	Under CMS National Coverage Policy removed the regulation CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Transmittal 3552, Change Request 9658. Formatting was corrected throughout the article.
04/22/2021	R3	Under CMS National Coverage Policy added description to regulation Title XVIII of the Social Security Act, §1833(e).
10/10/2019	R2	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related Blepharoplasty, Eyelid Surgery, and Brow Lift L34411 LCD and placed in this article. Formatting, punctuation and typographical errors were corrected throughout the article.
04/18/2019	R1	All coding located in the Coding Information section has been removed from the related Blepharoplasty, Eyelid Surgery, and Brow Lift L34411 Local Coverage Determination (LCD) and added to this article.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION

Associated Documents

Related Local Coverage Documents

LCDs

[L34411 - Blepharoplasty, Eyelid Surgery, and Brow Lift](#)

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

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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Keywords

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- Brow Repair