

LCD - Blepharoplasty, Eyelid Surgery, and Brow Lift (L34411)

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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

LCD Information

Document Information

LCD ID

L34411

LCD Title

Blepharoplasty, Eyelid Surgery, and Brow Lift

Proposed LCD in Comment Period

N/A

Source Proposed LCD

[DL34411](#)

Original Effective Date**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 05/20/2021

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

12/22/2016

Notice Period End Date

02/05/2017

CMS National Coverage Policy

Title XVIII of the Social Security Act, §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.

Title XVIII of the Social Security Act, §1862(a)(10) prohibits payment for cosmetic surgery. Procedures performed only to improve appearances without a functional benefit are not covered by Medicare.

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 16, §20 Services not reasonable and necessary, §120 Cosmetic Surgery

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Blepharoplasty, blepharoptosis repair, and brow lift are surgeries that may be performed to improve function or provided strictly for cosmetic reasons. Medicare considers surgeries performed to improve function as reasonable and necessary. Surgeries performed solely for cosmetic reasons are not considered reasonable and necessary and therefore, not covered by Medicare.

When eyelid surgery is done to repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion/corneal exposure), treat periorbital sequelae of thyroid disease and nerve palsy, or relieve refractory 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 tissues is transplanted to replace deficient eyelid components.

Blepharoptosis Repair, Blepharoplasty, and Browplasty

Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis (drooping of the upper eyelid, which relates to the position of the eyelid margin with respect to the eyeball and visual axis) is considered functional in nature when the upper lid position or overhanging skin (see "pseudoptosis" below) is sufficiently low to produce a functional deficit related to visual field impairment or brow fatigue.

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Other functional indications for upper blepharoplasty include:

- Dermatochalasis: excess skin with loss of elasticity that is usually the result of the aging process
- Chronic dermatitis due to blepharochalasis (excess skin associated with chronic recurrent eyelid edema that physically stretches the skin) due to severe allergy or thyroid eye disease
- Significant/extreme difficulty fitting spectacles due to excessive eyelid tissue
- Primary essential idiopathic blepharospasm (uncontrollable spasms of the periorbital muscles) that is debilitating for which all other treatments have failed or are contraindicated
- Anophthalmic socket with ptosis contributing to difficulty fitting a prosthesis

Pseudoptosis, "false ptosis", for the purposes of this policy, describes the specific circumstance where 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. 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. Persistent ptosis may require surgical ptosis repair.

Brow ptosis (drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid) may also produce or contribute to functional visual field impairment. Brow ptosis repair may be required in some situations in place of, or in addition to, upper lid blepharoplasty to achieve a satisfactory functional repair.

Other Eyelid Surgeries

Other eyelid surgeries may be considered reconstructive in nature for the following indications where there is functional impairment as documented by preoperative frontal and lateral photographs:

- Ectropion, entropion, or epiblepharon repair for corneal and/or conjunctival injury
- Disease due to ectropion, entropion, trichiasis, or epiblepharon
- Poor eyelid tone (with or without entropion) that causes lid retraction and exposure keratoconjunctivitis and often, epiphora
- Lower eyelid edema due to a metabolic or inflammatory disorder when the edema is causing a persistent visual impairment (e.g., secondary to systemic corticosteroid therapy, myxedema, Grave's disease, nephrotic syndrome) and is unresponsive to documented conservative medical management.

When a noncovered cosmetic procedure is performed in the same operative session as a covered surgical procedure, benefits will be provided for the covered procedure only. For example, if blepharochalasis could be resolved sufficiently by brow ptosis repair alone, an upper blepharoplasty in addition would be considered cosmetic. Similarly, if a visual field deficit could be resolved sufficiently by upper blepharoplasty alone (for tissue hanging over the lid margin), a blepharoptosis repair in addition would be considered cosmetic.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Reasonably complete information fulfilling the criteria in Section A. (Patient Complaints and Physical Signs), and Section B. Photographs (as delineated below) must be adequately documented in the patient's medical records in order to demonstrate medical necessity of the procedure(s) performed.

The medical record should also clearly indicate that the patient desires surgical correction, that the risks and benefits, and alternatives have been explained, and that a reasonable expectation exists that the surgery will significantly improve functional status of the patient.

Section A. Patient Complaints and Physical Signs

A functional deficit or disturbance secondary to eyelid and/or brow abnormalities must be documented. For example:

- Interference with vision or visual field that impacts an activity of daily living (such as difficulty reading or driving), looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue
- Difficulty fitting spectacles
- Debilitating eyelid irritation
- Difficulty fitting or wearing a prosthesis when associated with an anophthalmic, microphthalmic, or enophthalmic socket. Photographic documentation demonstrating abnormalities as they relate to the abnormal upper and/or lower eyelid position related to prosthesis wear are required.
- Blepharospasm: In such cases, a description of the debility and a history of failed prior treatment is required.

In addition, the documentation should show that the eye being considered for surgery has physical signs consistent with the functional deficit or abnormality.

For Blepharoptosis:

- A margin reflex distance (MRD) of 2.0 mm or less. The MRD is a measurement from the corneal light reflex to the upper eyelid margin (NOT to include any overhanging skin that may be present) with the brows relaxed, and
- If applicable, the presence of Hering's effect defending bilateral surgery when only the more ptotic eye clearly meets the MRD criteria, in that Hering's law is one of equal innervation to both upper eyelids. If lifting the more ptotic lid with tape or by instillation of phenylephrine drops into the superior fornix causes the less ptotic lid to drop downward and meet the strict criteria, the less ptotic lid is also a candidate for surgical correction.

For Upper Blepharoplasty and/or Brow Ptosis Repair:

- Redundant eyelid tissue touching the eyelashes or hanging over the eyelid margin resulting in pseudoptosis where the "pseudo" margin produces a central "pseudo-MRD" of 2.0 mm or less, or
- Redundant eyelid tissue predominantly medially or laterally clearly obscures the line of sight in corresponding gaze, and/or
- A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin, or
- Erythema, edema, crusting, etc. of redundant eyelid tissue.

For Blepharospasm:

- A brief description of the movement disorder

For Reconstructive Surgery:

- Documented physical findings of the anatomic defect

Section B. Photographs

Color photographs are required to support upper eyelid surgery as medically necessary.

The “physical signs” documented in Section A. must be clearly represented in photographs of the structures of interest, and the photographs must be of sufficient size and detail as to make those structures easily recognizable. The patient’s head must be parallel to the camera and not tilted, so as not to distort the appearance of any relevant finding (e.g., a downward head tilt might artificially reduce the apparent measurement of a MRD).

Digital or film photographs are acceptable. Photographs must be identified with the beneficiary’s name and the date.

For Blepharoptosis Repair:

- Photographs of both eyelids in the frontal (straight-ahead) position should demonstrate the MRD outlined in Section A. If the eyelid obstructs the pupil, there is a clear-cut indication for surgery. (For reference, the colored part of the eye is about 11 mm in diameter, so the distance between the light reflex and the lid would need to be about one fifth that distance or less for the MRD to be 2.0 mm or less).
- In the special case of documenting the need for bilateral surgery because of Hering’s law, two photos are needed:
 1. One showing both eyes of the patient at rest demonstrating the above MRD criterion in the more ptotic eye, and
 2. Another showing both eyes of the patient with the more ptotic eyelid raised to a height restoring a normal visual field, resulting in increased ptosis (meeting the above MRD standard) in the less ptotic eye.

NOTE: Reviewers will assume the accepted average iris diameter of 11 mm to assess measurements in photographs. If a patient’s iris diameter deviates from this by more than 0.5 mm, this should be clearly documented in the record so appropriate adjustments can be made.

For Upper Blepharoplasty:

- Photographs of both eyelids in both frontal (straight ahead) and lateral (from the side) positions demonstrate the physical signs in Section A.

For Brow Ptosis Repair:

- One frontal (straight ahead) photograph should document drooping of a brow or brows and the appropriate other criteria in Section A. If the goal of the procedure is improvement of blepharochalasis, a second photograph should document such improvement by manual elevation of brow(s). If a single frontal photograph that includes the brow(s) would render other structures too small to evaluate, additional (overlapping to the

degree possible) photos should be taken of needed structures to ensure all required criteria can be reasonably demonstrated and evaluated.

For Prosthetic-Related Surgeries:

- In the case of prosthetic difficulties associated with an anophthalmic, microphthalmic, or enophthalmic socket, photographic documentation demonstrating abnormalities as they relate to the abnormal upper and/lower eyelid position related to prosthesis wear are required.

For Reconstructive Surgery:

- Photographic documentation clearly demonstrating the anatomic defect

Visual fields are not required to document medical necessity.

A pre-operative exam and operative report must be available.

When requested documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, (e.g., illegible or incomplete), such services will be denied as not reasonable and necessary.

Sources of Information

N/A

Bibliography

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
05/20/2021	R16	<p>Under CMS National Coverage Policy deleted verbiage related to italicized text within the policy. Under Bibliography deleted reference "American Society of Ophthalmic Plastic and Reconstructive Surgery, Functional Ptosis Repair Position Statement, 2006" as it is no longer accessible. The 8th reference was moved to Associated Information subsection For Upper Blepharoplasty and/or Brow Ptosis Repair as the 3rd bullet and revised to read "A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin". Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
10/10/2019	R15	<p>This LCD 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. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift A56503 article. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
04/18/2019	R14	<p>All coding located in the Coding Information section has been moved into the related Billing and Coding for the Blepharoplasty, Eyelid Surgery, and Brow Lift A56503 article and removed from the LCD.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
03/14/2019	R13	<p>Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected as appropriate throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
02/08/2019	R12	<p>Under CPT/HCPCS Codes Group 1: Codes deleted CPT codes 67909 and 67911. Under CPT/HCPCS Codes Group 2: Codes added CPT codes 67909 and 67911. This LCD revision is retroactive to 10/01/2018.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Other
10/01/2018	R11	<p>Under Coverage Indications, Limitations, and/or Medical Necessity in the first sentence of the second paragraph deleted the verbiage "...the painful..." and added "refractory". The heading Upper Eyelid Surgery was revised to now read Blepharoptosis Repair, Blepharoplasty, and Browplasty. The heading Lower Eyelid Surgery was revised to now read Other Eyelid Surgeries. Verbiage was revised throughout the Other Eyelid Surgeries section of the LCD. Under CPT/HCPCS Codes the Group 1: Codes were divided into Group 1: Codes and Group 2: Codes. CPT</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes • Other (For further clarification of the LCD)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>code 67912 was added as a new code to the Group 2: Codes section. Under ICD-10 Codes That Support Medical Necessity the Group 1: Codes were divided into Group 1: Codes and Group 2: Codes. Under ICD-10 Codes That Support Medical Necessity Group 1: Paragraph added the verbiage For Blepharoptosis Repair, Blepharoplasty, and Browplasty and deleted the second paragraph. Under ICD-10 Codes That Support Medical Necessity Group 2: Paragraph added the verbiage For Other Eyelid Surgeries. This revision is for further clarification of the LCD.</p> <p>Under ICD-10 Codes That Support Medical Necessity Group 1: Codes deleted C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, D04.11, D04.12, D22.11, D22.12, D23.11, and D23.12. Under ICD-10 Codes That Support Medical Necessity Group 1: Codes added G51.31, G51.32, H57.811, H57.812, and H57.813. Under ICD-10 Codes That Support Medical Necessity Group 2: Codes added C43.111, C43.112, C43.121, C43.122, C4A.111, C4A.112, C4A.121, C4A.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1321, C44.1322, C44.1391, C44.1392, C44.1921, C44.1922, C44.1991, C44.1992, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112, D04.121, D04.122, D22.111, D22.112, D22.121, D22.122, D23.111, D23.112, D23.121, D23.122, H02.151, H02.152, H02.154, H02.155, H02.21A, H02.21B, H02.21C, H02.22A, H02.22B, H02.22C, H02.23A, H02.23B, and H02.23C. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
05/31/2018	R10	<p>Under CMS National Coverage Policy first paragraph, removed the verbiage "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 a NCD. See section 1869 (f)(1)(A)(I) of the Social Security Act".</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Public Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Under Bibliography changes were made to the citations to reflect AMA citation guidelines. Punctuation was corrected and words were capitalized or changed to lower case as appropriate throughout the policy.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
02/26/2018	R9	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> • Change in Affiliated Contract Numbers
01/29/2018	R8	<p>The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> • Change in Affiliated Contract Numbers
10/01/2017	R7	<p>Under ICD-10 Codes that Support Medical Necessity Group1: Codes code description changes were made to the following codes: H02.051, H02.052, H02.054 and H02.055. This revision is due to the 2017 Annual ICD-10 Code Updates and becomes effective on 10/01/17.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this</i></p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<i>policy.</i>	
06/26/2017	R6	<p>Under ICD-10 Codes that Support Medical Necessity – deleted unspecified eyelid codes H01.003, H01.006, H02.003, H02.006, H02.013, H02.016, H02.023, H02.026, H02.033, H02.036, H02.043, H02.046, H02.053, H02.056, H02.103, H02.106, H02.113, H02.116, H02.123, H02.126, H02.133, H02.136, H02.143, H02.146, H02.203, H02.206, H02.213, H02.216, H02.223, H02.226, H02.233, H02.236, H02.33, H02.36, H02.523, H02.526, H02.533, H02.536, H02.833 and H02.836. Under Sources of Information and Basis for Decision- corrected typographical errors to references.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Typographical Error
02/06/2017	R5	<p>Under CMS National Coverage Policy added CMS Manual System, Pub 100-04 Medicare Claims Processing Manual, Transmittal 3552, Change Request 9658 dated June 28, 2016. Under Associated Information Documentation Requirements For Upper Blepharoplasty and/or Brow Ptosis Repair added bullets for Redundant eyelid tissue touching the eyelashes or hanging over the eyelid margin resulting in pseudoptosis where the “pseudo” margin produces a central "pseudo-MRD" of 2.0 mm or less or; Redundant eyelid tissue predominantly medially or laterally clearly obscures the line of sight in corresponding gaze and/or; erythema, edema, crusting, etc. of redundant eyelid tissue. Under Sources of Information and Basis for Decision added Cahill KV, Bradley EA, Meyer DR. Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery. A Report by the American Academy of Ophthalmology. <i>Ophthalmology</i>. 2011;118:2510-2517.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance
06/09/2016	R4	Under CMS National Coverage Policy deleted sections §50 Form CMS-R-131 Advance Beneficiary Notice of Noncoverage	<ul style="list-style-type: none"> • Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>(ABN) and §50.1 Introduction-General Information from the CMS Internet Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 30, citation. Under Coverage Guidance the first paragraph was rewritten. Under Lower Eyelid Surgery second paragraph "would" was changed to "could". Under ICD-10 Codes that Support Medical Necessity – Group 1: Paragraph added the provider requirement to code to the highest level specified in the ICD-10-CM. Added the statement limiting the covered ICD-10-CM codes that support medical necessity for certain procedures. Under ICD-10 Codes that DO NOT Support Medical Necessity – Group 1: Paragraph added a statement that ICD-10 codes not listed as supporting medical necessity will be denied as not medically necessary. Under Documentation Requirements "a statement" was deleted from the second paragraph and i.e. was changed to e.g. in the last paragraph. Under Associated Information – Section B. Photographs "COLOR" was added to the photographic requirement. Under Sources of Information and Basis for Decision the citations were formatted to comply with the American Medical Association Citation Style.</p>	
10/01/2015	R3	<p>Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.</p>	<ul style="list-style-type: none"> • Other (Bill type and/or revenue code removal)
10/01/2015	R2	<p>Under CMS National Coverage Policy corrected the following citation to now read: "Title XVIII of the Social Security Act, §1862(a)(10) prohibits payment for cosmetic surgery. Procedures performed only to improve appearances without a functional benefit are not covered by Medicare." Throughout the LCD punctuation corrections were made. Under Revenue Codes removed the sentence, "Revenue codes only apply to providers who bill these services to Part A." Under Associated Information-Documentation Requirements corrected the spelling of the title named Blepharospasm and the spelling of "Herring's" throughout the section to now read "Hering's."</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Typographical Error • Other
10/01/2015	R1	<p>Under CMS National Coverage Policy added Pub. 100-02, Ch. 16, §20, services not reasonable and necessary.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Creation of Uniform LCDs Within a MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
			<ul style="list-style-type: none"> Automated Edits to Enforce Reasonable & Necessary Requirements Other (Added CMS citation of not reasonable and necessary.)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A55408 - \(MCD Archive Site\)](#)

[A56503 - Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift](#)

LCDs

[DL34411 - \(MCD Archive Site\)](#)

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
05/14/2021	05/20/2021 - N/A	Currently in Effect (This Version)
10/04/2019	10/10/2019 - 05/19/2021	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Blepharoplasty, Eyelid Surgery, and Brow Repair
- Blepharoplasty
- Eyelid Surgery
- Brow Repair