

LCD - Blepharoplasty, Blepharoptosis and Brow Lift (L34528)

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Contractor Information

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

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

LCD Information

Document Information

LCD ID

L34528

LCD Title

Blepharoplasty, Blepharoptosis and Brow Lift

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 12/28/2023

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

Notice Period End Date

N/A

Issue

Issue Description

A review was completed with no change in coverage.

CMS National Coverage Policy

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

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

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Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Blepharoplasty, blepharoptosis and lid reconstruction may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin or brow is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. Brow ptosis (i.e., descent or droop of the eyebrows) can also produce or contribute to functional impairment.

The criteria in section A (patient signs and symptoms), and section B (visual field) below must be documented to demonstrate medical necessity.

A. Documentation in the medical records must include patient complaints and findings secondary to eyelid or brow malposition such as:

1. Interference with vision or visual field, related to activities such as, difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue.
2. Chronic eyelid dermatitis due to redundant skin.
3. Difficulty wearing prosthesis, artificial eye.
4. Margin reflex distance (MRD) of 2.5 mm or less.
(The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed.)
5. A palpebral fissure height on down-gaze of 1 mm or less.
(The down-gaze palpebral fissure height is measured with the patient fixating on an object in down-gaze with the ipsilateral brow relaxed and the contralateral lid elevated.)
6. The presence of Herring's effect meeting one of the above two (#4 or 5) criteria.
(Herring's law is one of equal innervation to both upper eyelids and is considered in the documentation to perform bilateral ptosis in which the position of one upper eyelid has marginal criteria and the other eyelid has good supportive documentation for ptosis surgery. In these cases, the surgeon can lift the more ptotic lid with tape or instillation of Phenylephrine drops into the superior fornix. If the less ptotic lid then drops downward according to Herring's law to the point of an MRD of 2.5 mm or less or a down-gaze MRD of 1.5 or less or a palpebral fissure width on down-gaze of 1 mm or less, then the less ptotic lid would be considered for surgical correction.)

B. Visual fields

1. The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids.

2. Visually significant brow ptosis may be documented by visual field testing with the brow elevated demonstrating a difference of 12° or more or 30% superior visual field difference.
3. Visual fields need to meet accepted quality standards, whether they are performed by the Goldmann perimeter technique or by use of a standardized automated perimetry technique.
4. Visual fields are not necessary for patients with an anophthalmic socket who is experiencing ptosis of difficulty with their prosthesis.

C. Relief of eye symptoms associated with blepharospasm. Primary essential idiopathic blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated (i.e., an injection of Botulinum Toxin A,) an extended blepharoplasty with wide resection of the orbicularis oculi muscle complex may be necessary. (See Botulinum Toxin Type A and Type B, L34635)

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

1. The patient medical records should be legible, contain the relevant history and physical findings conforming to the criteria stated in the "Coverage Indications, Limitations and/or Medical Necessity" sections A-C of this policy. Every page of the medical record must include appropriate patient identification information. Copies of the following must be made available to the Contractor on request:
 - Pre-operative exam,
 - Visual fields with physician interpretation,
 - Operative report.
2. Operative note(s) for surgical procedures performed in the office location may be contained in the patient's medical record for the date of service or as a separate report maintained within the patient's chart. The operative note for the procedure performed must be of significant detail to support the surgical procedure billed. The surgical technique used should be described.
3. It is at the performing physician's discretion to determine the level of exam he/she chooses to perform based on the patient's condition and needs. The documentation contained in the patient's medical record must meet the visual exam criteria stated in this policy and must support the level of visual field exam billed to Medicare.

Utilization Guidelines

NA

Sources of Information

N/A

Bibliography

Cahill KV, Burns JA, Weber PA. The effect of blepharoptosis on the field of Vision. *Ophthalmic Plastic & Reconstructive Surgery*. 1987;3(3):121-126. doi:10.1097/00002341-198703030-00001

Federici TJ, Meyer DR, Lininger LL. Correlation of the vision-related functional impairment associated with blepharoptosis and the impact of blepharoptosis surgery. *Ophthalmology*. 1999;106(9):1705-1712. doi:10.1016/s0161-6420(99)90354-8

Ho SF, Morawski A, Sampath R, Burns J. Modified visual field test for ptosis surgery (Leicester Peripheral Field Test). *Eye*. 2011;25(3):365-369. doi:10.1038/eye.2010.210

Mellington F, Khooshabeh R. Brow ptosis: Are we measuring the right thing? the impact of surgery and the correlation of objective and subjective measures with postoperative improvement in quality-of-life. *Eye*. 2012;26(7):997-1003. doi:10.1038/eye.2012.78

Meyer DR. Quantitating the superior visual field loss associated with ptosis. *Archives of Ophthalmology*. 1989;107(6):840. doi:10.1001/archopht.1989.01070010862030

Meyer DR, Rheeman CH. Downgaze eyelid position in patients with blepharoptosis. *Ophthalmology*. 1995;102(10):1517-1523. doi:10.1016/s0161-6420(95)30837-8

Olson JJ. Loss of vertical palpebral fissure height on downgaze in acquired blepharoptosis. *Archives of Ophthalmology* . 1995;113(10):1293. doi:10.1001/archopht.1995.01100100081033

Patipa M. Visual field loss in primary gaze and reading gaze due to acquired blepharoptosis and visual field improvement following ptosis surgery. *Archives of Ophthalmology*. 1992;110(1):63. doi:10.1001/archopht.1992.01080130065027

Prado RB, Silva-Junior DE, Padovani CR, Schellini SA. Assessment of eyebrow position before and after upper eyelid blepharoplasty. *Orbit*. 2012;31(4):222-226. doi:10.3109/01676830.2011.648801

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
12/28/2023	R16	12/28/2023: Biannual review completed 11/20/2023 with no change in coverage.	<ul style="list-style-type: none">Other (Review)
04/28/2022	R15	Posted 04/28/2022 Review completed 04/04/2022. Sources of information moved to Bibliography and updated to correct format.	<ul style="list-style-type: none">Other (Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
05/27/2021	R14	05/27/2021 Under Coverage Guidance: Coverage Indications, Limitations, and/or Medical Necessity: Removed section B requiring photographs for medical decision making. Section C removed number 5 under visual field requirements, "For a combination of any of the above procedures (blepharoptosis repair, blepharoplasty repair and brow ptosis repair): the medical necessity criteria for each procedure must be met and the additional criteria of the visual field testing demonstrates visual impairment that cannot be addressed by one procedure alone, must also be met." The sections were relabeled to accommodate removal of photographs. Revisions were made to better support medical decision making for procedures. Reviewed on 04/12/2021.	<ul style="list-style-type: none"> • Provider Education/Guidance • Other ((review))
04/30/2020	R13	04/30/2020 Review completed 03/24/2020. Removed references (CR 10236 and CR 10901) from the CMS National Policy section. Moved residual coding guidance, formally #2 in Documentation Requirements, to the related article A56908 Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift. Typographical errors corrected. Minor formatting changes.	<ul style="list-style-type: none"> • Provider Education/Guidance • Other (review)
11/01/2019	R12	Content has been moved to the new template.	<ul style="list-style-type: none"> • Revisions Due To Code Removal
08/29/2019	R11	08/29/2019 Change Request (CR) 10901 Local Coverage Determinations (LCDs): it will no longer be appropriate to include Current Procedure Terminology (CPT)/Health Care Procedure Coding System (HCPCS) codes or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in the LCDs. All CPT/HCPCS and ICD-10 codes have been removed from this LCD and placed in the Billing and Coding Article linked to this LCD.	<ul style="list-style-type: none"> • Other (Compliance with CR 10901)
10/01/2018	R10	02/01/2019 ICD-10 code updates effective 10/01/2018: added H57.811, H57.812, and H57.813 and removed codes H02.401, H02.402 and H02.403 since specific codes replaced the unspecified codes.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2018	R9	10/01/2018 ICD-10 code updates: deleted codes C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, D03.11, D03.12, D04.11,	<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
		D04.12, D22.11, D22.12, D23.11, and D23.12; and added codes C43.111, C43.112, C43.121, C43.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, C44.1992, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112, D04.121, D04.122, D22.111, D112, D22.121, D22.122, D23.111, D23.112, D23.122, D23.122, H02.151, H02.152, H02.154, H02.155, H02.20A, H02.20B, H02.20C, H02.21A, H02.21B, H02.21C, H20.22A, H20.22B, H20.22C, H20.23A, H20.23B, and H20.23C.	
05/01/2018	R8	05/01/2018 Annual review done 04/04/2018. Typographical errors corrected. No change in coverage.	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2017	R7	10/01/2017 ICD-10 code updates: To Group 1 description change to the following codes: H02.051, H02.052, H02.054 and H02.055. Added CR 10236 - October 2017 Update of the Hospital Outpatient Prospective Payment System (OPPS) to the CMS National Coverage Policy section and its related billing instructions to the Billing and Coding Guideline. 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.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes • Other
05/01/2017	R6	05/01/2017 Annual review done 04/05/2017. Formatting changes made. No change in coverage.	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2015	R5	05/01/2015 Annual review done 04/04/2016. Removed CAC information. Made formatting changes. Added clarification under Documentation Requirements that "Every page of the medical record, including photographs, must include appropriate patient identification information."	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2015	R4	10/06/2015 - Due to CMS guidance, we have removed the Jurisdiction 8 Notice and corresponding table from the CMS National Coverage Policy section. No other changes to policy or coverage.	<ul style="list-style-type: none"> • Other
10/01/2015	R3	05/29/2015 – Annual updates to the Bill Type Codes and Revenue Codes have been reviewed by the Policy Department and are being Approved for public display. No other changes to policy or coverage.	<ul style="list-style-type: none"> • Other (Annual Bill Type Code and Revenue Code)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
			updates.)
10/01/2015	R2	05/01/2015 Annual review done 04/06/2015. Made formatting changes and updated Sources of Information. Added language that for a combination of any of the procedures of blepharoptosis repair, blepharoplasty repair and brow ptosis repair, medically necessary criteria for each procedure must be met and the additional criteria for photographs and visual fields must also be met.	<ul style="list-style-type: none"> Other
10/01/2015	R1	05/01/2014 Annual review done on 04/02/2014 with multiple typographical and punctuation corrections. No change in coverage.	<ul style="list-style-type: none"> Other

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A56908 - Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift](#)

LCDs

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

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
12/20/2023	12/28/2023 - N/A	Currently in Effect (This Version)
04/20/2022	04/28/2022 - 12/27/2023	Superseded

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

Keywords

N/A