

Article - Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)

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Contractor Information

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Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

Article Information

General Information

Article ID

A57618

Article Title

Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow

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Billing and Coding

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CMS National Coverage Policy

Internet-Only Manuals (IOMs):

- CMS IOM Publication, 100-04, *Medicare Claims Processing Manual*,

- Chapter 23, Section 20.9 National Correct Coding Initiative (NCCI)

National Correct Coding Initiative (NCCI):

- *Medicare NCCI Policy Manual*,
 - Chapter 8, Section D. Ophthalmology

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

Article Guidance

Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L35004 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow. Please refer to the LCD for reasonable and necessary requirements.

Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Effective October 1, 2017, The Center for Medicare & Medicaid Services (CMS) revised policy may allow payment to be made for a medically necessary upper eyelid blepharoptosis when performed with (noncovered) cosmetic blepharoplasty on the same eye during the same visit.

For correct coding guidelines and specific applicable code combinations prior to billing Medicare, refer to the Medicare NCCI Policy Manual, Chapter 8, Section D. Ophthalmology.

Correct coding dictates that removal of malignant and benign lesions requires a different set of codes than the codes listed in this article.

- Removal of malignant lesions should be reported with CPT codes 11640-11646.
- Removal of benign lesions should be reported with CPT codes 11440-11446, 67840 or 67850.
- Mohs surgery should be reported with CPT codes 17311-17315.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.

3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The submitted medical record **must include** results of pertinent diagnostic tests and operative reports **as appropriate**, documentation to support the medical necessity of blepharoptosis repair, brow ptosis repair, and blepharoplasty procedures:
 - Clinical notes, supporting a decrease in visual field (peripheral vision and/or upper field vision) demonstrating a 12 to 15 degree superior loss or 24% to 30% superior visual field impairment, near or far visual impairment, or difficulty reading.
 - Patient complaints and physical findings, for example:
 - 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.
 - Chronic eyelid dermatitis due to redundant eyelid skin.
 - Lower eyelid ectropion resulting in eye irritation and inflammation and excessive tearing.
 - Entropion where the eyelashes are contacting the cornea resulting in discomfort, redness, tearing, and foreign body sensation.
 - Difficulty wearing prosthesis.
 - Margin reflex distance (MRD1) of 2 mm or less.
 - A palpebral fissure height on down-gaze of 1 mm or less, (measured with the patient fixating on an object in down-gaze with the ipsilateral brow relaxed and the contralateral lid elevated).
 - The presence of Hering's Law meeting one of the above criteria in bullets 3 or 4. Hering's Law of equal innervation to both upper eyelids may be considered in the documentation to perform bilateral ptosis repair in which the position of one upper eyelid has marginal criteria and the other eyelid had good supportive documentation for ptosis surgery.
 - Visual field testing demonstrating a 12 to 15 degree superior field loss or 24% to 30% superior visual field impairment.
5. Preoperative photographs in the form of prints or slides are required to be submitted with the medical record to support medical necessity of blepharoptosis repair, brow ptosis repair and blepharoplasty procedures if the record is not sufficient to determine medical necessity. If photographs are requested to support the documentation, photograph guidelines that support medical necessity include:
 - The photographs must be frontal view, canthus to canthus with the head perpendicular to the plane of the camera (not tilted) to demonstrate a skin rash or position of the true lid margin or the pseudo-lid margin.
 - For CPT codes 15820-15823 or 67901-67908: If redundant skin coexists with true lid ptosis, additional photos taken with the upper lid skin retracted to show the actual position of the true lid margin are supportive of medical necessity.
 - Oblique photos are only needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery.
 - Separate from the photographs, documentation in the medical record of the indicated distance thresholds (e.g., 2 mm or less from the central corneal reflex to the upper eyelid margin or skin that overhangs the eyelid margin [pseudoptosis]) is helpful to demonstrate medical necessity.

NOTE: If both a blepharoplasty and a blepharoptosis repair are planned, both must be individually documented. The medical necessity criteria for each procedure must be met and the additional required testing criteria demonstrate visual impairment that cannot be addressed by one procedure alone. This may require two sets of photographs showing the effect of drooping of redundant skin (drooping of brows and its correction by taping), and the actual presence of blepharoptosis with drooping of the upper eyelid.

Coding Information

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

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

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

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906 and 67908.**

Group 1 Codes: (25 Codes)

CODE	DESCRIPTION
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.411	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
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid

CODE	DESCRIPTION
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
Q10.0	Congenital ptosis

Group 2 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923 and 67924.**

Group 2 Codes: (84 Codes)

CODE	DESCRIPTION
G51.0	Bell's palsy
H01.011	Ulcerative blepharitis right upper eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
H01.021	Squamous blepharitis right upper eyelid
H01.022	Squamous blepharitis right lower eyelid
H01.024	Squamous blepharitis left upper eyelid
H01.025	Squamous blepharitis left lower eyelid
H01.02A	Squamous blepharitis right eye, upper and lower eyelids
H01.02B	Squamous blepharitis left eye, upper and lower eyelids
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.014	Cicatricial entropion of left upper eyelid

CODE	DESCRIPTION
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
H02.111	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

CODE	DESCRIPTION
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
H02.211	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
H02.532	Eyelid retraction right lower eyelid
H02.534	Eyelid retraction left upper eyelid
H02.535	Eyelid retraction left lower eyelid
H04.521	Eversion of right lacrimal punctum
H04.522	Eversion of left lacrimal punctum

CODE	DESCRIPTION
H04.523	Eversion of bilateral lacrimal punctum
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid

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

Group 1 Paragraph:

All those not listed under the "ICD-10-CM Codes that Support Medical Necessity" section of this article.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

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.

CODE	DESCRIPTION
999x	Not Applicable

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.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
06/25/2023	R4	<p>Article revised and published on 05/11/2023 effective for dates of service on and after 06/25/2023 as a non-discretionary update to correct coding guidance and ICD-10-CM codes that were not in alignment with the LCD indications. Therefore, the following changes have been made in order to provide correct coding guidance and to ensure consistency with the LCD.</p> <p>The 'Coding Guidance' section has been revised to indicate correct coding dictates that removal of malignant lesions should be reported with CPT codes 11640-11646, benign lesions should be reported with CPT codes 11440-11446, 67840 or 67850 and Mohs surgery should be reported with CPT codes 17311-17315.</p> <p>Consistent with the LCD, the following CPT code has been added to the CPT/HCPCS Code Group 2 Codes and the ICD-10-CM Codes that Support Medical Necessity Group 2 Codes: 67912.</p> <p>The following ICD-10-CM codes have been moved from Group 2 ICD-10-CM Codes to Group 1 ICD-10-CM Codes: H02.521, H02.522, H02.524, H02.525.</p> <p>The CPT codes in Group 2 describe revision and repair of eyelid defects (ectropion and entropion). Therefore, the following ICD-10-CM codes have appropriately been removed from Group 1 ICD-10-CM Codes: H02.012, H02.015, H02.022, H02.025, H02.032, H02.035, H02.042, H02.045, H02.112, H02.115, H02.122, H02.125, H02.132, H02.135, H02.142, H02.145, H02.152, H02.155.</p> <p>The following ICD-10-CM codes, located in the Group 1 ICD-10-CM Codes, have been deleted from the article: H02.401, H02.402, H02.403 as these are unspecified codes and providers should report more specific codes for mechanical, myogenic or paralytic</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>ptosis.</p> <p>The following ICD-10-CM codes, located in the Group 2 ICD-10-CM Codes, have been deleted from the article as malignant and benign lesions should be reported with a different set of codes: 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, ,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.</p> <p>The following ICD-10-CM codes, located in the Group 2 ICD-10-CM Codes were deleted from the article as these codes do not apply to eyelid surgeries: C44.301, C44.309, C44.311, C44.319, C44.321, C44.329, C44.391, C44.399, C47.0, C49.0, D22.39, D23.39.</p> <p>The following ICD-10-CM code, located in the Group 2 ICD-10-CM Codes has been deleted from the article: G51.2 as Melkersson-Rosenthal syndrome does not appear to cause symptoms that would require the type of eye surgery addressed by the LCD.</p> <p>The following unspecified ICD-10-CM codes, located in the Group 2 ICD-10-CM Codes, were deleted from the article as more specific codes should be reported for ulcerative or squamous blepharitis: H01.001, H01.002, H01.004, H01.005.</p> <p>The following unspecified ICD-10-CM codes, located in the Group 2 ICD-10-CM Codes, were deleted from the article as more specific codes should be reported for cicatricial, mechanical, senile, or spastic ectropion: H02.001, H02.002, H02.004, H02.005, H02.101, H02.102, H02.104, H02.105.</p> <p>The following unspecified ICD-10-CM codes, located in the Group 2 ICD-10-CM Codes, were deleted from the article as more specific codes should be reported for cicatricial, mechanical, or paralytic lagophthalmos: H02.201, H02.202, H02.204, H02.205.</p> <p>The following ICD-10-CM codes were deleted from the Group 2 ICD-10-CM Codes as they are appropriately placed in the Group 1 ICD-10-CM Codes: H02.411, H02.412, H02.413, H02.421, H02.422, H02.423, H02.431, H02.432, H02.433, Q10.0.</p> <p>The following ICD-10-CM code, located in the Group 2 ICD-10-CM Codes was deleted from the article: Q11.1 as this code refers to congenital absence of the eye and can be agenesis or aplasia which would not require the type of eye surgeries addressed by the LCD.</p> <p>The following ICD-10-CM codes have been added to the Group 2 ICD-10-CM Codes:</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>H01.011, H01.012, H01.014, H01.015, H01.01A, H01.01B, H01.021, H01.022, H01.024, H01.025, H01.02A, H01.2B.</p> <p>Documentation requirements for bullets #4 and #5 have been revised to add clarification. Additionally, two additional patient complaints and physical findings have been added to documentation requirement bullet #4 and visual field testing has been added to the list of notes required.</p>
10/28/2021	R3	<p>Article revised and published on 10/28/2021 effective for dates of service on and after 03/21/2021. Current Procedural Terminology (CPT) code 67961 has been removed from the article. CPT codes 67914, 67915, 67916, 67917, 67921, 67922, 67923 and 67924 have been removed from the Group 1 CPT codes and placed in a newly created Group 2. CPT Codes 67909 and 67911 have been added to Group 2 CPT codes and to the new ICD-10-CM Group 2 Paragraph. ICD-10-CM codes H02.401, H02.402 and H02.403 were added to the Group 1 ICD-10-CM codes that support medical necessity. A new ICD-10-CM Group 2 codes that support medical necessity was created to support the new CPT Group 2 codes.</p>
05/27/2021	R2	<p>Article revised and published on 05/27/2021 to revise bullet point #5 in the 'Documentation Requirements' section for clarification purposes in response to questions from prior auth. Minor formatting changes were made in the coding section.</p>
03/21/2021	R1	<p>This revised Billing and Coding Article published 02/04/2021 will become effective 03/21/2021. The proposed LCD and related Billing and Coding Article will provide limited coverage for upper and lower blepharoplasty as well as repair of brow ptosis when performed for functional indications.</p> <p>2020PITLAB019</p>

Associated Documents

Related Local Coverage Documents

Articles

[A58586 - \(MCD Archive Site\)](#)

LCDs

[DL35004 - \(MCD Archive Site\)](#)

[L35004 - Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow](#)

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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05/05/2023	06/25/2023 - N/A	Currently in Effect (This Version)
10/22/2021	10/28/2021 - 06/24/2023	Superseded

Keywords

N/A