

# Local Coverage Determination (LCD): Blepharoplasty, Eyelid Surgery, and Brow Lift (L34411)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11201 - MAC A	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11202 - MAC B	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11301 - MAC A	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11302 - MAC B	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11401 - MAC A	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11402 - MAC B	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11501 - MAC A	J - M	North Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH	MAC 11502 - MAC B	J - M	North Carolina

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## LCD Information

### Document Information

LCD ID L34411	Original Effective Date For services performed on or after 10/01/2015
Previous Proposed LCD <a href="#">DL34411</a>	Revision Effective Date For services performed on or after 02/06/2017
LCD Title Blepharoplasty, Eyelid Surgery, and Brow Lift	Revision Ending Date N/A
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CMS National Coverage Policy Language quoted from the Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are 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 a 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, §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, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

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.

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

CMS Manual System, Pub 100-04 Medicare Claims Processing Manual, Transmittal 3552, Change Request 9658 dated June 28, 2016.

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 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 tissues is transplanted to replace deficient eyelid components.

### **Upper Eyelid Surgery**

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.

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.

## Lower Eyelid Surgery

Lower eyelid surgery may be considered reconstructive in nature for the following indications where there is functional visual impairment as documented by preoperative frontal 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/or exposure keratoconjunctivitis often resulting in 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 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 lid blepharoplasty in addition would be considered cosmetic. Similarly, if a visual field deficit could be resolved sufficiently by upper lid blepharoplasty alone (for tissue hanging over the lid margin), a blepharoptosis repair in addition would be considered cosmetic.

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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.

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 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.

N/A

CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

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  
 67909 Revise eyelid defect  
 67911 Revise eyelid defect  
 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

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 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.

These are the only covered ICD-10-CM codes that support medical necessity for CPT codes 15820-15823 with/without 67900-67904, 67906, 67908-67909, 67911, 67914-67917, and 67921-67924:

**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
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
D22.39	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

<b>ICD-10 Codes</b>	<b>Description</b>
D23.39	Other benign neoplasm of skin of other parts of face
G24.5	Blepharospasm
G51.0	Bell's palsy
G51.2	Melkersson's syndrome
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
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.003	Unspecified entropion of right eye, unspecified eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.006	Unspecified entropion of left eye, unspecified eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.013	Cicatricial entropion of right eye, unspecified eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.016	Cicatricial entropion of left eye, unspecified eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.023	Mechanical entropion of right eye, unspecified eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.026	Mechanical entropion of left eye, unspecified eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.033	Senile entropion of right eye, unspecified eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.036	Senile entropion of left eye, unspecified eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.043	Spastic entropion of right eye, unspecified eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.046	Spastic entropion of left eye, unspecified eyelid
H02.051	Trichiasis without entropion right upper eyelid
H02.052	Trichiasis without entropion right lower eyelid
H02.053	Trichiasis without entropion right eye, unspecified eyelid
H02.054	Trichiasis without entropion left upper eyelid
H02.055	Trichiasis without entropion left lower eyelid
H02.056	Trichiasis without entropion left eye, unspecified eyelid
H02.101	Unspecified ectropion of right upper eyelid
H02.102	Unspecified ectropion of right lower eyelid
H02.103	Unspecified ectropion of right eye, unspecified eyelid
H02.104	Unspecified ectropion of left upper eyelid
H02.105	Unspecified ectropion of left lower eyelid
H02.106	Unspecified ectropion of left eye, unspecified eyelid
H02.111	Cicatricial ectropion of right upper eyelid

<b>ICD-10 Codes</b>	<b>Description</b>
H02.112	Cicatricial ectropion of right lower eyelid
H02.113	Cicatricial ectropion of right eye, unspecified eyelid
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.116	Cicatricial ectropion of left eye, unspecified eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.123	Mechanical ectropion of right eye, unspecified eyelid
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.126	Mechanical ectropion of left eye, unspecified eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.133	Senile ectropion of right eye, unspecified eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.136	Senile ectropion of left eye, unspecified eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.143	Spastic ectropion of right eye, unspecified eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.146	Spastic ectropion of left eye, unspecified eyelid
H02.201	Unspecified lagophthalmos right upper eyelid
H02.202	Unspecified lagophthalmos right lower eyelid
H02.203	Unspecified lagophthalmos right eye, unspecified eyelid
H02.204	Unspecified lagophthalmos left upper eyelid
H02.205	Unspecified lagophthalmos left lower eyelid
H02.206	Unspecified lagophthalmos left eye, unspecified eyelid
H02.211	Cicatricial lagophthalmos right upper eyelid
H02.212	Cicatricial lagophthalmos right lower eyelid
H02.213	Cicatricial lagophthalmos right eye, unspecified eyelid
H02.214	Cicatricial lagophthalmos left upper eyelid
H02.215	Cicatricial lagophthalmos left lower eyelid
H02.216	Cicatricial lagophthalmos left eye, unspecified eyelid
H02.221	Mechanical lagophthalmos right upper eyelid
H02.222	Mechanical lagophthalmos right lower eyelid
H02.223	Mechanical lagophthalmos right eye, unspecified eyelid
H02.224	Mechanical lagophthalmos left upper eyelid
H02.225	Mechanical lagophthalmos left lower eyelid
H02.226	Mechanical lagophthalmos left eye, unspecified eyelid
H02.231	Paralytic lagophthalmos right upper eyelid
H02.232	Paralytic lagophthalmos right lower eyelid
H02.233	Paralytic lagophthalmos right eye, unspecified eyelid
H02.234	Paralytic lagophthalmos left upper eyelid
H02.235	Paralytic lagophthalmos left lower eyelid
H02.236	Paralytic lagophthalmos left eye, unspecified eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.33	Blepharochalasis right eye, unspecified eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.36	Blepharochalasis left eye, unspecified 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

<b>ICD-10 Codes</b>	<b>Description</b>
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
H02.523	Blepharophimosis right eye, unspecified eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid
H02.526	Blepharophimosis left eye, unspecified eyelid
H02.531	Eyelid retraction right upper eyelid
H02.532	Eyelid retraction right lower eyelid
H02.533	Eyelid retraction right eye, unspecified eyelid
H02.534	Eyelid retraction left upper eyelid
H02.535	Eyelid retraction left lower eyelid
H02.536	Eyelid retraction left eye, unspecified 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
H02.833	Dermatochalasis of right eye, unspecified eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
H02.836	Dermatochalasis of left eye, unspecified eyelid
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
L57.4	Cutis laxa senilis
L85.8	Other specified epidermal thickening
P11.3	Birth injury to facial nerve
Q10.0	Congenital ptosis
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 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

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## **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, 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 margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin (NOT to 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;
- 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 and Basis for Decision

Cahill KV, Bradley EA, Meyer DR. Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery. A Report by the American Academy of Ophthalmology. *Ophthalmology*. 2011;118:2510-2517.

Cetinkaya A, Kersten RC. Surgical Outcomes in Patients with Bilateral Ptosis and Hering's Dependence. *Ophthalmology*. 2012;119(2):376-81.

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.

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.

Rogers SA, Khan-Lim D, Manners RM. Does Upper Lid Blepharoplasty Improve Contrast Sensitivity? *Ophthalm Plast Reconstr Surg*. 2012;28(3):163-5.

Small RG, Sabates NR, Burrows D. The Measurement and Definition of Ptosis. *Ophthalm Plast Reconstr Surg*. 1989;5(3):171-175.

American Society of Ophthalmic Plastic and Reconstructive Surgery, Functional Ptosis Repair Position Statement, 2006.

In addition to the 30 degree standard, the ASOPRS policy also allows "A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin."

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
02/06/2017	R5	Under <b>CMS National Coverage Policy</b> added CMS Manual System, Pub 100-04 Medicare Claims Processing Manual, Transmittal 3552, Change Request 9658 dated June 28, 2016. Under <b>Associated Information Documentation Requirements For Upper Blepharoplasty and/or Brow Ptosis Repair</b> 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 <b>Sources of Information and Basis for Decision</b> 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.	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>
06/09/2016	R4		<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>

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10/01/2015	R3	<p>Under <b>CMS National Coverage Policy</b> deleted sections §50 Form CMS-R-131 Advance Beneficiary Notice of Noncoverage (ABN) and §50.1 Introduction-General Information from the CMS Internet Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 30, citation. Under <b>Coverage Guidance</b> the first paragraph was rewritten. Under <b>Lower Eyelid Surgery</b> second paragraph "would" was changed to "could". Under <b>ICD-10 Codes that Support Medical Necessity – Group 1: Paragraph</b> 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 <b>ICD-10 Codes that DO NOT Support Medical Necessity – Group 1: Paragraph</b> added a statement that ICD-10 codes not listed as supporting medical necessity will be denied as not medically necessary. Under <b>Documentation Requirements</b> "a statement" was deleted from the second paragraph and i.e. was changed to e.g. in the last paragraph. Under <b>Associated Information – Section B. Photographs</b> "COLOR" was added to the photographic requirement. Under <b>Sources of Information and Basis for Decision</b> the citations were formatted to comply with the American Medical Association Citation Style.</p> <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"> <li>Other (Bill type and/or revenue code removal)</li> </ul>
10/01/2015	R2	<p>Under <b>CMS National Coverage Policy</b> 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 <b>Revenue Codes</b> removed the sentence, "Revenue codes only apply to providers who bill these services to Part A." Under <b>Associated Information-Documentation Requirements</b> corrected the spelling of the title named <b>Blepharospasm</b> and the spelling of "Herring's" throughout the section to now read "Hering's."</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> <li>Typographical Error</li> <li>Other</li> </ul>
10/01/2015	R1	<p>Under <b>CMS National Coverage Policy</b> added Pub. 100-02, Ch. 16, §20, services not reasonable and necessary.</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> <li>Creation of Uniform LCDs Within a MAC Jurisdiction</li> <li>Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>Other (Added CMS citation of not reasonable and necessary.)</li> </ul>

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## [Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A55408 - Response to Comments: Blepharoplasty, Eyelid Surgery, and Brow Lift L34411](#) LCD(s) [DL34411 - Blepharoplasty, Eyelid Surgery, and Brow Lift](#)

Related National Coverage Documents N/A

## Keywords

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

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