

Article - Blepharoplasty - Medical Policy Article (A52837)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

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A52837

Article Title

Blepharoplasty - Medical Policy Article

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Article

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Article Guidance

Article Text

Abstract:

Blepharoplasty may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance and may be either reconstructive or cosmetic (aesthetic). Surgery of the upper eyelids is reconstructive when it provides functional vision and/or visual field benefits or improves the functioning of a malformed or degenerated body member, but cosmetic when done to enhance aesthetic appearance. **Medicare does not cover cosmetic surgery or expenses incurred in connection with such surgery** (CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16, Section 20). This medical policy article specifies covered indications, limitations of coverage, and documentation requirements for non-cosmetic blepharoplasty surgery.

Upper blepharoplasty and/or repair of blepharoptosis may be considered functional in nature when excess upper eyelid tissue or the upper lid position produces functional complaints. Those functional complaints are usually related to visual field impairment in primary gaze and/or down gaze (e.g., reading position). The visual impairment is commonly related to a lower than normal position of the eyelid relative to the pupil and/or to excess skin that hangs over the edge of the eyelid. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin and for patients with an anophthalmic socket who are experiencing prosthesis difficulties. Brow ptosis may also produce or contribute to functional visual field impairment. Either or both of these procedures may be required in some situations when a blepharoplasty would not result in a satisfactory functional repair. Similarly, surgery of the lower eyelids is reconstructive when poor eyelid tone (with or without entropion or ectropion) causes dysfunction of the "lacrima pump," lid retraction, and/or exposure keratoconjunctivitis that often results in epiphora (tearing).

Definitions:

Dermatochalasis: excess skin with loss of elasticity that is usually the result of the aging process.

Blepharochalasis: excess skin associated with chronic recurrent eyelid edema that physically stretches the skin.

Blepharoptosis: drooping of the upper eyelid which relates to the position of the eyelid margin with respect to the eyeball and visual axis.

Pseudoptosis: "false ptosis," for the purposes of this policy, describes the specific circumstance when 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 and create its own ptosis. 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, although persistent ptosis may be corrected by surgical ptosis repair.

Brow Ptosis: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may coexist with clinically significant dermatochalasis and/or lid ptosis.

Horizontal Eyelid Laxity: poor eyelid tone, usually a result of the aging process, that causes (1) lid retraction without frank ectropion formation but with corneal exposure and irritation (foreign body sensation) and (2) dysfunction of the eyelid "lacrimal pump," both of which result in symptomatic tearing (epiphora).

Indications and Limitations:

The conditions listed under "2" and "3" below are generally considered reconstructive and usually not subject to the medical review of conditions listed under "1" which have the potential of being considered cosmetic.

Blepharoplasty may be considered reconstructive when performed for one of the following conditions that may affect both upper and lower eyelids.

1. To correct visual impairment caused by:

- Dermatochalasis, including symptomatic redundant skin weighing down on the upper eyelashes (i.e., pseudoptosis) and surgically induced dermatochalasis after ptosis repair.
- Blepharochalasis.
- Blepharoptosis, including dehiscence of the aponeurosis of the levator palpebrae superioris muscle after trauma or cataract extraction, causing ptosis that may obstruct the superior visual field as well as the visual axis in downgaze (reading position).
- Brow ptosis. It is recognized that brow ptosis repair, in addition to blepharoplasty and/or blepharoptosis repair, may be necessary in some cases to provide an adequate functional result.

Any procedure(s) involving blepharoplasty and billed to this contractor must be supported by documented patient complaints which justify functional surgery. This documentation must address the signs and symptoms commonly found in association with ptosis, pseudoptosis, blepharochalasis and/or dermatochalasis. These include (but are not limited to):

- Significant interference with vision or superior or lateral visual field, (e.g., difficulty seeing objects approaching from the periphery);
- Difficulty reading due to superior visual field loss; or,
- Looking through the eyelashes or seeing the upper eyelid skin.

The visual fields should demonstrate a significant loss of superior visual field and potential correction of the visual field by the proposed procedure(s). A minimum 12 degree or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures is required. Photographs should also demonstrate the eyelid abnormality(ies) necessitating the procedure(s). (Please see "Documentation Requirements.")

Please note that in the case of prosthetic difficulties associated with an anophthalmic, microphthalmic, or enophthalmic socket, subjective complaints, examination findings (signs), and failure of prosthesis modification (when indicated) must be documented, along with photographic documentation demonstrating the contribution of one of the above mentioned orbital and/or globe abnormalities as they relate to the abnormal upper and/or lower eyelid position and intolerance of prosthesis wear. (Please see "Documentation Requirements below.")

2. Repair of anatomical or pathological defects, including those caused by disease (including thyroid dysfunction and cranial nerve palsies), trauma, or tumor-ablative surgery. Surgery is performed to reconstruct the normal structure of the eyelid, using local or distant tissue. Reconstruction may be necessary to protect the eye and/or improve visual function. Conditions that may require blepharoplasty, ptosis repair, ectropion repair, or entropion repair are:

- Ectropion and entropion
- Epiblepharon*
- Post-traumatic defects of the eyelid
- Post-surgical defects after excision of neoplasm(s)
- Lagophthalmos
- Congenital lagophthalmos*
- Congenital ectropion, entropion*
- Congenital ptosis*
- Lid retraction or lag (due to horizontal lower eyelid laxity without ectropion or entropion, causing exposure keratopathy and/or epiphora; due to horizontal upper eyelid laxity, causing floppy eyelid syndrome; or due to orbital thyroid disease).
- Chronic symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin.

The medical record must contain documented patient complaints and pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment of any of the above conditions. In addition, photographic documentation must demonstrate the clinical abnormality(ies) consistent with the beneficiary's subjective complaint(s) for asterisked (*) diagnoses listed above.

3. Relief of eye symptoms associated with blepharospasm. Primary essential (idiopathic) blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms the peri-ocular facial muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated, a blepharoplasty combined with limited myectomy may be necessary.

Patient complaints and relevant medical history (e.g., failure to respond to botulinum toxin therapy, botulinum toxin therapy is contraindicated, etc.) must be documented and available upon request. Please see "Documentation Requirements."

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this article. (Please see "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. This documentation must be submitted upon request. In addition, for the Group 2 CPT codes, documentation should consist of visual field results and/or photographs as specified below.

1. Visual fields must be recorded using either a tangent screen visual field, Goldmann Perimeter (III 4-E test object), or a programmable automated perimeter, equivalent to a screening field with a single intensity strategy using a 10dB stimulus, to test a superior (vertical) extent of 50-60 degrees above fixation with targets presented at a minimum four-degree vertical separation starting at zero (0) degrees above fixation while using no wider than a 10-degree horizontal separation.
 - a. Each eye should be tested with the upper eyelid at rest and repeated with the lid elevated (e.g., taped or manually retracted) to demonstrate an expected "surgical" improvement meeting or exceeding the criteria. As previously stated, visual fields must demonstrate a minimum 12 degrees or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures.
 - b. Visual field studies must contain the beneficiary's name, the date, and the eye tested. If the skin edge is below the true eyelid margin, the visual field must be performed with the excess skin untaped and taped (or otherwise retracted).
 - c. Should there be ptosis in isolation or concurrent with dermatochalasis, the visual fields should be repeated with the true eyelid taped such that the eyelid margin assumes the anatomic position.
 - d. Visual fields are not required when the reason for the lid surgery is entropion or ectropion.

2. Photographs (prints, not slides) must be frontal and canthus-to-canthus with the head perpendicular to the plane of the camera (i.e., not tilted) in order to demonstrate the position of the true lid margin or the “false lid margin” in the case of pseudoptosis caused by severe dermatochalasis. The photographs must be of sufficient clarity to show a light reflex on the cornea or the relationship of the eyelid to the cornea or pupil (except in cases where the lid margin obscures the corneal light reflex or a digital camera is used and there is no light reflex). Photographs for the purpose of justifying an eyelid procedure(s) and/or brow ptosis procedures due to superior visual field loss must demonstrate that the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex. Specific photograph requirements are described below.

- a. Blepharoplasty must portray both eyelids in the frontal (straight-ahead) position demonstrating:
 - Upper eyelid skin resting on the eyelashes or over the eyelid margin; or,
 - Excessive dermatochalasis pushing the eyelid margin down to an abnormally low position; or,
 - One of the above in cases of the induction of visually compromising dermatochalasis after ptosis repair in patients having a large dehiscence of the levator aponeurosis. In addition, an operative note documenting the skin excess after the ptosis has been repaired, and that blepharoplasty is indicated for its repair, is also required.
- b. Blepharoptosis repair must portray both eyelids in the frontal (straight-ahead) position demonstrating:
 - True lid ptosis;
 - The upper eyelid position with respect to a prosthesis in an anophthalmic socket or to the globe in congenital or acquired microphthalmos or in enophthalmos.
- c. Blepharoptosis repair and blepharoplasty must portray both eyelids in the frontal (straight-ahead) position demonstrating:
 - Presence of true lid ptosis when excessive skin is elevated by taping or is otherwise retracted, especially if it lies below the position of the true eyelid margin. Oblique or lateral photographs may be required to demonstrate redundant skin on the eyelashes.
- d. Brow ptosis (performed singly or in combination with other procedures) must be frontal demonstrating:
 - Drooping of brows below the superior orbital rim; and,
 - Improvement of blepharoptosis and/or dermatochalasis by elevation of the brows. (Note: If a blepharoplasty and/or lid ptosis repair and/or brow ptosis are planned, the necessity for each individual procedure performed and billed to Medicare must be documented and supported by photographs. This may require multiple sets of photographs (and/or visual fields), showing the effect of drooping of redundant skin (and its correction by taping or manual retraction) and the actual presence of blepharoptosis and/or brow ptosis and/or an eyelid dermatitis.
- e. If the patient’s only complaint is obstruction of vision when reading, two photographs are obtained to demonstrate the eyelid position in primary gaze (straight ahead) and downgaze (visual axis and camera lens coaxial), demonstrating:
 - The eyelid position in primary gaze (straight ahead) and down gaze (visual axis and camera lens coaxial); and,
 - The subjective complaints of the beneficiary must be well documented in the medical record as well as the medical and/or surgical history supporting eyelid dysfunction. For instance, many patients may not have problems until after fatigue and/or may have more problems in the afternoon compared to the morning.

In cases of induction of visually compromising dermatochalasis by ptosis repair in patients having large dehiscence of the levator aponeurosis documentation must demonstrate:

- Dehiscence of the levator aponeurosis; and
- An operative note indicating the skin excess after the ptosis has been repaired and blepharoplasty is necessary.

Coding Information:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

The diagnosis code(s) must best describe the patient's condition for which the service was performed.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

Advance Beneficiary Notice of Noncoverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 30, for complete instructions.

Specific coding information for this article:

The relevant anatomic modifier or the modifier –59 (distinct procedural services) should be used for procedures at different sites.

Appropriate anatomic modifiers for procedure codes 15820-15823 and 67901-67924 are E1 (upper left, eyelid), E2 (lower left, eyelid), E3 (upper right eyelid), and E4 (lower right, eyelid).

Brow repair and eyelid procedures performed during the same operative session are subject to multiple surgery guidelines as listed in the Medicare Physician Fee Schedule.

When visual fields are done, bill one unit of service per date of service, even if multiple studies are performed.

Please see the "Documentation Requirements" for further instructions for the Part A MAC. The physician's interpretation of the visual fields and the description of the photographic findings may be included in Form Locator 80 of the UB-04 or its electronic equivalent.

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA):

Section 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.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(1)(10) prohibits payment for cosmetic surgery. Procedures performed only to approve appearances without a functional benefit are not covered by Medicare.

20.2.1 Categorical Denials

120 Cosmetic Surgery

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The CPT codes in Group 1 are generally considered reconstructive in nature.

Group 1 Codes: (10 Codes)

CODE	DESCRIPTION
67909	REDUCTION OF OVERCORRECTION OF PTOSIS
67911	CORRECTION OF LID RETRACTION
67914	REPAIR OF ECTROPION; SUTURE
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)
67921	REPAIR OF ENTROPION; SUTURE
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)

Group 2 Paragraph:

The CPT codes in Group 2 may potentially be considered as cosmetic and thus not covered by Medicare. Documentation to support functional impairment, visual or otherwise, must be present. (Please see the "Indications and Limitations" and "Documentation Requirements" sections.)

Group 2 Codes: (11 Codes)

CODE	DESCRIPTION
15820	BLEPHAROPLASTY, LOWER EYELID;
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD

CODE	DESCRIPTION
15822	BLEPHAROPLASTY, UPPER EYELID;
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)

ICD-10-CM Codes that Support Medical Necessity

N/A

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

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient
085x	Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
036X	Operating Room Services - General Classification
049X	Ambulatory Surgical Care - General Classification
051X	Clinic - General Classification
076X	Specialty Services - General Classification

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2018	R4	Updated to indicate this is not an LCD reference article.
01/01/2018	R3	Due to current standards of practice, the following statement was removed: Photography for purposes of documentation is not separately reportable or reimbursed.
10/01/2015	R2	Removed place of service guidelines, and made minor template changes, effective for services rendered on or after 10/01/2015.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2015	R1	05/17/2015 - For the following Revenue Codes the description was changed: 0499 descriptor was changed

Associated Documents

Related Local Coverage Documents

N/A

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

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