



POLICY TITLE	Epilation of		
CATEGORY	Medical Optometry	POLICY ID NUMBER	120_NYS
AUTHOR DATE	01/01/2023	LAST REVIEW DATE	
EXCLUSIONS	Applicable to Government Programs in New York State only.		

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Applicable Codes:

67820 – Correction of Trichiasis; Epilation, by forceps only (LT, RT Modifiers apply)

Indication and Limitations¹

- Primary eye care practitioner must provide the services with aseptic technique, and submit comprehensive eye examination notes clearly stating:
 - Medical history and symptoms supporting treatment (e.g., redness, irritation, excessive tearing, photophobia)
 - Physical exam findings, including location of deviated or abnormal eyelashes
 - Specific conservative treatments tried, duration of trial, and outcome
 - Procedure notes, including use of slit lamp and forceps for removal
 - Post-procedure care instructions and follow-up plan.
- Need for repeat Request for repeat service on any unique member submitted earlier than 8 weeks from time of previous approval will be denied. Each service will require new prior authorization request submission for full medical review.
- 67820 should not be billed with correlating E&M code when this is the chief complaint and sole reason for visit and treatment; repeat requests for unique member will flag for quality review if outlier to peer norm utilization. The unit of service is the eye, not the eyelid.

Supporting Diagnoses

B94	Sequelae of other and unspecified infection and parasitic diseases
B94.0	Sequelae of trachoma

¹ Provider attests at time of request submission that provider signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

H02	Other disorders of eyelid
H02.0	Entropion and trichiasis of eyelid
H02.00	Unspecified entropion of eyelid
H02.003	Unspecified entropion of right eye, unspecified eyelid
H02.006	Unspecified entropion of left eye, unspecified eyelid
H02.009	Unspecified entropion of unspecified eye, unspecified eyelid
H02.05	Trichiasis without entropion
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
H02.059	Trichiasis without entropion unspecified eye, unspecified eyelid

References²

Medicare NCCI 2023 Coding Policy Manual
 New York State Medicaid Program, Vision Care Procedure Codes. April 2023.
 Review of Optometry, Minor Procedures, Major Rules. April 15, 2020.
 American Academy of Ophthalmology, Frequency for Epilation. August 21, 2018

Review and Approval Change Log

July 2022	Medical Surgical policy drafted
July 2023	Scope limited to NYS medical surgical prior authorization requirement.

² Retrieved electronically July 2023