



POLICY TITLE	Blepharoplasty and Ptosis Repair		
CATEGORY	Medical Surgical	POLICY ID NUMBER	200_NYS
AUTHOR DATE	01/01/2023	LAST REVIEW DATE	
EXCLUSIONS	Applicable to Government Programs in New York State only.		

DISCLAIMER CPT® Codes, Descriptors, and other data are copyright 2023 American Medical Association (or such other date of publication of CPT®). All Rights Reserved to AMA. Additional resources include CMS Medicare Provider Guidelines @ CMS.gov. This information may not be sold, licensed, or unlawfully used and is intellectual property of EyeMed and the aforementioned entities.

Applicable Codes:

- 15820** Blepharoplasty, lower eyelid
- 15821** Blepharoplasty, lower eyelid; with extensive herniated fat pad
- 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 (e.g., banked fascia)
- 67902** Repair of blepharoptosis, frontalis muscle technique with autologous fascial sling (w/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** Blepharoptosis, superior rectus technique with fascial sling (includes obtaining fascia)
- 67908** Blepharoptosis, conjunctivo-tarso-Muller’s muscle-levator resection (e.g., Fasanella- Servat type)

Indication and Limitations¹

- Patient presents with dermatochalasis, including symptomatic redundant skin weighing down on the upper eyelashes (i.e., pseudoptosis) and surgically induced dermatochalasis after ptosis repair
 - Requires medical diagnosis for medical necessity
- Patient’s functional/physical impairment complaint is directly related to an abnormality of the eyelid(s), position of the eyelid(s), or brow ptosis
- Abnormality compromises functionality and patient field of vision
- Preoperative indicators of improvement include margin reflex distance 1 (MRD(1)) of 2 mm or less and;
- Superior visual field loss of at least 12 degrees or 24%

¹ Physician attests at time of request submission that physician 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.

- Down-gaze ptosis impairing reading and other close-work activities
- Chin-up backward head tilt due to visual axis obscuration
- Symptoms of discomfort or eye strain due to droopy lids
- Central visual interference due to upper eyelid position
- Blepharoplasty may be considered reconstructive when performed for one of the following conditions requiring need for correction of visual impairment of both upper and lower eyelids.
 - 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: when necessary, in some cases to provide an adequate functional result.
- Informed consent stating all pertinent risks, inclusive of date and patient/AOR signature.

Additional Requirements - Codes 15820-15823 or 67901-67908

- If redundant skin coexists with true lid ptosis, additional photos taken with upper lid skin retracted to show actual position of 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

Additional Requirements - Codes 15822 and 15823

- Pre-operative photographs:
 - Full face straight on with pupil reflex to document the lid is 2mm above the pupil midline (MRD – 1 is 2mm or less), and
 - Palpebral fissure height on downgaze or 1mm or less (measured with the patient fixating on an object in downgaze with the ipsilateral brow relaxed and the contralateral lid elevated)
 - 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

Additional Requirements - Codes 67901 - 67909

- Documentation must rule out other possible causes of ptosis such as recent Botox injections; and
- A pre-operative photo (full face straight on with pupil reflex) to document lid is 2mm above the pupil midline (MRD-1 is 2mm or less), and
- Automated visual field testing, with lids taped and untapped, showing improvement of at least 30% in the superior visual field points seen
- 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.

Supporting Diagnoses

H02.012	Cicatricial entropion of right lower eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.032	Senile entropion of right lower eyelid
H02.035	Senile entropion of left lower eyelid
H02.042	Spastic entropion of right lower eyelid
H02.045	Spastic entropion of left lower eyelid
H02.112	Cicatricial ectropion of right lower eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.132	Senile ectropion of right lower eyelid
H02.135	Senile ectropion of left lower eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.152	Paralytic ectropion of right lower eyelid
H02.155	Paralytic ectropion of left lower eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis left upper eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.401-H02.403	Unspecified ptosis of eyelid, (right, left, bilateral)
H02.411-H02.413	Mechanical ptosis of eyelid (right, left, bilateral)
H02.421-H02.423	Myogenic ptosis of eyelid (right, left, bilateral)
H02.431-H02.433	Paralytic ptosis of eyelid (right, left, bilateral)
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-H57.813	Brow ptosis (right, left, bilateral)
Q10.0	Congenital ptosis

References²

National Library of Medicine, Blepharoplasty Ptosis Surgery. April 3, 2023.

National Library of Medicine, Endoscopic Brow Lift. February 14, 2023.

National Government Services NGS, Medical Policy Article (A52837), Blepharoplasty. Last revised January 2018.

CGS Administrators, LLC. Local Coverage Article. (L34411) "Blepharoplasty, Eyelid Surgery, and Brow Lift".

Jurisdiction J-J, J-M, J-H, J-L for content and ICD10 guidance.

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