



## MEDICAL SURGICAL VISION CLINICAL PROTOCOL & GUIDELINE

<b>POLICY TITLE</b>	<b>Blepharoplasty and Ptosis Repair</b>		
<b>CATEGORY</b>	Medical Surgical	<b>POLICY ID NUMBER</b>	200_NYS_HF_V2
<b>ORIGINAL EFFECTIVE DATE</b>	01/01/2024	<b>LAST REVIEW DATE</b>	09/09/2025
<b>LAST APPROVAL DATE</b>	09/09/2025	<b>LAST REVISION DATE</b>	07/22/2025
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### Applicable Codes:

- 15820** Blepharoplasty, lower eyelid
- 15821** Blepharoplasty, lower eyelid; with herniated fat pad
- 15822** Blepharoplasty, upper eyelid
- 15823** Blepharoplasty, upper eyelid; with excessive skin
- 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)

*Additional codes are present on the LCD Article but omitted from CPG, as they are not on Prior Authorization.*

## Indication and Limitations<sup>1</sup>

### 1 Medical Necessity

#### 1.1 Upper blepharoplasty and/or repair of blepharoptosis

- 1.1.1 may be considered functional in nature when excess upper eyelid tissue or the upper lid position produces functional complaints including
  - 1.1.1.1 complaints related to visual field impairment in primary gaze and/or down OR
  - 1.1.1.2 complaints related to a lower than normal position of the eyelid relative to the pupil OR
  - 1.1.1.3 excess skin that hangs over the edge of the eyelid.

#### 1.2 Upper blepharoplasty

- 1.2.1 may be indicated for chronic dermatitis due to redundant skin OR
- 1.2.2 patients with an anophthalmic socket and experiencing prosthesis difficulties.
  - 1.2.2.1 Orbital issues OR
  - 1.2.2.2 Failure of prosthesis modification must be noted to satisfy medical necessity

#### 1.3 Brow ptosis

- 1.3.1 may produce or contribute to functional visual field impairment.
- 1.3.2 Either one or both procedures may be required when a blepharoplasty would not result in a satisfactory functional repair.

#### 1.4 Surgery of lower eyelids

- 1.4.1 Is considered reconstructive when poor eyelid tone (with or without entropion or ectropion) causes dysfunction of the “lacrimal pump,” OR
- 1.4.2 lid retraction, OR
- 1.4.3 exposure keratoconjunctivitis that results in epiphora (tearing).

### 2 Limitations

#### 2.1 All conditions must have adequate documentation to support medical necessity and not cosmetic purposes

#### 2.2 The following conditions may be cause for review given the potential for cosmetic purposes which are not covered

- 2.2.1 Dermatochalasis,
  - 2.2.1.1 including symptomatic redundant skin weighing down on the upper eyelashes (i.e., pseudoptosis) OR
  - 2.2.1.2 surgically induced dermatochalasis after ptosis repair.

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<sup>1</sup> 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.

**2.2.2** Blepharochalasis.

**2.2.3** Blepharoptosis,

**2.2.3.1** 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).

**2.2.4** Brow ptosis

**2.3 The following conditions are generally considered medically necessary**

**2.3.1** Repair of anatomical or pathological defects, including those caused by disease (including thyroid dysfunction and cranial nerve palsies), OR

**2.3.2** trauma, OR

**2.3.3** tumor-ablative surgery.

**2.3.4** Surgery performed to reconstruct the normal structure of the eyelid, using local or distant tissue.

**2.3.5** Reconstruction may be necessary to protect the eye and/or improve visual function.

**2.3.6** Conditions that may require blepharoplasty, ptosis repair, ectropion repair, or entropion repair are:

**2.3.6.1** Ectropion and entropion

**2.3.6.2** Epiblepharon\*

**2.3.6.3** Post-traumatic defects of the eyelid

**2.3.6.4** Post-surgical defects after excision of neoplasm(s)

**2.3.6.5** Lagophthalmos

**2.3.6.6** Congenital lagophthalmos\*

**2.3.6.7** Congenital ectropion, entropion\*

**2.3.6.8** Congenital ptosis\*

**2.3.6.9** 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).

**2.3.6.10** Chronic symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin.

**2.3.7** Relief of eye symptoms associated with blepharospasm.

**2.3.8** Primary essential (idiopathic) blepharospasm

**2.3.8.1** characterized by severe squinting,

**2.3.8.2** secondary to uncontrollable spasms the peri-ocular facial muscles.

**2.3.8.3** Occasionally, it can be debilitating.

**2.3.8.4** If other treatments have failed or are contraindicated, a blepharoplasty combined with limited myectomy may be necessary.

**2.3.8.5** Failed treatments must be listed in the chart

## **2.4 Additional Requirements**

### **2.4.1 Documentation must include**

- 2.4.1.1** patient complaints and
- 2.4.1.2** pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment of any of the above conditions.
- 2.4.1.3** photographic documentation must demonstrate the clinical abnormality(ies) consistent with the beneficiary's subjective complaint(s) for asterisked (\*) diagnoses listed above.

### **2.4.2 Visual Fields**

- 2.4.2.1** Should be performed with taped upper lids and untaped upper lids
- 2.4.2.2** Must demonstrate a minimum of 12 degrees or 30% loss of upper visual field with upper lid in repose
- 2.4.2.3** Visual field testing is not required for entropion or ectropion repair surgery

### **2.4.3 Photos**

- 2.4.3.1** Must be taken frontally and canthus-to-canthus with the head perpendicular to the plane of the camera (no tilting)
- 2.4.3.2** Photos should demonstrate patient complaint
  - 2.4.3.2.1** 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
- 2.4.3.3** Blepharoplasty must portray both eyelids in the frontal (straight-ahead) position demonstrating:
  - 2.4.3.3.1** Upper eyelid skin resting on the eyelashes or over the eyelid margin; or,
  - 2.4.3.3.2** Excessive dermatochalasis pushing the eyelid margin down to an abnormally low position; or,
  - 2.4.3.3.3** 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.
  - 2.4.3.3.4** 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.
- 2.4.3.4** Blepharoptosis repair must portray both eyelids in the frontal (straight-ahead) position demonstrating:
  - 2.4.3.4.1** True lid ptosis;
  - 2.4.3.4.2** The upper eyelid position with respect to a prosthesis in an anophthalmic socket or to the globe in congenital or acquired microphthalmos in enophthalmos.
- 2.4.3.5** Brow ptosis (performed singly or in combination with other procedures) must be frontal demonstrating:
- 2.4.3.6** Drooping of brows below the superior orbital rim; and,
- 2.4.3.7** Improvement of blepharoptosis and/or dermatochalasis by elevation of the brows. (N

- 2.4.3.8** 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.
- 2.4.3.9** 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:
- 2.4.3.10** The eyelid position in primary gaze (straight ahead) and down gaze (visual axis and camera lens coaxial); and,
- 2.4.3.11** 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.

### 3 Supporting Diagnoses

#### 3.1 For ICD-10 list please see Blepharoplasty and Ptosis Repair Appendix A

### References<sup>2</sup>

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

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

CGS Administrators, LLC. Local Coverage Article. (A52837) "Blepharoplasty: Medical Policy Article."

### Review and Approval Change Log

Aug 2022	Medical Surgical base criterion drafted
July 2023	Revised scope limited to NYS medical surgical prior authorization requirement.
Nov 2023	Draft approved by HealthFirst Medical Team
Jan 2024	Reviewed, no edits, effected
Oct 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 as per AAPC
Nov 2024	Approved by HealthFirst Medical Team
Jul 2025	V2 Appendix A created, ICD10 updated per AAPC guidelines, new format applied to document, protocol updated to the LCD article guidelines (A52837, not an LCD Reference article)
Sep 2025	Approved by HealthFirst Medical Team

<sup>2</sup> Retrieved electronically Jan 2024