

Blepharoplasty and Related Procedures

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• Blepharoplasty, Blepharoptosis, and Brow Lift
• Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)

Coverage Guidelines

Blepharoplasty is covered when Medicare criteria are met.

Blepharoplasty (Upper Lid) (CPT Codes 15822 and 15823), Brow Ptosis Repair (CPT Code 67900), and Upper Eyelid Blepharoptosis Repair (CPT Codes 67901, 67902, 67903, 67904, 67906, and 67908)

Medicare does not have a National Coverage Determination (NCD) for upper lid blepharoplasty, brow ptosis repair and upper eyelid blepharoptosis repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Blepharoplasty \(Upper\), Brow Ptosis Repair, and Upper Eyelid Blepharoptosis Repair](#).

Reduction of Over-Correction Ptosis (CPT Code 67909)

Medicare does not have a National Coverage Determination (NCD) for upper lid blepharoplasty, brow ptosis repair and upper eyelid blepharoptosis repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Reduction of Over-Correction Ptosis](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After checking the [Reduction of Over-Correction Ptosis](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 18, 2023)

Blepharoplasty (Lower Lid) (CPT Codes 15820 and 15821)

Medicare does not have a National Coverage Determination (NCD) for lower lid blepharoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Blepharoplasty, Lower Lid](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After checking the [Blepharoplasty, Lower Lid](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 18, 2023)

Ectropion and Entropion Repair (CPT Codes 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924)

Medicare does not have a National Coverage Determination (NCD) for ectropion and entropion repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ectropion/Entropion Repair and Correction of Lid Retraction](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After checking the [Ectropion/Entropion Repair and Correction of Lid Retraction](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 18, 2023)

Lid Retraction Surgery (CPT Code 67911)

Medicare does not have a National Coverage Determination (NCD) for lid retraction surgery. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Ectropion/Entropion Repair and Correction of Lid Retraction](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After checking the [Ectropion/Entropion Repair and Correction of Lid Retraction](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 18, 2023)

Canthoplasty and Canthopexy (CPT Codes 21280, 21282, and 67950)

Medicare does not have a National Coverage Determination (NCD) for canthus repair and lid repair or canthopexy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Canthopexy](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After checking the table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 18, 2023)

Floppy Eyelid Syndrome Repair (CPT Codes 67961 and 67966)

Medicare does not have a National Coverage Determination (NCD) for floppy eyelid syndrome repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed December 18, 2023)

Correction of Lagophthalmos, with Implantation of Upper Eyelid Lid Load (e.g., gold weight) (CPT Code 67912)

Medicare does not have a National Coverage Determination (NCD) for correction of lagophthalmos. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Correction of Lagophthalmos](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Brow Ptosis and Eyelid Repair](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed December 18, 2023)

Definitions

Blepharoplasty: Any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. Brow ptosis (i.e., descent or droop of the eyebrows) can also produce or contribute to functional impairment. Wisconsin [Blepharoplasty, Blepharoptosis and Brow Lift \(L34528\)](#). (Accessed December 18, 2023)

Cosmetic Surgery: Cosmetic surgery as defined by the Centers for Medicare and Medicaid Services includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. [Medicare Benefit Policy Manual, Chapter 16, §120 – Cosmetic Surgery](#). (Accessed December 18, 2023)

Supporting Information

Blepharoplasty (Upper), Brow Ptosis Repair, and Upper Eyelid Blepharoptosis Repair				
Accessed December 18, 2023				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33944 (A56439)	Blepharoplasty	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34028 (A57025)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
A52837	Blepharoplasty - Medical Policy Article	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME MN, NH, NY, RI, VT, WI
L36286 (A57191)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MO, ND, OR, SD, UT, WA, WY

Blepharoplasty (Upper), Brow Ptosis Repair, and Upper Eyelid Blepharoptosis Repair

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34194 (A57190)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV
L35004 (A57618)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34411 (A56503)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN VA, WV
L34528 (A56908)	Blepharoplasty, Blepharoptosis and Brow Lift	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33944 (A56439)	Blepharoplasty	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34028 (A57025)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
A52837	Blepharoplasty - Medical Policy Article	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME MN, NH, NY, RI, VT, WI
L36286 (A57191)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MO, ND, OR, SD, UT, WA, WY
L34194 (A57190)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV
L35004 (A57618)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34411 (A56503)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN VA, WV

[Back to Guidelines](#)**Ectropion/Entropion Repair and Correction of Lid Retraction**

Accessed December 18, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33944 (A56439)	Blepharoplasty	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34028 (A57025)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

Ectropion/Entropion Repair and Correction of Lid Retraction

Accessed December 18, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A52837	Blepharoplasty - Medical Policy Article	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME MN, NH, NY, RI, VT, WI
L35004 (A57618)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34411 (A56503)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Blepharoplasty, Lower Lid

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33944 (A56439)	Blepharoplasty	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34028 (A57025)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
A52837	Blepharoplasty - Medical Policy Article	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME MN, NH, NY, RI, VT, WI
L35004 (A57618)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34411 (A56503)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34528 (A56908)	Blepharoplasty, Blepharoptosis and Brow Lift	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Canthopexy

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Correction of Lagophthalmos

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34028 (A57025)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

Correction of Lagophthalmos

Accessed December 18, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35004 (A57618)	Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34411 (A56503)	Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN VA, WV

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Policy History/Revision Information

Date	Summary of Changes
01/10/2024	Supporting Information <ul style="list-style-type: none">Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current informationArchived previous policy version MCS007.05

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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