

Blepharoplasty and Related Procedures

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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), Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair (CPT codes 15822, 15823, 67900, 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/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair](#).

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 Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis 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.

Reduction of Over-Correction Ptosis (CPT code 67909)

Medicare does not have a National Coverage Determination (NCD) for reduction of overcorrection ptosis. 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 Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis 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.

Ectropion/Entropion Repair and Correction of Lid Retraction (CPT codes 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923 and 67924)

Medicare does not have a National Coverage Determination (NCD) for ectropion/entropion repair and lid retraction. 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 Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis 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.

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, with Implantation of Upper Eyelid Lid Load](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#).

Note: After checking the [Correction of Lagophthalmos, with Implantation of Upper Eyelid Lid Load](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Canthus Repair and Lid Repair and Floppy Eyelid Syndrome Repair (CPT codes 67950, 67961 and 67966)

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

For coverage guidelines, refer to the UnitedHealthcare Commercial Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#).

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

Canthopexy (CPT codes 21280 and 21282)

Medicare does not have a National Coverage Determination (NCD) for 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 Coverage Determination Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#).

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

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 [LCD for Blepharoplasty, Blepharoptosis and Brow Lift \(L34528\)](#). (Accessed November 9, 2021)

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 January 4, 2021)

Supporting Information

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

Blepharoplasty (Upper), Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair				
Accessed November 9, 2021				
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)	Upper Eyelid and Brow Surgical Procedures	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)	Surgery: Blepharoplasty	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 MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN*, TX*, UT*, VA*, VT*, WA*, WI*, WV*, WY*

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

Accessed November 9, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34528 (A56908)	Blepharoplasty, Blepharoptosis and Brow Lift	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Ectropion/Entropion Repair and Correction of Lid Retraction

Accessed November 9, 2021

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)	Upper Eyelid and Brow Surgical Procedures	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)	Surgery: Blepharoplasty	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

Accessed November 9, 2021

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)	Upper Eyelid and Brow Surgical Procedures	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)	Surgery: Blepharoplasty	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 MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL *, AR, AZ, CA, CO, CT *, DE, FL *, GA *, HI, IA, ID, IL *, IN, KS, KY *, LA, MA *, MD, ME *, MI, MO, MS, MT, NC *, ND, NE, NH *, NJ, NM, NV, OH *, OK, OR, PA, RI *, SC, SD, TN *, TX,

Blepharoplasty, Lower Lid

Accessed November 9, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				UT, VA*, VT*, WA, WI*, WV*, WY Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34528 (A56908)	Blepharoplasty, Blepharoptosis and Brow Lift	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Reduction of Over-Correction Ptosis

Accessed November 9, 2021

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)	Upper Eyelid and Brow Surgical Procedures	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)	Surgery: Blepharoplasty	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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Correction of Lagophthalmos, with Implantation of Upper Eyelid Lid Load (e.g., gold weight)

Accessed November 9, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
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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Canthopexy (CPT codes 21280 and 21282)

Accessed November 9, 2021

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

Canthopexy (CPT codes 21280 and 21282)

Accessed November 9, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
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Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
01/19/2021	<p>Correction of Lagophthalmos, with Implantation of Upper Eyelid Lid Load (e.g., gold weight) (CPT code 67912)</p> <ul style="list-style-type: none"> Revised default guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs): <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Commercial Coverage Determination Guideline entitled <i>Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair</i> Removed reference link to the <i>Palmetto LCD for Blepharoplasty, Eyelid Surgery, and Brow Lift (L34411)</i> <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of “Dermatochalasis”

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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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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