Coverage Summary

Blepharoplasty and Related Procedures

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 08/20/2019

Related Medicare Advantage Policy Guidelines:

- Blepharoplasty
- Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)

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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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V. ATTACHMENTS

I. COVERAGE

Coverage Statement: Blepharoplasty is covered when Medicare criteria are met.

Guidelines/Notes:
1. 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 50 states** and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment A)].

- **Committee approval date:** January 15, 2019
- **Accessed September 5, 2019**

2. **Blepharoplasty (Lower Lid) (CPT codes 15820, 15821)**
   - Medicare does not have a National Coverage Determination (NCD) for lower lid blepharoplasty.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all 50 states** and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment C)].
   - **Committee approval date:** August 20, 2019
   - **Accessed September 5, 2019**

3. **Reduction of Overcorrection 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 state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment B)].
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair for coverage guideline. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** January 15, 2019
   - **Accessed September 5, 2019**

4. **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 state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment B)].
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair for coverage guideline. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** January 15, 2019
   - **Accessed September 5, 2019**

5. **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 state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment E).

• **For states with no LCDs/LCAs**, see the Palmetto LCD for Blepharoplasty, Eyelid Surgery, and Brow Lift (L34411). (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

• **Committee approval date**: January 15, 2019

• Accessed September 5, 2019

6. **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 at this time.**

   • **For coverage guideline**, see the UnitedHealthcare Commercial Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair.

   • **Committee approval date**: January 15, 2019

   • Accessed September 5, 2019

7. **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 state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment F).**

   • **For states with no LCDs/LCAs**, see the UnitedHealthcare Commercial Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

   • **Committee approval date**: January 15, 2019

   • Accessed September 5, 2019

**II. 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 September 5, 2019)

**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 August 1, 2019)

Dermatochalasis: Excessive skin is usually the result of the aging process with loss of elasticity.

CGS LCD for Blepharoplasty (L33944). (Accessed September 5, 2019)

III. REFERENCES

See above

IV. REVISION HISTORY

08/20/2019  Guideline 2 [Blepharoplasty (Lower Lid) (CPT codes 15820, 15821)]
- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Attachments
- Updated LCD Availability Grids to reflect the most current reference links

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

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

CMS website accessed September 5, 2019

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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<td>MAC Part A and B A and B MAC</td>
<td>National Government Services, Inc.</td>
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<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
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End of Attachment A
## Attachment B - LCD Availability Grid

**Ectropion/Entropion Repair and Correction of Lid Retraction**

(CPT codes 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923 and 67924)

CMS website accessed September 5, 2019

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<tr>
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End of Attachment B

## Attachment C - LCD Availability Grid

**Blepharoplasty, Lower Lid**

(CPT codes 15820 and 15821)

CMS website accessed September 5, 2019

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<td>MAC – Part B</td>
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End of Attachment C

## Attachment D - LCD Availability Grid

**Reduction of Overcorrection Phtosis (CPT code 67909)**

CMS website accessed September 5, 2019

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# Attachment D - LCD Availability Grid

**Reduction of Overcorrection Ptosis** *(CPT code 67909)*

CMS website accessed September 5, 2019

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<td>Noridian Healthcare Solutions, LLC</td>
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End of Attachment D

# Attachment E - LCD Availability Grid

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

CMS website accessed September 5, 2019

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End of Attachment E

# Attachment F - LCD Availability Grid

**Canthopexy (CPT codes 21280 and 21282)**

CMS website accessed September 5, 2019

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End of Attachment F