**Coverage Summary**

**Blepharoplasty and Related Procedures**

<table>
<thead>
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<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 01/15/2019</td>
</tr>
</tbody>
</table>

**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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**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 April 4, 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment C).

• For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Coverage Determination Guideline (CDG) 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 April 4, 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 D).

• For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Coverage Determination Guideline (CDG) 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 April 4, 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 (CDG) 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.)
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 April 4, 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 (CDG) for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair.
   - Committee approval date: January 15, 2019
   - Accessed January 2, 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 (CDG) 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 April 4, 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 April 4, 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 January 2, 2019)

Dermatochalasis: Excessive skin is usually the result of the aging process with loss of elasticity. CGS LCD for Blepharoplasty (33944). (Accessed April 4, 2019)

III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019

• Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
  o 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)
• Retitled reference links that direct users to UnitedHealthcare Commercial policies

01/15/2019

Annual review with the following updates:

Guideline 1 (Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair)
• Deleted CPT codes 15820 & 15821; and CPT code 67909 (codes do not have LCDs for all states); move to separate guidelines; (Guideline 2 and Guideline 3)
• Updated guideline title; add “Correction” to Blepharoplasty

Guideline 2 [Blepharoplasty (Lower Lid) (CPT codes 15820, 15821)] – added guidelines (new to the CS)

Guideline 3 [Reduction of Overcorrection Ptosis (CPT code 67909)] – added guidelines (new to the CS)

Guideline 4 (Ectropion/Entropion Repair and Lid Retraction) – added “Correction” to
the guideline title

Guideline 5 [Correction of Lagophthalmos, with Implantation of Upper Eyelid Lid Load (e.g., gold weight) (CPT code 67912)] – added guidelines (new to the CS)

Guideline 6 [Canthus Repair and Lid Repair and Floppy Eyelid Syndrome Repair (CPT codes 21280, 21282, 67950, 67961 and 67966)] – deleted CPT codes 21280, 21282; move to Guideline 7 (these 2 codes now have available LCDs)

Guideline 7 [Canthopexy (CPT codes 21280 and 212820] – added guidelines (new to the CS)

Definitions

- Cosmetic Surgery – replaced reference from Wisconsin LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L34528) to CGS LCD for Blepharoplasty (L33944).
- Dermatochalasis – replaced reference from Wisconsin LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L34528) to CGS LCD for Blepharoplasty (L33944).

01/18/2018 Annual review with the following updates:

Guideline 1 [Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair (CPT codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 and 67909)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 2 [Ectropion/Entropion Repair and Lid Retraction (CPT codes 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923 and 67924)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

01/17/2017 Annual review; no updates.

10/18/2016 Re-review with the following recommended updates:

Guideline 2 (Ectropion/Entropion Repair and Lid Retraction) - added the following CPT codes: 67922, 67923 and 67924

Guideline 3 [Canthus Repair and Lid Repair; and Floppy Eyelid Syndrome Repair (CPT codes 21280, 21282, 67950, 67961 and 67966)] – added guideline (new to the policy)

07/26/2016 Coverage Summary title changed to Blepharoplasty and Related Procedures.

Guideline 1 (Blepharoplasty)

- Title updated to include Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair
- Added reference to CPT codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 and 67909

Guideline 2 [Ectropion/Entropion Repair and Lid Retraction (CPT codes 67911, 67914, 67915, 67916, 67917 and 67921)] – added new guideline

01/19/2016 Annual review; with the following update:
Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

10/01/2015 Updated reference link(s) to the applicable Medicare Administrative Contractor (MAC) LCDs to reflect the new updated LCD/ID number effective October 1, 2015.

01/20/2015 Annual review; with following updates:
- Added language to indicate: Local Coverage Articles (LCAs) exist for all states/geographic areas.
- Deleted language “for states without LCDs” and default to Wisconsin LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L29973).
- Definitions:
  - Deleted definitions of blepharochalasis, blepharoptosis, brow ptosis and reconstructive surgery; unable to find CMS references,
  - Provided applicable CMS references to definitions of blepharoplasty, dermatochalasis and cosmetic surgery.

02/18/2014 Annual review; no updates.

02/19/2013 Annual review; guidelines revised; changed the default guidelines for states with no Local Coverage Determinations (LCDs), from CIGNA LCD for Blepharoplasty (L31828) to Wisconsin LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L29973).

02/27/2012 Guidelines revised, i.e., changed default LCD for states with no LCDs from NGS L26448 (retired) to CIGNA L31828.

08/29/2011 Annual review; updated guidelines to use the NGS L26448 as basis for CS guidelines for states with no LCDs for Blepharoplasty; also updated the LCD Availability Grid.

07/24/2011 LCD Availability Grid (Attachment A) updated.

04/08/2011 LCD Availability Grid (Attachment A) updated.

11/16/2010 Reference to the UHC Medical Policy for Blepharoplasty and Brow Ptosis was deleted since all states have LCDs.

08/26/2010 LCD references and links updated.

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 April 4, 2019

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
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<tbody>
<tr>
<td>A52837</td>
<td>Blepharoplasty - Medical Policy Article</td>
<td>MAC Part A and B A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L34411</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV AL, GA, TN</td>
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<tr>
<td>L34528</td>
<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
<td>MAC – Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>
### 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 April 4, 2019

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
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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 April 4, 2019

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

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<th>LCD ID</th>
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**End of Attachment B**

### Attachment C - LCD Availability Grid

**Blepharoplasty, Lower Lid**  
(CPT codes 15820 and 15821)  
CMS website accessed April 4, 2019

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
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## Attachment C - LCD Availability Grid

**Blepharoplasty, Lower Lid**  
(CPT codes 15820 and 15821)  
CMS website accessed April 4, 2019

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<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
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<td>MAC – Part A</td>
<td>Wisconsin Physicians Service</td>
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<td>Insurance Corporation</td>
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<td>Blepharoplasty</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<td>L35004</td>
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<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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</tbody>
</table>

End of Attachment C

## Attachment D - LCD Availability Grid

**Reduction of Overcorrection Ptosis (CPT code 67909)**  
CMS website accessed April 4, 2019

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
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<tbody>
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<td>Blepharoplasty - Medical Policy Article</td>
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<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L34411</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
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<td>L36286</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>Blepharoplasty</td>
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<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
</tbody>
</table>

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 April 4, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
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<tr>
<td>L34411</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L33944</td>
<td>Blepharoplasty</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
</tbody>
</table>

End of Attachment E

**Attachment F - LCD Availability Grid**

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

CMS website accessed April 4, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33428</td>
<td>Cosmetic and Reconstructive Surgery</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment F