Coverage Summary

Blepharoplasty and Related Procedures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 01/16/2018</td>
</tr>
</tbody>
</table>

Related Medicare Advantage Policy Guidelines:

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

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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.

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair
   2. Ectropion/Entropion Repair and Lid Retraction
   3. Canthus Repair and Lid Repair; and Floppy Eyelid Syndrome Repair
II. DEFINITIONS
III. REFERENCES
IV. REVISION HISTORY
V. ATTACHMENTS

I. COVERAGE

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

Guidelines/Notes:

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)
   - Medicare does not have a National Coverage Determination (NCD) for 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 16, 2018
   - Accessed June October 18, 2018
2. Ectropion/Entropion Repair and 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 Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Posis 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 16, 2018
   - Accessed October 18, 2018

3. Canthus Repair and Lid Repair; and Floppy Eyelid Syndrome Repair (CPT codes 21280, 21282, 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 Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Posis Repair.
   - Committee approval date: January 16, 2018
   - Accessed January 9, 2018

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 June 26, 2018)

**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. Novitas LCD for Surgery: Blepharoplasty (L35004). (Accessed June 26, 2018)

**Dermatochalasis:** Excessive skin is usually the result of the aging process with loss of elasticity. Wisconsin LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L34528) (Accessed June 26, 2018)
III. REFERENCES

See above

IV. REVISION HISTORY

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, 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, 67921, 67922, 67923 and 67924)] – 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,
  o 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)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Type</th>
<th>Contractor Type</th>
<th>Contractor Type</th>
<th>Contractors Type</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34411</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>Palmetto GBA</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV AL, GA, TN</td>
<td></td>
</tr>
<tr>
<td>L34528</td>
<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
<td>MAC – Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
<td></td>
</tr>
<tr>
<td>L34528</td>
<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
<td>MAC – Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
<td></td>
</tr>
<tr>
<td>L36286</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MO, ND, OR, SD, UT, WA, WY</td>
<td></td>
</tr>
<tr>
<td>L34194</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA-NORTHERN, CA-SOUTHERN, AS, GU, HI, MP, NV</td>
<td></td>
</tr>
<tr>
<td>L33944</td>
<td>Blepharoplasty</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>CGS Administrators, LLC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
<td></td>
</tr>
</tbody>
</table>

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

Attachment A - LCD Availability Grid

Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair
(CPT codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 and 67909)
CMS website accessed October 18, 2018
### Attachment A - LCD Availability Grid

**Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair**

(CPT codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 and 67909)

CMS website accessed October 18, 2018

**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>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35004</td>
<td>Surgery: Blepharoplasty</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
<tr>
<td>L34028</td>
<td>Upper Eyelid and Brow Surgical Procedures</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment A

### Attachment B - LCD Availability Grid

**Ectropion/Entropion Repair and Lid Retraction**

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

CMS website accessed October 18, 2018

**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>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>A52837</td>
<td>Blepharoplasty - Medical Policy Article</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME MN, NH, NY, RI, VT, WI</td>
</tr>
<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>
</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 B