Coverage Summary

Blepharoplasty and Related Procedures

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 01/17/2017</td>
</tr>
</tbody>
</table>

Related Medicare Advantage Policy Guidelines:
- Blepharoplasty
- 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.

### INDEX TO COVERAGE SUMMARY

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   1. **Blepharoplasty, Brow Ptosis Repair and Upper Eyelid Blepharoptosis Repair**
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   3. **Canthus Repair and Lid Repair; and Floppy Eyelid Syndrome Repair**

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### 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 states/geographic areas. Compliance with these LCDs/LCAs is required where applicable. For state-specific LCDs/LCAs, see the **LCD Availability Grid for Blepharoplasty** (Attachment A).
   - **Committee approval date:** January 17, 2017
   - **Accessed September 15, 2017**
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) and compliance with these LCDs/LCAs is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid for Blepharoplasty (Attachment B).
   - For states with no LCDs, see the UnitedHealthcare Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair for coverage guidelines.
   - Committee approval date: January 17, 2017
   - Accessed September 15, 2017

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; and for floppy eyelid syndrome repair.
   - Local Coverage Determinations (LCDs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Coverage Determination Guideline for Blepharoplasty, Blepharoptosis and Brow Ptosis Repair.
   - Committee approval date: January 17, 2017
   - Accessed January 10, 2017

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 July 5, 2017)

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 July 5, 2017)

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 July 5, 2017)

III. REFERENCES

See above

IV. REVISION HISTORY
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)] – 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.
V. ATTACHMENT(S)

### 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)

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<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>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>
</tr>
<tr>
<td>L34411</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</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>
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<tr>
<td>L34528</td>
<td>Blepharoplasty, Blepharoptosis and Brow Lift</td>
<td>MAC – Part A</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>
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<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>AK, AZ, ID, MO, ND, OR, SD, UT, WA, WY</td>
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<td>L34194</td>
<td>Blepharoplasty, Eyelid Surgery, and Brow Lift</td>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>CA-NORTHERN, CA-SOUTHERN, AS, GU, HI, MP, NV</td>
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<tr>
<td>L33944</td>
<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>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<td>L34028</td>
<td>Upper Eyelid and Brow Surgical Procedures</td>
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<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<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>
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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 September 15, 2017

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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<th>Contractor</th>
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</thead>
<tbody>
<tr>
<td>A52837</td>
<td><strong>Blepharoplasty - Medical Policy Article</strong></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><strong>Blepharoplasty, Eyelid Surgery, and Brow Lift</strong></td>
<td>A and B and HHH MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
<tr>
<td>L33944</td>
<td><strong>Blepharoplasty</strong></td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
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End of Attachment B