Brow Ptosis and Eyelid Repair

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➲ Instructions for Use

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Related Commercial Policy

- Brow Ptosis and Eyelid Repair

Coverage Rationale

Canthopexy

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 Medical Policy titled Brow Ptosis and Eyelid Repair.

Canthoplasty

Medicare does not have an NCD for canthoplasty. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Brow Ptosis and Eyelid Repair.

Correction of Lagophthalmos, With Implantation of Upper Eyelid Lid Load (e.g., Gold Weight)

Medicare does not have an NCD for correction of lagophthalmos. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Correction of Lagophthalmos.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Brow Ptosis and Eyelid Repair.

Ectropion and Entropion Repair

Medicare does not have an NCD for ectropion and entropion repair. LCDs/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 Medical Policy titled Brow Ptosis and Eyelid Repair.

Floppy Eyelid Syndrome Repair

Medicare does not have an NCD for floppy eyelid syndrome repair. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Brow Ptosis and Eyelid Repair.

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Lid Retraction Surgery

Medicare does not have an NCD for lid retraction surgery. LCDs/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 Medical Policy titled Brow Ptosis and Eyelid Repair.

Reduction of Over-Correction Ptosis

Medicare does not have an NCD for reduction of over-correction ptosis. LCDs/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 Medical Policy titled Brow Ptosis and Eyelid Repair.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
Canthopexy	
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
Canthoplasty	
67950	Canthoplasty (reconstruction of canthus)
Correction of Lagophthalmos	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
Ectropion/Entropion Repair and Correction of Lid Retraction	
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (e.g., tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
Floppy Eyelid Syndrome Repair	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
Reduction of Over-Correction Ptosis	
67909	Reduction of overcorrection of ptosis

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Diagnosis Code	Description
Canthopexy Always Cosmetic: The following ICD-10 Diagnosis Codes are not covered.	
Z40.89	Encounter for other prophylactic surgery
Z40.9	Encounter for prophylactic surgery, unspecified
Z41.1	Encounter for cosmetic surgery
Z41.3	Encounter for ear piercing
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z41.9	Encounter for procedure for purposes other than remedying health state, unspecified

Definitions

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.

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the Medicare Coverage Database, if no NCD, LCD, or LCA is found, refer to the criteria as noted in the Coverage Rationale section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
Canthopexy				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto**
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Correction of Lagophthalmos				
N/A	L34028 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57025 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast
	L35004 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57618 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas**
	L34411 Blepharoplasty, Eyelid Surgery, and Brow Lift	A56503 Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto**
Ectropion/Entropion Repair and Correction of Lid Retraction				
N/A	L33944 Blepharoplasty	A56439 Billing and Coding: Blepharoplasty	Part A and B MAC	CGS

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NCD	LCD	LCA	Contractor Type	Contractor Name
Ectropion/Entropion Repair and Correction of Lid Retraction				
N/A	L34028 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57025 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast
	L35004 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57618 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas**
	L34411 Blepharoplasty, Eyelid Surgery, and Brow Lift	A56503 Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto**
	N/A	A52837 Blepharoplasty - Medical Policy Article	Part A and B MAC	Wellpoint
Reduction of Over-Correction Ptosis				
N/A	L33944 Blepharoplasty	A56439 Billing and Coding: Blepharoplasty	Part A and B MAC	CGS
	L34028 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57025 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	First Coast
	L36286 Blepharoplasty, Eyelid Surgery, and Brow Lift **Retired 10/16/2025**	A57191 Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift **Retired 10/16/2025**	Part A and B MAC	Noridian
	L34194 Blepharoplasty, Eyelid Surgery, and Brow Lift	A57190 Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift		
	L35004 Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	A57618 Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow	Part A and B MAC	Novitas**
	L34411 Blepharoplasty, Eyelid Surgery, and Brow Lift	A56503 Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift	Part A and B MAC	Palmetto**
	N/A	A52837 Blepharoplasty - Medical Policy Article	Part A and B MAC	Wellpoint

CMS Benefit Policy Manual

Chapter 16, §§ 10, General Exclusions from Coverage; 120, Cosmetic Surgery; 180, Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare

CMS Claims Processing Manual

Chapter 1, § 60.1, General Information on Noncovered Charges

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI

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Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wellpoint Federal (Wellpoint)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers. **For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

Policy History/Revision Information

Date	Summary of Changes
09/01/2026	**Supporting Information** • Replaced references to "National Government Services (NGS)" with "Wellpoint Federal (Wellpoint)" (no change to policy guidelines) • Archived previous policy version MMP007.09

Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference 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. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, call the customer service number on the back of the member ID card or refer to the Administrative Guide.

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

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UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.

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