

# Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (for North Carolina Only)

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[Instructions for Use](#)

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Related Policy
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Procedures</a></li> </ul>

## Application

This Coverage Determination Guideline only applies to the state of North Carolina.

## Coverage Rationale

### Indications for Coverage

#### *Criteria for a Coverage Determination that Surgery is Reconstructive and Medically Necessary*

The following must be available when requested by UnitedHealthcare:

- Best corrected visual acuity in both eyes, all members (except pediatrics)
- Eye exam (chief complaint, HPI)
- Clear, high-quality, clinical photographs (eye level, frontal with the member looking straight ahead, light reflex visible and centered)
- Peripheral or superior [Visual Fields](#) automated, reliable, un-taped/taped are preferable
  - In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing
  - In situations where Reliable Visual Field testing is not possible, refer to the section below titled [When the Member is Not Capable of Reliable Visual Field Testing](#)

Note: The Visual Fields and high-quality, clinical photographs must be consistent.

If multiple procedures are requested, the following criteria must be met:

- All criteria for each individual procedure must be met; and
- Reliable Visual Field testing shows visual impairment which can't be addressed by one procedure alone; and
- High-quality, clinical photograph findings are consistent with Visual Field findings

Upper and lower eyelid blepharoplasty and upper eyelid blepharoptosis repair are considered reconstructive and medically necessary under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Physician, 1A-9, Blepharoplasty/Blepharoptosis \(Eyelid Repair\)](#).

Brow ptosis (CPT 67900) is considered reconstructive and medically necessary when the following criteria are present:

- Other causes have been eliminated as the primary cause for the Visual Field obstruction (e.g., Botox® treatments within the past six (6) months); and
- The member must have a functional complaint related to brow ptosis. Brow ptosis must be documented in two high-quality, clinical photographs. One showing the eyebrow below the bony superior orbital rim, and a second photograph with the brow elevated that eliminates the Visual Field defect; and
  - Automated peripheral and superior Reliable Visual Field testing, with differential taping (eyebrow and eyebrow + eyelid) showing 30% (or 12 degrees) or more improvement in total number of points seen with the eyebrow taped up. In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing
  - In situations where Reliable Visual Field testing is not possible, refer to the section below titled [When the Member is Not Capable of Reliable Visual Field Testing](#)
- Documentation indicating the specific brow lift procedure (e.g., supraciliary, mid forehead or coronal, pretrichial, direct brow lift versus. browpexy, internal brow lift)

Brow ptosis repair (CPT 67900) as an adjunct to upper eyelid blepharoplasty (CPT 15822 and 15823) is considered reconstructive and medically necessary when the criteria for each separate service are met (as per above) and:

- Automated peripheral and superior Reliable Visual Field testing demonstrates the following:
  - Differential taping showing 30% (or 12 degrees) or more improvement in total number of points seen with the eyelid taped up and an additional 30% (or 12 degrees) or more improvement in total number of points seen with the eyelid + eyebrow taped up, confirming the contribution of brow ptosis to visual field obstruction

Note: For browpexy/internal brow lift, refer to the [Coverage Limitations and Exclusions](#).

Eyelid surgery for correction of lagophthalmos is considered reconstructive and medically necessary when the upper eyelid is not providing complete closure to the eye, resulting in dryness and other complications.

Eyelid surgery with an anophthalmic socket (has no eyeball) is considered reconstructive and medically necessary when both of the following criteria are present:

- The member has an anophthalmic condition; and
- The member is experiencing difficulties fitting or wearing an ocular prosthesis

Ectropion (eyelid turned outward) (CPT 67914 through 67917) or punctal eversion is considered reconstructive and medically necessary when all of the following criteria are present:

- Clear, high-quality, clinical photographs document the pathology; and
- Corneal or conjunctival injury with both of the following criteria:
  - Subjective symptoms include either:
    - Pain or discomfort; or
    - Excess tearing; and
  - Any one of the following:
    - Exposure keratitis; and/or
    - Keratoconjunctivitis; and/or
    - Corneal ulcer

Entropion (eyelid turned inward) (CPT 67921–67924) is considered reconstructive and medically necessary when all of the following criteria are present:

- Clear, high-quality, clinical photographs must document the following:
  - Lid turned inward; and
  - At least one of the following:
    - Trichiasis; or
    - Irritation of cornea or conjunctiva; and
  - Subjective symptoms including either of the following:
    - Excessive tearing; or
    - Pain or discomfort

Lid retraction surgery (CPT 67911) is considered reconstructive and medically necessary when all of the following criteria are present:

- Other causes have been eliminated as the reason for the lid retraction such as use of dilating eye drops, glaucoma medications; and
- Clear, high-quality, clinical photographs document the pathology; and
- There is Functional Impairment (such as ‘dry eyes’, pain/discomfort, tearing, blurred vision); and
- Tried and failed conservative treatments; and
- In cases of thyroid eye disease two or more Hertel measurements at least six months apart with the same base measurements are unchanged

Canthoplasty/canthopexy (CPT 21280, 21282, 67950, 67961, 67966) is considered reconstructive and medically necessary when all of the following criteria are present:

- Functional Impairment; and
- Clear, high-quality, clinical photographs document the pathology; and
- Repair of ectropion or entropion will not correct condition; and
- At least one of the following is present:
  - Epiphora (excess tearing) not resolved by conservative measures; or
  - Corneal dryness unresponsive to lubricants; or
  - Corneal ulcer

Repair of Floppy Eyelid Syndrome (FES) (CPT 67961 and 67966) is considered reconstructive and medically necessary when all of the following are present when documented and confirmed by history and examination:

- Subjective symptoms must include eyelids spontaneously “flipping over” when the member sleeps due to rubbing on the pillow, and one of the following:
  - Eye pain or discomfort; or
  - Excess tearing; or
  - Eye irritation, ocular redness and discharge
- Physical Examination that documents the following:
  - Eyelash ptosis; and
  - Significant upper eyelid laxity; and
  - Presence of giant papillary conjunctivitis  
or
  - Corneal findings such as:
    - Superficial Punctate Erosions (SPK); or
    - Corneal abrasion (documentation of a history of corneal abrasion or recurrent erosion syndrome is considered sufficient); or
    - Microbial Keratitis
- Clear, high-quality, clinical photographs that clearly document Floppy Eyelid Syndrome and demonstrate both of the following:
  - Lids must be everted in the photographs; and
  - Conjunctival surface (underbelly) of the lids must clearly demonstrate giant papillary conjunctivitis
- Documentation that conservative treatment has been tried and failed. Examples may include:
  - Ocular lubricants both drops (daytime) and ointments (bedtime); or
  - Short trial of antihistamines; or
  - Topical steroid drops; or
  - Eye shield and/or taping the lids at bedtime
- Other causes of the eye findings have been ruled out. Examples may include:
  - Allergic conjunctivitis
  - Atopic keratoconjunctivitis
  - Blepharitis
  - Contact lens (CL) complication
  - Dermatochalasis
  - Ectropion
  - Giant Papillary Conjunctivitis (GPC) that is not related to FES
  - Ptosis of the lid(s)

- Superior limbic keratoconjunctivitis (SLK)

### ***When the Member is Not Capable of Reliable Visual Field Testing***

Reliable Visual Field testing is not required when the member is not capable of performing a Visual Field test. The following are some examples:

- If the member is a child 12 years old or under
- If the member has intellectual disabilities (previously known as mental retardation) or some other severe neurologic disease

### **Coverage Limitations and Exclusions**

UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:

- Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a covered person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness, or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.
- Procedure that do not meet the reconstructive criteria above in the [Indications for Coverage](#) section.
- Browpexy/internal brow lift is not designed to improve function.

## **Definitions**

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

**Cosmetic Procedures:** Procedures or services that change or improve appearance without significantly improving physiological function.

**Floppy Eyelid Syndrome (FES):** Characterized by significant upper eyelid laxity and chronic papillary conjunctivitis in upper palpebral conjunctiva that is poorly responsive to topical lubrication and steroids. FES is known to be associated with obesity, obstructive sleep apnea, Down syndrome, and [keratoconus](#). Keratoconus can be linked to frequent rubbing and mechanical effect on the palpebral conjunctiva and cornea.

**Functional or Physical or Physiological Impairment:** Functional or Physical or Physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

**Giant Papillary Conjunctivitis:** Is defined by exam findings of giant papillary hypertrophy primarily affecting the upper tarsal conjunctiva.

**Marginal Reflex Distance -1 (MRD-1):** Measures the number of millimeters from the corneal light reflex or center of the pupil to the upper lid margin. (Note: The “-1” in MRD-1 refers to the upper lid and not the measurement in millimeters.)

**Marginal Reflex Distance -2 (MRD-2):** Measures the number of millimeters from the corneal light reflex or center of the pupil to the lower lid margin. (Note: The “-2” in MRD-2 refers to the lower lid and not the measurement in millimeters.)

**Reconstructive Procedures:** Reconstructive Procedures when the primary purpose of the procedure is either of the following:

- Treatment of a medical condition.
- Improvement or restoration of physiologic function.

Reconstructive Procedures include surgery or other procedures which are related to an injury, sickness, or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an injury, sickness, or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.

**Reliable (Visual Fields):** The reliability of the visual fields is indicated in the visual field report with the number of fixation losses, false negative and false positives. A reliable visual field has less than 30% or fewer of fixation losses, false negative and false positives.

## 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. Benefit coverage for health services is determined by federal, state, or contractual requirements 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.

Note: The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.

CPT Code	Description
<b>Blepharoplasty (Lower Eyelid)</b>	
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
<b>Blepharoplasty (Upper Eyelid)</b>	
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
<b>Brow Ptosis Repair</b>	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
<b>Upper Eyelid Blepharoptosis Repair</b>	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
<b>Lid Retraction</b>	
67911	Correction of lid retraction
<b>Lagophthalmos</b>	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
<b>Ectropion</b>	
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)

CPT Code	Description
<b>Entropion</b>	
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)
<b>Canthus Repair and Lid Repair</b>	
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
67950	Canthoplasty (reconstruction of canthus)
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
<b>Floppy Eyelid Syndrome</b>	
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

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## References

- American Society of Plastic Surgeons (ASPS). Practice Parameter for Blepharoplasty. Approved by the Executive Committee of the American Society of Plastic Surgeons®, March 2007. Available at: [Practice Parameter For Blepharoplasty - American Society of Plastic Surgeons](#). Accessed February 6, 2020.
- Burkat CN, Lemke BN. Acquired lax eyelid syndrome: an unrecognized cause of the chronically irritated eye. *Ophthal Plast Reconstr Surg*. 2005 Jan;21(1):52-8.
- Chambe J, Laib S, Hubbard J, et al. Floppy eyelid syndrome is associated with obstructive sleep apnoea: a prospective study on 127 patients. *J Sleep Res*. 2012 Jun;21(3):308-15.
- Fowler AM, Dutton JJ. Floppy eyelid syndrome as a subset of lax eyelid conditions: relationships and clinical relevance (an ASOPRS thesis). *Ophthal Plast Reconstr Surg*. 2010 May-Jun;26(3):195-204. doi:10.1097/IOP.0b013e3181b9e37e.
- Korn BS, Chokthaweesak W, et al. Video Atlas of Oculofacial Plastic and Reconstructive Surgery. 2nd ed. Elsevier Inc. 2016. Chapter 21, Internal Brow Plasty; p.143-146.
- North Carolina Medicaid Division of Health Benefits (NCDHHS), Clinical Coverage Policies, Blepharoplasty/Blepharoptosis (Eyelid Repair) 1A-9. [https://files.nc.gov/ncdma/documents/files/1A-9\\_1.pdf](https://files.nc.gov/ncdma/documents/files/1A-9_1.pdf). Accessed March 25, 2021.
- Orbit, Eyelids, and Lacrimal System, Section 7. Basic and Clinical Science Course. San Francisco: American Academy of Ophthalmology; 2009.
- Periman LM, Sires BS. Floppy eyelid syndrome: a modified surgical technique. *Ophthal Plast Reconstr Surg*. 2002 Sep;18(5):370-2.
- Trussler AP, Rohrich RJ. MOC-PSSM CME article: Blepharoplasty. *Plast Reconstr Surg*. 2008 Jan; 121 (1 Suppl): 1-10.
- Valenzuela AA, Sullivan TJ. Medial upper eyelid shortening to correct medial eyelid laxity in floppy eyelid syndrome: a new surgical approach. *Ophthal Plast Reconstr Surg*. 2005 Jul; 21(4):259-63.

## Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	<ul style="list-style-type: none"><li data-bbox="337 285 831 310">• New Coverage Determination Guideline</li></ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.