

Blepharoplasty, Blepharoptosis Repair and Brow Lift



Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2025

Effective Date: 07/01/2025

Review Date: 11/05/2024

Policy Number: HUM-2024 -000

Line of Business: Medicaid

State: VA

Table of Contents

[Description](#)

[Coverage Limitations](#)

[References](#)

[Appendix](#)

[Coverage Determination](#)

[Coding Information](#)

[Change Summary](#)

Disclaimer

The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Blepharoplasty is a general term for cosmetic or reconstructive plastic surgery on the eyelids involving the upper or lower lid and their medial and lateral margins. It may also involve canthoplasty (plastic surgery of the medial and/or lateral canthus [the angle formed by the meeting of the upper and lower eyelids at either side of the eye]). Excess fatty tissue, muscle and skin are removed from the upper and/or lower eyelids during the blepharoplasty procedure.

Blepharoptosis, or ptosis, describes drooping or abnormal relaxation of one or both upper eyelids. It may be due to aging, birth defect, disease or injury. It is usually caused by a weakness of the levator muscle (muscle that raises the eyelid), laxity of the eyelid skin that occurs with aging or damage to the nerves that send messages to the levator muscle. A blepharoptosis repair is a procedure to correct upper eyelid ptosis. Techniques include levator advancement or frontalis suspension. Severe ptosis may cause visual disturbances impairing peripheral and forward vision. Dermatochalasis (excessive and lax eyelid skin) may occur simultaneously with ptosis.

Brow ptosis is a condition in which the eyebrow sags or droops. Significant overhang beyond the eyelashes can interfere with vision function or can appear unsightly. It usually occurs bilaterally (both sides) but may be unilateral (one-sided). Causes include aging, thinning tissue on the forehead, paralysis of facial nerves (facial palsy), trauma or disease. Brow ptosis repair is a surgical procedure that raises the brow by removing excess skin and/or tightening lax forehead muscles. This procedure may be referred to as a brow lift or browpey, depending on the type of surgical technique used.

Procedures may be performed to improve abnormal function related to significant visual field loss, or to reconstruct a deformity. Occasionally these procedures are requested to improve appearance without a functional impairment. **(Refer to Coverage Limitations section)**

Floppy eyelid syndrome (FES) is eyelid hyperlaxity with reactive palpebral conjunctivitis associated with significant ocular irritation. FES presents with easily everted eyelids and chronic papillary conjunctivitis in the upper eyelids.

Coverage Determination

Two digital photographs per procedure (unless criteria specifies otherwise) are required to be submitted for evaluation and determination of a functional visual impairment. Each photo must:

- Be consistent with the [visual field test](#)* report (if visual field test is required in procedure-specific criteria); **AND**
- Be taken at eye level; one showing a frontal view and one showing a lateral (side) view; **AND**
- Be taken with the eyes not dilated or squinting; **AND**
- Be of sufficient quality to show the light reflex on the cornea and demonstrate the lid margins in relation to the pupil

Requests submitted without photographs or documentation of visual field test may be denied.

When multiple procedures are requested criteria for each procedure must be met.

Humana members may be eligible under the Plan for the following:

Upper Eyelid Blepharoplasty (15822, 15823)

- **Upper eyelid blepharoplasty** to address a functional visual impairment when the following criteria are met:
 - Documentation of a [visual field test](#)* without the eyelid or brow taped, showing points of visual loss inside the 25-degree circle of the superior field, which is corrected when taped; **AND**
 - Documentation with eyes taped shows at least 30 percent improvement in the number of points seen in the superior field with no visual loss inside the 40-degree circle of the superior field; **AND**
 - Frontal and lateral view photographs with the individual looking straight ahead, demonstrate either:
 - Eyelid at or below the upper edge of the pupil; **OR**

- Redundant eyelid tissue overhanging the upper eyelid margin and/or resting on the eyelashes
- **Upper eyelid blepharoplasty (photographs not required)** when upper eyelid position contributes to prosthesis difficulties in an anophthalmic (complete absence of an eye) socket

Lower Eyelid Blepharoplasty (15820, 15821)

- **Lower eyelid blepharoplasty (photographs not required)** to relieve excessive lower lid bulk **ONLY** for an individual requiring continuous wear prescription eyeglasses if:
 - Proper positioning of prescription eyeglasses is precluded **AND** is secondary to conditions such as:
 - Chronic systemic corticosteroid therapy; **OR**
 - Dermatomyositis; **OR**
 - Graves' disease; **OR**
 - Myxedema; **OR**
 - Nephrotic syndrome; **OR**
 - Polymyositis; **OR**
 - Scleroderma; **OR**
 - Sjogren's syndrome; **OR**
 - Systemic lupus erythematosus; **OR**
 - Undifferentiated connective tissue disorders

Blepharoptosis Repair (67901 - 67908)

- **Blepharoptosis repair** in a child 10 years of age or younger (**photographs not required**), for the following indications:
 - Congenital ptosis (present at birth and detected within the first year of life); **AND**
 - Decreased field of vision; **AND one or more of the following:**
 - Abnormal head posture (eg, head tilt or turn, chin up or chin down); **OR**
 - Amblyopia; **OR**
 - Strabismus
- **Blepharoptosis repair** (adult) to address a functional visual impairment when the following criteria are met:
 - Documentation of a [visual field test](#)* without the eyelid or brow taped showing points of visual loss inside the 25-degree circle of the superior field, which is corrected when taped; **AND**
 - Documentation with eyes taped shows at least 30 percent improvement in the number of points seen in the superior field with no visual loss inside the 40-degree circle of the superior field; **AND**

- Documentation of a marginal reflex distance (MRD) of 2 mm or less with the eyes in a straight gaze; **AND**
- Frontal and lateral view photographs with the individual looking straight ahead demonstrate either:
 - Eyelid at or below the upper edge of the pupil; **OR**
 - Redundant eyelid tissue overhanging the upper eyelid margin and/or resting on the eyelashes

Brow Lift (Brow Ptosis Repair, Browpexy) (67900)

- **Brow lift** for brow ptosis and/or laxity of the forehead muscles when the following criteria are met:
 - Documentation of a [visual field test](#)* without the brow taped, shows points of visual loss inside the 25-degree circle of the superior field that is corrected when taped; **AND**
 - Documentation with eyes taped shows at least 30 percent improvement in the number of points seen in the superior field with no visual loss inside the 40-degree circle of the superior field; **AND**
 - Brow ptosis is causing a functional impairment of upper/outer visual fields with documented interference with vision or visual field related activities such as difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin; **AND**
 - Frontal and lateral view photographs with the individual looking straight ahead, demonstrate the eyebrow lying below the supraorbital rim

*Visual field testing measures the entire scope of vision by creating an individual map of each eye. With one eye covered, the individual responds to light and/or various intensities of movement by pushing a button, allowing the computer to generate a map of the visual fields. Testing may be completely automated or performed by a technician with or without the assistance of a machine. Testing the central 24 degrees or 30 percent of the visual field is most commonly used.

Canthoplasty (67950) (see ectropion/entropion repair for photo requirement)

Humana members may be eligible under the Plan for **canthoplasty ONLY** when performed in conjunction with a medically necessary ectropion or entropion repair.

Ectropion Repair (67914-67917) (visual field test not required)

Ectropion repair for eyelid turning outward when the following criteria are met:

- Chronic symptomatic corneal exposure unresponsive to 12 weeks of conservative medical management (eg, lubricating drops or ointment); **AND**
- Functional visual impairment due to symptoms of corneal exposure (excessive drying, tearing, irritation, foreign body sensation, pain); **AND**
- Injury to the conjunctiva or cornea from:

- Corneal ulcer; **OR**
- Exposure keratitis; **OR**
- Keratoconjunctivitis; **AND**

- A single frontal view photograph confirms the pathology

Entropion Repair (67921-67924) (visual field test not required)

Entropion repair for eyelid turning inward and the following criteria are met:

- Chronic corneal irritation unresponsive to 12 weeks of conservative medical management (eg, lubricating drops or ointment); **AND**
- Functional visual impairment due to epiphora (excessive tearing) and/or ocular pain; **AND**
- Injury or scarring of the conjunctiva or cornea from either:
 - Symptomatic epiblepharon (extra fold of skin on the lower eyelid that pushes the eyelashes toward the eye) unresolved by growth, in an individual 17 years of age or younger; **OR**
 - Trichiasis (misdirected eyelash growth toward the eye) unresolved by eyelash removal; **AND**
- A single frontal view photograph confirms the pathology

Eyelid Repair (67909, 67911, 67961, 67966) (visual field test not required)

Reduction of overcorrection of ptosis ONLY following a medically necessary blepharoplasty or blepharoptosis repair.

Correction of eyelid retraction when the following criteria are met:

- Due to muscular or neurological deficits caused by a congenital defect, disease (eg, cancer, thyroid disease) or trauma; **AND**
- Functional visual impairment due to epiphora and/or ocular pain

Repair of floppy eyelid syndrome (FES) when the following criteria are met:

- Individual exhibits eyelash ptosis; **AND**
- Significant upper eyelid laxity (high-quality clinical photographs show everted lids with conjunctival surface [underbelly] exposed); **AND**
- FES is the cause of spontaneous eyelid eversion during sleep due to rubbing on pillow; **AND**

- Individual experiences eye pain or discomfort, excessive tearing/watering, eye irritation, ocular redness, and discharge; **AND**
- Documentation of a 6 week trial and failure of conservative treatment with **one or more** of the following, unless contraindicated:
 - Ocular lubricants both drops (daytime) and ointments (bedtime); **OR**
 - Antihistamines; **OR**
 - Topical steroid drops; **OR**
 - Eye shield and/or taping the lids at bedtime

AND the following:

- Presence of giant papillary conjunctivitis; **OR**
- Corneal findings include one of the following:
 - Superficial punctate erosions; **OR**
 - Corneal abrasion (documentation of a history of corneal abrasion or recurrent erosion syndrome is considered sufficient); **OR**
 - Microbial keratitis

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for the following procedures for any indications other than those listed above:

- Blepharoplasty
- Blepharoptosis Repair
- Brow Lift
- Canthoplasty
- Ectropion Repair
- Entropion Repair
- Eyelid Repair (reduction of overcorrection of ptosis, correction of eyelid retraction, repair of floppy eyelid syndrome)

These are **considered cosmetic and not medically necessary**.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
15820	Blepharoplasty, lower eyelid;	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	
15822	Blepharoplasty, upper eyelid;	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, 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 (eg, Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
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 (eg, 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 (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty (reconstruction of canthus)	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, up to ¼ of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, over ¼ of lid margin	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

1. American Academy of Ophthalmology (AAO). Ophthalmic Technology Assessment. Functional indications for upper eyelid ptosis and blepharoplasty surgery. <https://www.aao.org>. Published November 2011.
2. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Amblyopia. <https://www.aao.org>. Published September 9, 2022.
3. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation. <https://www.aao.org>. Published September 12, 2020.
4. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Conjunctivitis. <https://www.aao.org>. Published September 22, 2023.
5. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). White paper on functional blepharoplasty, blepharoptosis and brow ptosis repair. <https://www.asoprs.org>. Published January 15, 2015.

6. American Society of Plastic Surgeons (ASPS). American Society of Plastic Surgeons evidence-based clinical practice guideline: eyelid surgery for upper visual field improvement. <https://www.plasticsurgery.org>. Published August 2022.
7. ClinicalKey. Gigantelli JW. Entropion. In: Yanoff M, Duker J. *Ophthalmology*. 6th ed. Elsevier; 2023:1206-1211.e1. <https://www.clinicalkey.com>.
8. ClinicalKey. Maamari RN, Couch SM. Ectropion. In: Yanoff M, Duker J. *Ophthalmology*. 6th ed. Elsevier; 2023:1212-1218.e1. <https://www.clinicalkey.com>.
9. ClinicalKey. Salinas R, Puig M, Fry C, Johnson D, Kheirkhah A. Floppy eyelid syndrome: a comprehensive review. *Ocul Surf*. 2020;8:31-39. <https://www.clinicalkey.com>.
10. ClinicalKey. Tyers AG, Collin JRO. Blepharoplasty. In: Tyers AG, Collin JRO. *Colour Atlas of Ophthalmic Plastic Surgery*. 4th ed. Elsevier; 2018:233-280. <https://www.clinicalkey.com>.
11. ClinicalKey. Tyers AG, Collin JRO. Preoperative evaluation. In: Tyers AG, Collin JRO. *Colour Atlas of Ophthalmic Plastic Surgery*. 4th ed. Elsevier; 2018:61-81. <https://www.clinicalkey.com>.
12. Guthrie A, Kadakia P, Rosenberg J. Eyelid malposition: a review of the literature and current techniques. *Semin Plast Surg*. 2019;33(2):92-102.
13. UpToDate, Inc. Approach to the child with persistent tearing. <https://www.uptodate.com>. Updated September 2024.
14. UpToDate, Inc. Overview of ptosis. <https://www.uptodate.com>. Updated September, 2024.
15. UpToDate, Inc. Undifferentiated systemic rheumatic (connective tissue) disease and overlap syndromes. <https://www.uptodate.com>. Updated October 2024.

Change Summary

01/01/2025 New Policy.