

Medical Policy

Policy:	96018	Effective Date:	10/14/2025
SUBJECT:	Blepharoplasty, Blepharoptosis Repair, and Brow Ptosis Repair	Annual Review Date:	09/05/2025
		Last Revised Date:	09/05/2025

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: The term blepharoplasty refers to a collection of surgical procedures that involve removal of redundant eyelid tissue (skin, muscle, and fat). Although the primary indication for blepharoplasty is to improve the eyelid appearance, redundant lax eyelid tissue (dermatochalasis) can obstruct the superior visual field and interfere with activities of daily living in some individuals. In these cases, blepharoplasty may be considered in order to produce functional improvement in vision.

Blepharoptosis, more commonly known as ptosis, is an abnormally low-lying upper eyelid margin with the eye in primary gaze. Blepharoptosis is the result of dysfunction of the upper eyelid elevator muscles. Blepharoptosis repair corrects the weakness of these muscles.

Brow ptosis is sagging of the eyebrows below the supra-orbital rim, which may cause or contribute to upper eyelid redundancy and obstruct or exacerbate obstruction of the superior visual field. Brow ptosis repair, commonly known as a brow lift, is a surgical procedure in which excess tissue is removed to improve brow ptosis.

Medical Necessity:

I. Blepharoplasty-lower eyelid: The Company considers blepharoplasty of the lower eyelid (**CPT Codes 15820, 15821 and Applicable ICD-10-CM Procedure Codes**) **medically necessary** and eligible for reimbursement providing *all* the following medical criteria are met:

- Individual has *at least one* of the following:
 1. Lacrimal pump failure, secondary to horizontal lower eyelid laxity, without entropion or ectropion, resulting in epiphora (tearing); or
 2. Lower eyelid retraction (e.g., as a result of aging, Graves' disease, or prior lower eyelid surgery), without entropion or ectropion, with epiphora, corneal irritation, and other exposure keratopathy symptoms; or
 3. Lower eyelid edema (e.g., secondary to blepharochalasis) that is unresponsive to conservative medical management and is causing a persistent visual impairment;

Medical Policy

- Individual has ***all*** of the following:
 1. Vision or visual field related deficit documented by vision testing (if applicable); and
 2. Provider expects procedure will restore lower eyelid malposition and relieve ocular symptoms; and
 3. Photographs document lower eyelid abnormality;

II. Blepharoplasty or blepharoptosis repair -upper eyelid: The Company considers blepharoplasty or blepharoptosis repair of the upper eyelid (**CPT Codes 15822, 15823, 67901, 67902, 67903, 67904, 67906, 67908 and ICD-10-CM Procedure Codes**) **medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Individual has ***at least one*** of the following:
 1. Visual impairment of near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis; or
 2. Symptomatic redundant skin weighing down on upper lashes; or
 3. Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin; or
 4. Prosthesis difficulties in an anophthalmic socket; or
 5. Periorbital sequelae of thyroid disease or nerve palsy (e.g., exposure keratitis); or
 6. Painful blepharospasm* that is refractory to medical management (e.g., botulinum toxin injections);

AND

- Symptoms due to ptosis, pseudoptosis, or dermatochalasis (e.g., interference with vision or visual field, difficulty reading due to upper eyelid drooping, eyelashes obstruct vision, visualization of upper eyelid skin, chronic blepharitis), or thyroid disease, nerve palsy, or painful blepharospasm*; and
- Primary gaze photographs* of sufficient clarity to demonstrate corneal light reflex. Prints (not slides) must be frontal, canthus to canthus, with the head perpendicular to the plane of the camera (not tilted) to demonstrate a skin rash, position of the true eyelid margin or the pseudo-eyelid margin. Photographs must demonstrate ***at least one*** of the following:
 1. Upper eyelid margin approaches within 2.0 mm of the corneal light reflex; or
 2. Upper eyelid skin rests on the eyelashes; or
 3. Upper eyelid dermatitis; or
 4. Upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket; or
 5. Upper eyelid retraction or other sequelae of thyroid disease or nerve palsy; or
 6. If redundant skin co-exists with true eyelid ptosis, additional photographs must be taken with the upper eyelid skin retracted to demonstrate the true eyelid margin. Oblique photographs are required when redundant skin on the upper eyelashes is the only indication for surgery;

Medical Policy

AND

- Visual field testing demonstrates **at least one** of the following:
 1. Upper field of vision loss >12 degrees or 24 percent with upper eyelid skin and/or upper eyelid margin in repose and correction of vision loss would likely occur with the proposed procedure. Each eye should be tested with the upper eyelid at rest and repeated to demonstrate an expected surgical improvement meeting or exceeding the above criteria; or
 2. Goldmann perimeter (III 4-E test object) or a programmable automated perimeter (equivalent to a screening field with a single intensity strategy using a 10db stimulus) establishes a superior (vertical) extent of 50-60 degrees above fixation while using no wider than a 10 degree horizontal separation;

NOTE: Visual field testing is not required for patients 10 years of age or younger for blepharoplasty or blepharoptosis repair.

***NOTE:** Photographs are **NOT** required for patients with painful blepharospasm refractory to medical management (e.g., botulinum toxin injections).

III. Ectropion and Entropion Repair (eyelid turned outward/inward): The Company considers ectropion or entropion repair (**CPT Codes 67914, 67915, 67916 and 67917, 67921, 67922 and 67924**) **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Color photographs support presence and extent of the clinical condition; and
- Failure of conservative management; and
- Chronic symptoms due to ectropion (e.g. pain, excess tearing, etc.); and
- Corneal or conjunctival injury due to ectropion.

IV. Brow ptosis repair: The Company considers brow ptosis repair (**CPT Code 67900**) **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Individual has **at least one** of the following:
 1. Brow ptosis causing a clinically significant impairment of the superior visual field and **all** of the following medical criteria are met:
 - Good quality frontal photographs demonstrate drooping of the eyebrow below the superior orbital rim (the frontal plane of the face should be perpendicular to the camera with the patient looking straight ahead); and
 - Obstructed superior visual field loss is ≥ 12 degrees (or $\geq 24\%$) compared with the unobstructed superior visual field measurement using Goldmann kinetic perimetry or Humphrey automated perimetry; or

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>.

Medical Policy

- Margin to reflex distance 1 is ≤ 2.0 mm measured in the primary gaze; and
 - There is documentation of symptoms related to superior visual field loss including but not limited to activities such as the ability to perform fine manual work, watching television, reading, or using a computer; and
 - It is clearly documented that brow ptosis repair (alone) will restore the superior visual field to normal (approximately 45-50 degrees) and resolve symptoms.
2. Brow ptosis contributing to redundant lax upper eyelid tissue (dermatochalasis) and/or blepharoptosis, which meets criteria outlined above for upper eyelid blepharoplasty and/or blepharoptosis repair. In addition, ***all*** of the following medical criteria are met:
- The medical necessity for each surgical procedure is demonstrated with high quality photographs, e.g.,:
 - i. One frontal photograph showing the brow below the supra-orbital rim; and
 - ii. A second photograph with the brow lifted to a normal position demonstrating the redundant eyelid tissue resting on the eyelashes and/or abnormal low-lying upper eyelid margin;
 - It is clearly documented that visual field impairment cannot be corrected by upper eyelid blepharoplasty and/or blepharoptosis repair;

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.

Prior approval is required for CPT Codes 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 and Applicable ICD-10-CM Procedure Codes.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>.

Medical Policy

Sources of Information:

- American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). (2015, January 15). *White Paper on Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair*. Available at: <https://www.asoprs.org/assets/docs/1%20-%20FINAL%20ASOPRS%20White%20Paper%20January%202015.pdf> Accessed September 05, 2025.
- Asamura S, Kakizaki H, Matsushima S, Morotomi T, Isogai N. (2013). Case report: how to repair the lower eyelid retraction, resulting from the primary surgery for epiblepharon. *Eplasty*, 13:e55.
- Bhattacharjee K, Ghosh S, Ugradar S, Azhdam AM. (2020). Lower eyelid blepharoplasty: An overview. *Indian Journal of Ophthalmology*, 68(10):2075.
- Battu VK, Meyer DR, Wobig JL. (1996). Improvement in subjective visual function and quality of life outcome measures after blepharoptosis surgery. *Am J Ophthalmol*, 121(6):677-686.
- Booth AJ, Murray A, Tyers AG. (2004). The direct brow lift: efficacy, complications, and patient satisfaction. *Br J Ophthalmol*, 88(5):688-691.
- Cahill KV, Bradley EA, Meyer DR... Mawn LA. (2011). Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: a report by the American Academy of Ophthalmology. *Ophthalmology*, 118(12):2510-2517.
- Centers for Medicare and Medicaid Services.
 - Blepharoplasty (L33944). Local coverage determination. CGS Administrators, LLC.
 - Billing and Coding: Blepharoplasty (A56439). LCD Reference Article. CGS Administrators, LLC.
- Edmonson BC, Wulc AE. (2005). Ptosis evaluation and management. *Otolaryngol Clin North Am*, 38(5):921-946.
- Ferreira MC, Tuma P Jr, Costa MP, Bloise W, Alves CA. (2002). Surgical treatment of endocrine exophthalmos by removal of orbital fat: clinical experience. *Rev Hosp Clin Fac Med Sao Paulo*, 57(5):217-222.
- Ferri M, Oestreicher JH. (2002). Treatment of post-blepharoplasty lower lid retraction by free tarsconjunctival grafting. *Orbit*, 21(4):281-288.
- Golchet PR, Yu F, Goldberg R, Coleman AL. (2004). Recent trends in upper eyelid blepharoplasties in medicare patients in the United States from 1995 to 1999. *Ophthal Plast Reconstr Surg*, 20(3):190-197.
- Hoenig JA. (2005). Comprehensive management of eyebrow and forehead ptosis. *Otolaryngol Clin North Am*, 38(5):947-984.
- Kashkouli MB, Pakdel F, Kiavash V. (2012). Assessment and management of proximal and incomplete symptomatic obstruction of the lacrimal drainage system. *Middle East Afr J Ophthalmol*, 19(1):60-69.
- Kim KK, Granick MS, Baum GA et al. American Society of Plastic Surgeons Evidence-Based Clinical Practice Guideline: Eyelid Surgery for Upper Visual Field Improvement. *Plast Reconstr Surg*. 2022 Aug 1;150(2):419e-434e.
- Lee MS. Overview of ptosis. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed October 2024.
- Mellington F, Khooshabeh R. (2012). Brow ptosis: are we measuring the right thing? The impact of surgery and the correlation of objective and subjective measures with postoperative improvement in quality-of-life. *Eye (Lond)*, 26(7):997-1003.
- Narayanan K, Barnes EA. (2005). Epiphora with eyelid laxity. *Orbit*, 24(3):201-203.
- Oestreicher J, Mehta S. (2012). Complications of blepharoplasty: prevention and management. *Plast Surg Int*, 2012:252368.

This document is subject to the disclaimer found at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx>.

Medical Policy

- Patel A, Wang Y, Massry GG. (2019). Management of postblepharoplasty lower eyelid retraction. *Facial Plast Surg Clin North Am*, 27(4):425-434.
- Patipa M. (2000). The evaluation and management of lower eyelid retraction following cosmetic surgery. *Plast Reconstr Surg*, 106(2):438-459.
- Sudhakar P, Qui V, Kosoko-Lasaki O, Palmer M. (2009). Upper eyelid ptosis revisited. *Am J Clin Med*, 6(3):5-14.
- Sung MS, Lee MJ, Choung HK, Kim NJ, Khwarg SI. (2010). Lower eyelid epiblepharon associated with lower eyelid retraction. *Korean J Ophthalmol*, 24(1):4-9.
- Wilson SD, Daar DA, Maliha SG, Abdou SA, Levine SM, Baker DC. (2018). Lower eyelid blepharoplasty: does the literature support the longevity of this procedure? *Aesthet Surg J*, 38(12):1289-1297.
- Yang P, Ko AC, Kikkawa DO, Korn BS. (2017). Upper eyelid blepharoplasty: evaluation, treatment, and complication minimization. *Semin Plast Surg*, 31(1):51-57.

Applicable Code(s):	
CPT:	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906 67908, 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924
HCPCS:	N/A
ICD10 Procedure Codes:	08QN0ZZ, 08QN3ZZ, 08QNXZZ, 08QP0ZZ, 08QP3ZZ, 08QPXZZ, 08QQ0ZZ, 08QQ3ZZ, 08QQXZZ, 08QR0ZZ, 08QR3ZZ, 08QRXZZ, 08SN0ZZ, 08SN3ZZ, 08SNXZZ, 08SP0ZZ, 08SP3ZZ, 08SPXZZ, 08SQ0ZZ, 08SQ3ZZ, 08SQXZZ, 08SR0ZZ, 08SR3ZZ, 08SRXZZ, 0JBL0ZZ, 0JBL3ZZ, 0JBM0ZZ, 0JBM3ZZ, 0KS10ZZ, and 0KS14ZZ