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Reviewed: 04/24/25

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Subject: Blepharoplasty/Brow Surgical Procedures

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

The treatment of visual field loss sometimes requires surgical correction. A variety of conditions are associated with eyelid surgery and brow lift surgery, including blepharochalasis, blepharoptosis, brow ptosis, dermatochalasis, ectropion, entropion, pseudoptosis, ptosis and trichiasis. Eyelid surgery and brow lift surgery may also be necessary to restore loss of function associated with trauma, infection, inflammation, degeneration, neoplasia, or developmental errors. Blepharoplasty, blepharoptosis repair, and/or a brow lift procedure may be performed, depending on the cause of the visual field loss.

Blepharoplasty is a surgical procedure performed on the upper and/or lower eyelids. Redundant tissue (skin, muscle, or fat) is excised to restore normal vision.

Blepharoptosis repair is a procedure to correct eyelid ptosis of the upper eyelid, by tightening the levator muscle (muscle that raises the eyelid).

Brow lift surgery is designed to restore the eyebrow to its normal anatomic position, by removing excess skin and/or tightening lax forehead muscles.

POSITION STATEMENT:

Blepharoplasty, blepharoptosis repair and brow surgical procedures (unilateral and bilateral) **meet the definition of medical necessity** when the goal of the surgery is to restore function to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia, or developmental errors (e.g., congenital ptosis).

Blepharoplasty

Unilateral or bilateral **upper eyelid blepharoplasty meets the definition of medical necessity** to correct obstruction of central vision when performed to correct **ANY** of the following:

- **Chronic symptomatic dermatitis** of pretarsal skin caused by redundant upper eye lid skin unresponsive to conservative therapy such as education regarding hygiene, antibiotics, etc. Chronic symptomatic dermatitis must be documented and include a description of its onset, history of prior treatment, extent, presence and description of discharge, color, etc.
- **Prosthesis difficulties** in an anophthalmic socket, which must be described and include a history of the present treatment
- **Periorbital sequelae of thyroid disease**, which must be described and include a history of the present treatment
- **Nerve palsy**, which must be described and include a history of the present treatment
- **Accidental injury, trauma, or congenital defect**
- **Interference with vision or visual field-related activities**, such as difficulty reading or driving due to redundant skin overhanging the upper eyelid margin or resting on the eyelashes. For this indication, documentation must include:
 - Photographs from the front and side(s) on the operative side(s) in straight gaze demonstrating redundant skin overhanging the upper eyelid margin or resting on the eyelashes, **AND**
 - Visual field testing performed with and without taping that demonstrates:
 - Before taping, the superior visual field is 20 degrees or less, **AND**
 - After taping, the superior visual field is increased 30% or more

Unilateral or bilateral **lower eyelid blepharoplasty meets the definition of medical necessity** to treat corneal and/or conjunctival injury, irritation, tearing or pain due to **ectropion, entropion or trichiasis**.

Blepharoplasty **does not meet the definition of medical necessity** when performed:

- For cosmetic purposes or to correct deformities resulting from previous cosmetic surgery, **OR**
- Solely to improve appearance in the absence of signs and symptoms of functional abnormalities

Blepharoptosis Repair

Blepharoptosis (drooping of the upper eyelid) repair **meets the definition of medical necessity** to relieve obstruction of central vision when **ALL** of the following criteria are met:

- Documented complaints of interference with vision or visual field-related activities such as difficulty reading or driving due to eyelid position, **AND**
- Photographs taken at eye level in straight gaze demonstrate the abnormal lid position, **AND**
- Visual field testing performed prior to taping demonstrates the superior visual field is 20 degrees or less, **AND**

- Visual field testing performed after taping demonstrates there is superior visual field increase of 30% or more, **AND**
- The margin reflex distance (MRD) between the pupillary light reflex and the upper eyelid skin edge is \leq 2 mm

Blepharoptosis repair **does not meet the definition of medical necessity** when performed:

- For cosmetic purposes or to correct deformities resulting from previous cosmetic surgery, **OR**
- Solely to improve appearance in the absence of signs and symptoms of functional abnormalities

Brow Lift

Brow lift (i.e., repair of brow ptosis due to laxity of the forehead muscles) **meets the definition of medical necessity** when **BOTH** of the following criteria are met:

- Brow ptosis is causing a functional impairment of upper/outer visual fields with documented complaints of 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**
- Photographs demonstrate that the eyebrow is below the supraorbital rim

Brow lift **does not meet the definition of medical necessity** when performed:

- For cosmetic purposes or to correct deformities resulting from previous cosmetic surgery, **OR**
- Solely to improve appearance in the absence of signs and symptoms of functional abnormalities

***NOTE:** If visual field testing is not completed as indicated above, the medical documentation must support evidence of the medical condition which prevents the performance of the test. Examples of medical conditions which may prevent performance of the visual field testing may include severe tremors, macular degeneration, physical deformities that prevent sitting up straight at the perimeter, and glaucoma.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan, frontal photographs, and visual field testing.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Photo documentation, eye-left	29112-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Photo documentation, eye-right	29111-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Perimeter format, Goldman	29045-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Perimeter format Tuebinger automatic	29051-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

BILLING/CODING INFORMATION:

CPT Coding:

15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighing 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 (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)

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: BLEPHAROPLASTY, Blepharoptosis Repair and Surgical Procedures of the Brow (L34028), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

Blepharochalasis: excess skin associated with chronic recurrent eyelid edema that physically stretches the skin.

Blepharoptosis: drooping of the upper eyelid, which relates to the position of the eyelid margin with respect to the eyeball and visual axis.

Brow ptosis: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid; in some instances the brow ptosis may contribute to significant superior visual field loss and may coexist with clinically significant dermatochalasis and/or lid ptosis.

Dermatochalasis: excessive or redundant skin usually the result of the aging process with loss of elasticity.

Ectropion: outward rotation of the eyelid margin and lid support.

Entropion: inward rotation of the lower eyelid margin and lid support.

Margin Reflex Distance (MRD): measurement (in millimeters) from the corneal light reflex or center of the pupil to the eyelid margin; also recorded as MRD-1 when referring to the upper eyelid margin or MRD-2 when referring to the lower eyelid margin.

Pseudoptosis: "False Ptosis" in which the eyelid margin is usually in an appropriate position with respect to the eyeball and visual axis; however, the amount of excessive skin is so great as to overhang the eyelid margin and create its own ptosis.

Ptosis: drooping of the upper eyelid; may be caused by levator dysfunction or neurologic diseases.

Supraorbital rim: edge located above the eye socket.

Trichiasis: irritation, tearing and pain when aberrant eyelashes become misdirected and grow toward the eye.

Visual field: the extent of the environment visible to the eye when it is fixated on an object, extending about 60 degrees nasally and superiorly, about 70 degrees inferiorly, and about 90 degrees temporally. For the purpose of evaluating defects in the visual field, it is divided into four quadrants: inferior, superior, left, and right.

RELATED GUIDELINES:

[Reconstructive Surgery/Cosmetic Surgery, 02-12000-01](#)

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 04/24/25.

GUIDELINE UPDATE INFORMATION:

04/26/00	Medical Coverage Guideline Developed.
03/15/02	Medical Coverage Guideline Revised.
02/15/03	Annual Review.
01/01/04	Delete the “OR” for visual field and photography for all lines of business with the exception of Medicare & More. Added program exception for Medicare & More for documentation requirement.
01/15/05	Annual review; review status changed to NLR. No change in coverage.
10/15/05	Added statement at the end of the WHEN SERVICES ARE COVERED section, referencing the REIMBURSEMENT INFORMATION section for required documentation.
01/01/06	HCPCS update; revised descriptor for 67901 and 67902.
05/15/07	Revised When Services Are Covered, When Services Are Not Covered, and photographs and visual field requirements. Updated References, and reformatted guideline.
05/15/08	Scheduled review; no change in position statement. Update references.
06/15/09	Scheduled review. Remove documentation requirements from Reimbursement Section and added them to the Position Statement. Update references.

06/15/10	Annual review; no change in position statement.
02/15/11	Revisions: formatting changes.
09/15/11	Revision; formatting changes.
04/15/14	Unscheduled review; revised description, position statement, Medicare program exception and definitions. Updated references and reformatted guideline.
11/15/16	Reformatted guideline.
11/15/19	Scheduled review. Maintained position statement, revised program exceptions, and updated references.
08/15/21	Scheduled review. Maintained position statement and updated references.
07/15/23	Scheduled review. Maintained position statement and updated references.
08/21/23	Update to Program Exceptions section.
05/15/25	Scheduled review. Revised visual field criteria for blepharoplasty and blepharoptosis repair. Updated references.