Medicare Medical Policy

Blepharoplasty, Blepharoptosis Repair, and Brow Lift

MEDICARE MEDICAL POLICY NUMBER: 225

Effective Date: 8/1/2026

Last Review Date: 7/2026

Next Annual Review: 7/2027

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Note: This policy does not address blepharoplasty, blepharoptosis, or brow lifts requested as gender affirming interventions. Please see the Policy Cross References section below for the appropriate policy.

Service	Medicare Guidelines
Blepharoplasty, Eyelid Surgery, and Brow Lift	Local Coverage Determination (LCD): Blepharoplasty, Eyelid Surgery, and Brow Lift (L34194) See *Policy Guidelines* below

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

- Cosmetic and Reconstructive Surgery, MP232
- Gender Affirming Surgical Interventions, MP32

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

BACKGROUND

Upper Blepharoplasty and Blepharoptosis

Blepharoplasty, blepharoptosis repair, and brow ptosis repair (brow lift) are procedures which may be performed for either **functional** purposes (i.e., to improve abnormal function) or **cosmetic** purposes (i.e., to enhance appearance).

They may be considered "functional" procedures when overhanging skin or upper lid position secondary to dermatochalasis, blepharochalasis, blepharoptosis, or pseudoptosis is low enough to cause a visually-significant field restriction that interferes with activities of daily living (ADLs), such as difficulty reading or driving. Under the LCD L36286, this is considered when the skin is approximately 30 degrees or less from fixation. Published literature correlates this amount of field restriction with a Margin Reflex Distance (MRD) of 2.0 mm or less.

The documentation in the medical record **must** show that eye being considered for surgery has physical signs consistent with the noted functional impairment or abnormality.

Lower Eyelid Blepharoplasty

For lower eyelid blepharoplasty (CPT codes 15820 and 15821), see the "Lower Eyelid Blepharoplasty" section of the LCD L36286. While lower eyelid blepharoplasty is "almost never functional in nature and is considered a non-covered procedure," requests for lower eyelid blepharoplasty can be reviewed when the clinical medical record demonstrates functional impairment to warrant surgical intervention.

Ocular Exposure Repair, Ectropion and Entropion Repairs, and Eyelid Wound Repair

For repairs to address ocular exposure (CPT 67909), ectropion or entropion repairs (CPT codes 67914-67924) and eyelid wound repair (CPT codes 67930 and 67935), see the LCD section regarding surgeries considered to be reconstructive in nature.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

See the associated local coverage article (LCA) for relevant coding and billing guidelines.

- LCA: Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift (A57190)

Note, Medicare considers some services to be bundled into the blepharoplasty or blepharoptosis repair and therefore, separate reimbursement may not be made.[1,2]

CODES*		
CPT	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)
	67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
	67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
HCPCS	None	

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is

submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.

- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. MLN Matters Number: MM10236. October 2017 Update of the Hospital Outpatient Prospective Payment System (OPPS). Effective: 10/01/2017. https://www.cms.gov/regulations-and-guidance/guidance/transmittals/2017downloads/r3864cp.pdf. Accessed 5/25/2026.
2. CMS. MLN Matters Number: MM10259. October 2017 Update of the Ambulatory Surgical Center (ASC) Payment System. Effective: 10/01/2017. https://www.cms.gov/regulations-and-guidance/guidance/transmittals/2017downloads/r3854cp.pdf. Accessed 5/25/2026.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
5/2022	Annual review (converted to new format 2/2023)
4/2023	Interim update
7/2023	Annual review; no changes to criteria
7/2024	Annual review; no changes to criteria
10/2025	Annual review; no changes to criteria (10/23/2025: Replaced L36286 with L34194 and updated companion LCA due to Noridian JF consolidation with JE LCD policies)
8/2026	Annual review; no changes to criteria