

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.SU.10	2/14/2025	MPC (Medical Policy Committee)

**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt 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. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. 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. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

**Definitions**

Blepharochalasis	Excessive skin on the eyelids due to chronic blepharedema, which 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. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may coexist with clinically significant dermatochalasis and/or lid ptosis.
Blepharoplasty	Surgical removal of redundant skin, muscle and fatty tissue from the eyelids for the purpose of deformity reconstruction, functional improvement of abnormalities or appearance enhancement.
Cosmetic blepharoplasty	When blepharoplasty is performed to improve a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure is considered cosmetic.
Reconstructive blepharoplasty	When blepharoplasty is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or relieve the painful

	symptoms of blepharospasm, the procedure should be considered reconstructive. This may involve rearrangement or excision of the structures with the eyelids and/or tissues of the cheek, forehead and nasal areas. Occasionally a graft of skin or other distant tissues is transplanted to replace deficient eyelid components.
Dermatochalasis	Excessive skin on the eyelids as a result of loss of skin elasticity with aging.
Pseudoptosis or "false ptosis"	Excessive skin overhanging the eyelid margin and creating the appearance of true blepharoptosis, although the eyelid margin is usually in an appropriate position with respect to the eyeball and visual axis.

**Guideline**

(See also **Cosmetic and Reconstructive Surgery Procedures**)

The goal of functional or reconstructive surgery is to restore normalcy to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors.

Members are eligible for coverage of blepharoplasty procedures and repair of blepharoptosis when performed as **functional or reconstructive** surgery to correct any of the following (list not meant to be all-inclusive):

- Congenital ptosis with risk for amblyopia
- Ectropion and Entropion (visual fields not necessary)
- Prosthesis difficulties in an anophthalmia socket
- Symptomatic redundant skin weighing down upper lashes
- Visual impairment with near or far vision due to dermatochalasis, blepharochalasis or blepharoptosis
- To relieve painful symptoms of blepharospasm
- Epiblepharon
- Lagophthalmos
- Congenital lagophthalmos
- Post-traumatic defects of the eyelid
- Exposure keratopathy secondary to thyroid eye disease
- Blepharotomy for symptomatic exposure secondary to eyelid retraction resistant to medical therapy
- Superficial punctate keratitis resistant to medical therapy necessitating blepharotomy

Documented patient complaints justifying functional surgery that are commonly found in patients with ptosis, pseudoptosis or dermatochalasis include:

- Interference with vision or visual field.
- Difficulty reading or driving due to upper eyelid drooping
- Looking through the eyelashes or seeing the upper eyelid skin

## Documentation

Documentation must include history and physical with appropriate patient complaints, visual fields and photographs, as described below.

### Photographic evidence:

Photographs must be frontal (canthus-to-canthus), with the head perpendicular to the plane of the camera, to demonstrate the position of the true lid margin or the pseudo-lid margin. Oblique photos are only needed to demonstrate redundant skin weighing down upper eyelashes when this is the only indication for surgery.

Photographs must demonstrate  $\geq 1$  of the following:

- The upper eyelid margin rests 2 mm or less above the corneal light reflex
- The upper eyelid skin rests on the eyelashes
- The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmia socket

**Visual fields:** Must be recorded using either the Goldmann Perimeter or a programmable perimeter to test a superior (vertical) extent of 50–60 degrees above fixation. The superior visual with the upper eyelid at rest should be restricted to within 30 degrees of fixation and there should be a minimum of 12 degrees of improvement in the superior visual field (vertical extent) with the upper eyelids taped.

## Limitations/Exclusions

The Plan does not consider blepharoplasty procedures performed solely for cosmetic reasons to be medically necessary.

Blepharoplasty, blepharoptosis repair, or brow lift and lower lid blepharoplasty is considered cosmetic and not medically necessary when performed to improve an individual's appearance in the absence of any signs or symptoms of functional abnormalities.

## Procedure Codes

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; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-Servet type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermo cauterization
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)

**Diagnosis Codes**

H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.011	Ulcerative blepharitis right upper eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.013	Ulcerative blepharitis right eye, unspecified eyelid
H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid

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H01.016	Ulcerative blepharitis left eye, unspecified eyelid
H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid
H01.02A	Squamous blepharitis right eye, upper and lower eyelids
H01.02B	Squamous blepharitis left eye, upper and lower eyelids
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.003	Unspecified entropion of right eye, unspecified eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.006	Unspecified entropion of left eye, unspecified eyelid
H02.009	Unspecified entropion of unspecified eye, unspecified eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.013	Cicatricial entropion of right eye, unspecified eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.016	Cicatricial entropion of left eye, unspecified eyelid
H02.019	Cicatricial entropion of unspecified eye, unspecified eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.023	Mechanical entropion of right eye, unspecified eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.026	Mechanical entropion of left eye, unspecified eyelid
H02.029	Mechanical entropion of unspecified eye, unspecified eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.033	Senile entropion of right eye, unspecified eyelid
H02.034	Senile entropion of left upper eyelid

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H02.035	Senile entropion of left lower eyelid
H02.036	Senile entropion of left eye, unspecified eyelid
H02.039	Senile entropion of unspecified eye, unspecified eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.043	Spastic entropion of right eye, unspecified eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.046	Spastic entropion of left eye, unspecified eyelid
H02.049	Spastic entropion of unspecified eye, unspecified eyelid
H02.051	Trichiasis without entropion right upper eyelid
H02.052	Trichiasis without entropion right lower eyelid
H02.053	Trichiasis without entropion right eye, unspecified eyelid
H02.054	Trichiasis without entropion left upper eyelid
H02.055	Trichiasis without entropion left lower eyelid
H02.056	Trichiasis without entropion left eye, unspecified eyelid
H02.059	Trichiasis without entropion unspecified eye, unspecified eyelid
H02.101	Unspecified ectropion of right upper eyelid
H02.102	Unspecified ectropion of right lower eyelid
H02.103	Unspecified ectropion of right eye, unspecified eyelid
H02.104	Unspecified ectropion of left upper eyelid
H02.105	Unspecified ectropion of left lower eyelid
H02.106	Unspecified ectropion of left eye, unspecified eyelid
H02.109	Unspecified ectropion of unspecified eye, unspecified eyelid
H02.111	Cicatricial ectropion of right upper eyelid
H02.112	Cicatricial ectropion of right lower eyelid
H02.113	Cicatricial ectropion of right eye, unspecified eyelid
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.116	Cicatricial ectropion of left eye, unspecified eyelid

H02.119	Cicatricial ectropion of unspecified eye, unspecified eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.123	Mechanical ectropion of right eye, unspecified eyelid
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.126	Mechanical ectropion of left eye, unspecified eyelid
H02.129	Mechanical ectropion of unspecified eye, unspecified eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.133	Senile ectropion of right eye, unspecified eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.136	Senile ectropion of left eye, unspecified eyelid
H02.139	Senile ectropion of unspecified eye, unspecified eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.143	Spastic ectropion of right eye, unspecified eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.146	Spastic ectropion of left eye, unspecified eyelid
H02.149	Spastic ectropion of unspecified eye, unspecified eyelid
H02.201	Unspecified lagophthalmos right upper eyelid
H02.202	Unspecified lagophthalmos right lower eyelid
H02.203	Unspecified lagophthalmos right eye, unspecified eyelid
H02.204	Unspecified lagophthalmos left upper eyelid
H02.205	Unspecified lagophthalmos left lower eyelid
H02.206	Unspecified lagophthalmos left eye, unspecified eyelid
H02.209	Unspecified lagophthalmos unspecified eye, unspecified eyelid
H02.20A	Unspecified lagophthalmos right eye, upper and lower eyelids

H02.20B	Unspecified lagophthalmos left eye, upper and lower eyelids
H02.20C	Unspecified lagophthalmos, bilateral, upper and lower eyelids
H02.211	Cicatricial lagophthalmos right upper eyelid
H02.212	Cicatricial lagophthalmos right lower eyelid
H02.213	Cicatricial lagophthalmos right eye, unspecified eyelid
H02.214	Cicatricial lagophthalmos left upper eyelid
H02.215	Cicatricial lagophthalmos left lower eyelid
H02.216	Cicatricial lagophthalmos left eye, unspecified eyelid
H02.219	Cicatricial lagophthalmos unspecified eye, unspecified eyelid
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.221	Mechanical lagophthalmos right upper eyelid
H02.222	Mechanical lagophthalmos right lower eyelid
H02.223	Mechanical lagophthalmos right eye, unspecified eyelid
H02.224	Mechanical lagophthalmos left upper eyelid
H02.225	Mechanical lagophthalmos left lower eyelid
H02.226	Mechanical lagophthalmos left eye, unspecified eyelid
H02.229	Mechanical lagophthalmos unspecified eye, unspecified eyelid
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.231	Paralytic lagophthalmos right upper eyelid
H02.232	Paralytic lagophthalmos right lower eyelid
H02.233	Paralytic lagophthalmos right eye, unspecified eyelid
H02.234	Paralytic lagophthalmos left upper eyelid
H02.235	Paralytic lagophthalmos left lower eyelid
H02.236	Paralytic lagophthalmos left eye, unspecified eyelid
H02.239	Paralytic lagophthalmos unspecified eye, unspecified eyelid
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids



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H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.30	Blepharochalasis unspecified eye, unspecified eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.33	Blepharochalasis right eye, unspecified eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.36	Blepharochalasis left eye, unspecified eyelid
H02.401	Unspecified ptosis of right eyelid
H02.402	Unspecified ptosis of left eyelid
H02.403	Unspecified ptosis of bilateral eyelids
H02.409	Unspecified ptosis of unspecified eyelid
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid
H02.413	Mechanical ptosis of bilateral eyelids
H02.419	Mechanical ptosis of unspecified eyelid
H02.421	Myogenic ptosis of right eyelid
H02.422	Myogenic ptosis of left eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.429	Myogenic ptosis of unspecified eyelid
H02.431	Paralytic ptosis of right eyelid
H02.432	Paralytic ptosis of left eyelid
H02.433	Paralytic ptosis of bilateral eyelids
H02.439	Paralytic ptosis unspecified eyelid
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid
H02.523	Blepharophimosis right eye, unspecified eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid

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H02.526	Blepharophimosis left eye, unspecified eyelid
H02.529	Blepharophimosis unspecified eye, unspecified lid
H02.89	Other specified disorders of eyelid
H02.831	Dermatochalasis of right upper eyelid
H02.832	Dermatochalasis of right lower eyelid
H02.833	Dermatochalasis of right eye, unspecified eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
H02.836	Dermatochalasis of left eye, unspecified eyelid
H02.839	Dermatochalasis of unspecified eye, unspecified eyelid
H16.141	Punctate keratitis, right eye
H16.142	Punctate keratitis, left eye
H16.143	Punctate keratitis, bilateral
H16.149	Punctate keratitis, unspecified eye
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
H18.429	Band keratopathy, unspecified eye
H18.441	Keratomalacia, right eye
H18.442	Keratomalacia, left eye
H18.443	Keratomalacia, bilateral
H18.449	Keratomalacia, unspecified eye
L11.8	Other specified acantholytic disorders
L11.9	Acantholytic disorder, unspecified
L57.4	Cutis laxa senilis
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos

Z90.01	Acquired absence of eye
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## References

American Society of Plastic Surgeons. Practice Parameter for Blepharoplasty. March 2007: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>. Accessed March 21, 2025.

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Cahill KV, Bradley EA, Meyer DR, Custer PL, Holck DE, Marcet MM, Mawn LA. Functional indications for upper eyelid ptosis and blepharoplasty surgery: a report by the American Academy of Ophthalmology. *Ophthalmology*. 2011 Dec;118(12):2510-7. Reaffirmed 2020. Specialty-matched clinical peer review.

## Revision History

Company(ies)	DATE	REVISION
ConnectiCare	Feb. 14, 2024	Transferred policy content to individual company branded template
EmblemHealth ConnectiCare	Feb. 9, 2024	Added covered indications: Exposure keratopathy secondary to thyroid eye disease, Blepharotomy for symptomatic exposure secondary to eyelid retraction resistant to medical therapy and Superficial punctate keratitis resistant to medical therapy necessitating blepharotomy
EmblemHealth ConnectiCare	Aug. 11, 2023	Removed symptomatic dermatitis of pretarsal skin caused by redundant upper lid as a covered indication Streamlined visual field and photo documentation requirements
EmblemHealth ConnectiCare	Jan. 14, 2022	Removed chronic blepharitis as a covered indication
EmblemHealth ConnectiCare	Jul. 13, 2021	Added covered indications: Epiblepharon, lagophthalmos, congenital lagophthalmos, and post-traumatic defects of the eyelid
EmblemHealth ConnectiCare	Jan 10, 2020	Changed "The upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex" to "The upper eyelid margin rests 2 mm or less above the corneal light reflex"
ConnectiCare	Dec. 12, 2019	ConnectiCare adopts the clinical criteria of its parent corporation EmblemHealth
EmblemHealth	Jan. 11, 2019	Added that blepharoplasty is considered medically necessary to relieve painful symptoms of blepharospasm.