

# **LCD for Blepharoplasty, Blepharoptosis and Brow Lift (L29973)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier – MAC – FI

## **LCD Information**

### **LCD ID Number**

L29973

### **LCD Title**

Blepharoplasty, Blepharoptosis and Brow Lift

### **Contractor's Determination Number**

OPHTH-022

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### **CMS National Coverage Policy**

CMS Pub.100-2 Ch.16 §20, §120; CMS Pub.100-4 Ch.13 §10, Ch.23 §10-10.1.7

### **Oversight Region**

Region V

### **Original Determination Effective Date**

For services performed on or after 07/16/2009

## **Original Determination Ending Date**

## **Revision Effective Date**

For services performed on or after 08/01/2009

## **Revision Ending Date**

## **Indications and Limitations of Coverage and/or Medical Necessity**

Blepharoplasty, blepharoptosis and lid reconstruction may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin or brow is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. Brow ptosis (i.e., descent or droop of the eyebrows) can also produce or contribute to functional impairment.

The criteria in section A (patient signs and symptoms); section B (photographs), and section C (visual field) below must be documented to demonstrate medical necessity.

A. Documentation in the medical records must include patient complaints and findings secondary to eyelid or brow malposition such as:

1. Interference with vision or visual field, related to activities such as, difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue.
2. Chronic eyelid dermatitis due to redundant skin
3. Difficulty wearing prosthesis (V52.2)
4. Margin reflex distance (MRD) of 2.5 mm or less.  
(The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed)
5. A palpebral fissure height on down-gaze of 1 mm or less.  
(The down-gaze palpebral fissure height is measured with the patient fixating on an object in down-gaze with the ipsilateral brow relaxed and the contralateral lid elevated)
6. The presence of Herring's effect meeting one of the above two (#4 or 5) criteria.  
(Herring's law is one of equal innervation to both upper eyelids and is considered in the documentation to perform bilateral ptosis in which the position of one upper eyelid has marginal criteria and the other eyelid has good supportive documentation for ptosis surgery. In these cases, the surgeon can lift the more ptotic lid with tape or instillation of Phenylephrine drops into the superior fornix. If the less ptotic lid then drops downward according to Herring's law to the point of an MRD of 2.5 mm or less or a down-gaze MRD of 1.5 or less or a palpebral fissure width on down-gaze of 1 mm or less, then the less ptotic lid would be considered for surgical correction.)

B. Photographs and medical record documentation must demonstrate at least one of the following: (Digital or film photographs are acceptable)

1. For Blepharoptosis Repair – photographs of both eyelids in the frontal, straight-ahead position and/or down-gaze should be taken as appropriate.
2. For Blepharoplasty Repair: Frontal photos are needed to demonstrate redundant skin on the upper eyelids.
  - a. Upper eyelid skin resting on the eyelashes or over eyelid margin
  - b. Upper eyelid dermatitis secondary to redundant skin
  - c. Dermatochalasis (ICD-9 code 374.87)

3. For Brow Ptosis Repair: Photographs should document medical necessity for brow ptosis repair (drooping of brows). Frontal photographs are necessary.

#### C. Visual fields

1. The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids.
2. Visually significant brow ptosis may be documented by visual field testing with the brow elevated demonstrating a difference of 12° or more or 30% superior visual field difference.
3. Visual fields need to meet accepted quality standards, whether they are performed by Goldmann technique or by use of a standardized automated technique.
4. Visual fields are not necessary for patients with an anophthalmic socket who is experiencing ptosis of difficulty with their prosthesis

D. Relief of eye symptoms associated with blepharospasm (333.81). Primary essential idiopathic blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated (i.e., an injection of Botulinum Toxin A,) an extended blepharoplasty with wide resection of the orbicularis oculi muscle complex may be necessary. (See INJ-018)

### Coding Information

#### Bill Type Codes:

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

13x	Hospital-outpatient (HHA-A also) (under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

#### Revenue Codes:

**Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.**

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036X	Operating room services-general classification
049X	Ambulatory surgical care-general classification
076X	Specialty Services - General Classification (effective 08/10/09)

### **CPT/HCPCS 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; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)

### **ICD-9 Codes that Support Medical Necessity**

*Note: ICD-9 codes must be coded to the highest level of specificity*

171.0	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK
172.1	MALIGNANT MELANOMA OF SKIN OF EYELID INCLUDING CANTHUS
173.1	OTHER MALIGNANT NEOPLASM OF SKIN OF EYELID INCLUDING CANTHUS
173.3	OTHER MALIGNANT NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
216.1	BENIGN NEOPLASM OF EYELID INCLUDING CANTHUS
232.1	CARCINOMA IN SITU OF EYELID INCLUDING CANTHUS
232.3	CARCINOMA IN SITU OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
333.81	BLEPHAROSPASM
374.00 - 374.05	ENTROPION UNSPECIFIED - TRICHIASIS OF EYELID WITHOUT ENTROPION
374.10 - 374.14	ECTROPION UNSPECIFIED - CICATRICAL ECTROPION
374.20 - 374.23	LAGOPHTHALMOS UNSPECIFIED - CICATRICAL LAGOPHTHALMOS
374.30 - 374.34	PTOSIS OF EYELID UNSPECIFIED - BLEPHAROCHALASIS
374.41	LID RETRACTION OR LAG
374.46	BLEPHAROPHIMOSIS
374.87	DERMATOCHALASIS
743.00	CLINICAL ANOPHTHALMOS UNSPECIFIED
743.61 - 743.62	CONGENITAL PTOSIS OF EYELID - CONGENITAL DEFORMITIES OF EYELIDS
743.9	UNSPECIFIED ANOMALY OF EYE CONGENITAL
744.89	OTHER SPECIFIED CONGENITAL ANOMALIES OF FACE AND NECK
870.1 - 870.2	LACERATION OF EYELID FULL-THICKNESS NOT INVOLVING LACRIMAL PASSAGES - LACERATION OF EYELID INVOLVING LACRIMAL PASSAGES
870.8	OTHER SPECIFIED OPEN WOUNDS OF OCULAR ADNEXA
871.1	OCULAR LACERATION WITH PROLAPSE OR EXPOSURE OF INTRAOCULAR TISSUE
921.1	CONTUSION OF EYELIDS AND PERIOCCULAR AREA
940.0 - 940.1	

	CHEMICAL BURN OF EYELIDS AND PERIOcular AREA - OTHER BURNS OF EYELIDS AND PERIOcular AREA
941.32	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK)
941.42	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) WITHOUT LOSS OF BODY PART
941.52	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EYE (WITH OTHER PARTS OF FACE HEAD AND NECK) WITH LOSS OF A BODY PART
959.09	OTHER AND UNSPECIFIED INJURY TO FACE AND NECK
V52.2	FITTING AND ADJUSTMENT OF ARTIFICIAL EYE

**Diagnoses that Support Medical Necessity**

Any listed above

**ICD-9 Codes that DO NOT Support Medical Necessity**

NA

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

**Diagnoses that DO NOT Support Medical Necessity**

**General Information**

**Documentation Requirements**

1. The patient medical records should be legible, contain the relevant history and physical findings conforming to the criteria stated in the "Indication and Limitations of Coverage and/or Medical Necessity" sections A-D of this policy. Copies of the following must be made available to the Carrier on request:

- Pre-operative exam,
- Photographs,
- Visual fields
- Operative report

2. Physicians' Services and diagnostic tests must be submitted with an ICD-9 code to support the medical necessity for the service and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise ICD-9 code that fully explains the narrative description of the diagnosis contained in the medical record or the test interpretation and report including the 4th or 5th digit sub-classification for the diagnosis category. The ICD-9 code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury resulting in a functional anomaly of the upper eyelids a cosmetic (V50.1) diagnosis should be reported, and payment will be denied

3. Operative note(s) for surgical procedures performed in the office location may be contained in the patient's medical record for the date of service or as a separate report maintained within the patients chart. The operative note for the procedure performed must be of significant detail to support the surgical procedure billed. The surgical technique used should be described.

4. It is at the performing physicians' discretion to determine the level of exam he/she chooses to perform based on the patients condition and needs. The documentation contained in the patients' medical record must meet the visual exam criteria stated in this policy and must support the level of visual field exam billed to Medicare.

## **Appendices**

### **Utilization Guidelines**

NA

### **Sources of Information and Basis for Decision**

CMS Pub.100-2 16 §20, §120; CMS Pub. 100-4 13 §10, 23 §10-10.1.7; MCM § 2303, 2329, 15021.1

Meyer DR and Rheeman CH, Ophthalmology 1990; 102:1517-1523

Olson JJ and Putterman A., Arch Ophthalmology 1995; 113:1293-1297

Dictionary of Eye Terminology, Second Edition, Barbara Cassin, et. Al., Triad publishing Company, Gainesville FL, 1990.

Patipa M, Arch Ophthalmology 1992; 1992:63-67

Federici TJ, Meyer DR, Linger LL, Ophthalmology 1999; 106: 1705-1712

Cahill KV, Burns JA, Weber PA, Ophthalmic Plastic Reconstructive Surgery 1987;3:121-125

Meyer DR, Linger JV, Powell SR, Odom JV, Arch Ophthalmology 1989; 107: 840-843

This LCD is an adaptation of a WPS Medicare LCD of the same name

An asterisk (\*) indicates a revision to that section of the policy.

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This policy does not reflect the sole opinion of the carrier or Carrier Medical Director. Although the final decision rests with the carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from Ophthalmology and Oculoplastic surgeons.

### **Advisory Committee Meeting Notes**

Wisconsin 01/16/2009

Illinois 01/28/2009

Michigan 01/07/2009

Minnesota 01/22/2009

Iowa, Kansas, Missouri, Nebraska 02/12/2009

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### **Start Date of Comment Period**

02/12/2009

### **End Date of Comment Period**

03/30/2009

### **Start Date of Notice Period**

06/01/2009

### **Revision History Number**

5

### **Revision History Explanation**

Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.) JS 07/30/09

8/10/2009 - The description for Revenue code 0760 was changed

8/10/2009 - The description for Revenue code 0761 was changed

8/10/2009 - The description for Revenue code 0762 was changed

8/10/2009 - The description for Revenue code 0769 was changed

### **Reason for Change**

### **Last Reviewed On Date**

05/01/2009

### **Related Documents**

This LCD has no Related Documents.

## **LCD Attachments**

[Coding and Billing Guidelines \(PDF - 34,147 bytes\)](#)

### **All Versions**

Updated on 08/10/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 07/16/2009 - 07/31/2009

Updated on 07/17/2009 with effective dates 07/16/2009 - N/A

Updated on 07/14/2009 with effective dates 07/16/2009 - N/A