Policy Number	**SUR716.004**
Policy Effective Date	**01/01/2026**

Blepharoplasty and Blepharoptosis

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Related Policies (if applicable)
SUR717.001: Gender Assignment Surgery and Gender Reassignment Surgery with Related Services
SUR716.001: Cosmetic and Reconstructive Procedures

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For Illinois only: Illinois Public Act 103-0123 (IL HB 1384) Coverage for Reconstructive Services requires the following policies amended, delivered, issued, or renewed on or after January 1, 2025 (Individual and family PPO/HMO/POS; Student; Group [Small Group; Mid-Market; Large Group Fully Insured PPO/HMO/POS] or Medicaid), to provide coverage for medically necessary services that are intended to restore physical appearance on structures of the body damaged by trauma.

Coverage

This medical policy does NOT address Gender Reassignment Services (Transgender Services). This medical policy IS NOT TO BE USED for Gender Reassignment Services. Refer to SUR717.001, Gender Assignment Surgery and Gender Reassignment Surgery with Related Services

NOTE 1: Determination of whether a proposed therapy would be considered reconstructive or cosmetic should always be interpreted in the context of the specific contract benefits language, and determination of benefit coverage for procedures considered to be cosmetic is based on

how a member's benefit contract defines cosmetic services and their eligibility for benefit coverage. In general, the presence of a functional impairment would render its treatment medically necessary and thus not subject to contractual definitions of reconstructive or cosmetic.

A. Blepharoplasty procedures of the upper eyelid **may be considered medically necessary** when clinical documentation requirements outlined below in Policy Guidelines are met **AND** the individual has ANY of the following:

- Clinically significant impairment of upper/outer visual fields (<24 degrees from fixation) by excessive upper eyelid skin (dermatochalasis) with:
  - Historical medical record documentation of progressive degenerative changes of the eyelid skin inconsistent and in excess of the demographic norm of the requesting member; and
  - Accurate photo documentation of upper eyelid fold/redundant upper lid myocutaneous tissue that documents clear extension of upper lid fold over the lashes and infringing on the visual axis.
- Difficult prosthesis fitting in an anophthalmic socket because of drooping of the upper eyelid; or
- Documented margin reflex distance-1 (MRD_1) less than 2 millimeter (mm), either by photo or specific medical record examination note; or
- Severe corneal or conjunctival irritation caused by:
  - Entropion;
  - Ectropion; or
  - Trichiasis caused by entropion; or
- Periorbital sequelae of thyroid disease and/or nerve palsy; or
- Painful symptoms related to blepharospasm, or visual symptoms of debilitating blepharospasm; or
- Defects caused by trauma or tumor-ablative surgery.

B. Procedures to correct blepharoptosis (ptosis) **may be considered medically necessary** when clinical documentation requirements outlined below in Policy Guidelines are met and the individual has **ALL** of the following:

- Documented superior visual field constriction minimum 12 degree or 24% loss of upper field of vision with upper lid skin and/or upper lid margin that is consistent with photo documentation of the condition; and
- Documented margin reflex distance-1 (MRD_1) less than 2 mm; and
- Accurate photo documentation of lid margin-visual axis relationship that is consistent with the visual field constriction attributed to the condition.

Repair of blepharoptosis

Documentation supports functional deficit or disturbance secondary to eyelid and/or brow abnormality, and 1 or more of the following:

• Unilateral surgery and margin reflex distance (MRD) of 2.0 mm or less;
• Bilateral surgery and both eyes demonstrate MRD of 2.0 mm or less; or

• Bilateral surgery and presence of Herring's effect to defend bilateral surgery when only more ptotic eye meets MRD criteria of 2.0 mm or less.

C. Repair procedures of the lower eyelid **may be considered medically necessary** for the following indications:

- Corneal and/or conjunctival injury or disease due to ectropion, entropion, or trichiasis; or
- Following tumor-ablative surgery; or
- Epiphora due to ectropion and/or punctal eversion; or
- Lower eyelid edema, tumor, or mass that causes signs and symptoms of eyelid ectropion; or
- Laxity of lower eyelid tissues that causes lower eyelid ectropion resulting in eye; or irritation and inflammation and excessive tearing.

Blepharoplasty and ptosis procedures of the upper eyelid that do not meet the above criteria and/or is being performed primarily to improve appearance **are considered cosmetic**.

Blepharoplasty procedures of the lower eyelid **are considered cosmetic**, except as noted above in C.

Policy Guidelines

Clinical Documentation Requirements: In order to evaluate medical necessity, the following objective information is required for requests A and B below:

1. Documentation of individual complaints that justify functional surgery that addresses signs and symptoms commonly found in association with ptosis, pseudoptosis, blepharochalasis, and/or dermatochalasis, as indicated by 1 or more of the following:
   a. Significant interference with vision or superior or lateral visual field (e.g., difficulty seeing objects approaching from the periphery);
   b. Difficulty reading due to superior visual field loss; or
   c. Looking through eyelashes or seeing upper eyeline skin.
2. Documentation of significant loss of superior visual fields and potential correction of visual fields by proposed procedure, as indicated by ALL the following:
   a. Minimum 12-degree superior field loss or 24% superior visual field impairment with upper field of vision with upper lid skin and/or upper lid margin in repos; AND
   b. Visual fields with upper lid skin and/or upper lid margin elevated (by taping of lid) to demonstrate potential correction by proposed procedure or procedures.
3. Documentation supports functional deficit or disturbance secondary to eyelid and/or brow abnormality, as indicated by 1 or more of the following:
   a. Redundant eyelid tissue touching eyelashes or hanging over eyelid margin resulting in pseudoptosis where "pseudo" margin produces central "pseudo-margin reflex distance (MRD)" of 2.0 mm or less;
   b. Redundant eyelid tissue predominantly medially or laterally clearly obscures line of sight in corresponding gaze;

c. Difference of at least 12 degrees between resting field and field performed with manual elevation of eyelid margin; or
d. Erythema, edema, or crusting of redundant eyelid tissue.

4. Color photographs support functional deficit or disturbance secondary to eyelid and/or brow abnormality and ALL of the following:
   a. Photographs are of sufficient size and detail as to make structures easily recognizable.
   b. Individual's head is parallel to camera, not tilted.
   c. Photos are taken in both frontal (straight-ahead) and lateral (from side) positions.
   d. Photographs are identified with individual's name and date.

Description

The goal of functional or reconstructive eyelid surgery is to improve abnormal function, reconstruct deformities, repair defects due to trauma or tumor-ablative surgery, and in general, to restore normalcy to the eyelid.

Background

Eyelid surgery may be performed for functional, reconstructive, or cosmetic purposes. The most common functional indication is a visual field defect due to excess upper eyelid tissue (dermatochalasis) that overhangs into the field of vision. However, blepharoplasty is also performed to repair ptosis, eyelid retraction, entropion, ectropion, trichiasis, or defects following tumor excision.

Glossary of Terms

- Blepharochalasis – A condition separate and distinct from dermatochalasis. It is a rare disorder that typically affects the upper eyelids and is characterized by intermittent eyelid edema. It is unilateral in approximately 50% of the affected individuals and over time may result in relaxation and atrophy of the eyelid tissues.
- Blepharoplasty – A surgical intervention to reduce the age-induced alterations in the tissues of the eyelids. Upper eyelid surgery for dermatochalasis is almost always cosmetic though, infrequently, it may be functional, and correction may be necessary to treat refractory dermatochalasis and visual field obstruction from redundant upper lid tissues extending over the upper lid lashes. Typically, lower eyelid surgery is considered to be cosmetic.
- Blepharoptosis – Abnormally low positions of the upper eyelid margin, as determined while the eye in primary gaze. As with appearance related conditions, there is significant variation in the position of the upper eyelid in primary gaze. “Normal” upper eyelid position is considered to be approximately 4 millimeters (mm), plus or minus several mm. Ptosis may be either congenital or acquired.
- Blepharospasm – Muscles in the eyelids and around the eyes twitch uncontrollably.
- Brow ptosis – Sagging tissue of the eyebrows and/or forehead. Brow ptosis is caused by aging changes in the forehead muscle and skin, which leads to weakening of these tissues and sagging eyebrows. Repair of brow ptosis is performed to tighten the muscular structures supporting the eyebrow. The surgery is performed through a supra-brow incision

over the affected eye. This surgery is often called brow lift surgery/repair, brow ptosis repair, brow lift, browplasty, browpexy. Repair of brow ptosis (brow lift surgery/repair, brow ptosis repair, brow lift, browplasty, browpexy) is addressed on policy SUR716.001 Cosmetic and Reconstructive Procedures.

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- Dermatochalasis – An aging change of the eyelids related to loss of tone in the various layers underlying the skin. It is a common finding seen in elderly persons and occasionally in young adults. The changes reflect the effects of gravity, loss of elastic tissue in the skin and weakening of the connective tissues of the eyelid.
- Ectropion – Outward rotation of the lower eyelid margin and lid support. As with entropion, the condition is almost always acquired, if progressive and has a similar multifactorial causation.
- Entropion – Inward rotation of the lower eyelid margin and lid support. It is almost always acquired and progressive. The etiology is likely a combination of factors and includes an attenuation of several tissue layers that stabilize lower lid function and laxity of the margin stabilizers.
- Lagophthalmos - The inability to fully close the eyelid leaving a space between the upper and lower eyelid margin during extreme downgaze.
- Marginal Reflex Distance 1 (MRD_1) – Measures the number of mm from the corneal light reflex or center of the pupil to the *upper* lid margin.
- Marginal Reflex Distance 2 (MRD_2) – Measures the number of mm from the corneal light reflex or center of the pupil to the *lower* lid margin.
- Ptosis – Occurs when the eyelid droops more than is considered normal, potentially impairing vision. Drooping of the upper eyelid may be minimal (1-2 mm), moderate (3-4 mm), or severe (>4 mm), covering the pupil entirely. (1) Ptosis is usually categorized as either “true ptosis,” an intrinsic disturbance of the eyelid structures, or as “pseudoptosis,” a lack of normal eyelid support or the presence of excess lid tissue that “hoods” the eye, restricting the upward gaze and blocking the peripheral or forward vision.
- Trichiasis – Abnormally positioned eyelashes that are directed posteriorly toward the surface of the eye, such that the lashes are touching the cornea or conjunctiva.
- Visual Field – Total area in which objects can be seen in the peripheral vision while the eye is focused on a central point.
- Visual Field Test – Measurement of all of the area a person can see while they are looking straight ahead and includes the area straight ahead as well as all peripheral vision.

Types of Visual Field Tests

- Confrontation Visual Field Exam – This is a quick and basic check of the visual field. The health care examiner sits directly in front of the individual. One eye will be covered, and the individual will be asked to stare straight ahead with the other eye. The individual will be asked to tell when he/she can see the examiner's hand.
- Tangent Screen or Goldmann Field Exam – The individual will sit about 3 feet from a screen with a target in the center. The individual will be asked to stare at the center object and let the examiner know when he/she can see an object that moves into their side vision. This exam creates a map of their entire peripheral vision.

- Automated Perimetry – The individual will sit in front of a concave dome device and stare at an object in the middle. Once he/she sees small flashes of light in their peripheral vision, the individual presses a button on the device. The responses help determine if there is a defect in their visual field.

Regulatory Status
Blepharoplasty is a surgical procedure and, as such, are not subject to regulation by the U.S. Food and Drug Administration.

Rationale

This policy is based on professional society guidelines/recommendations as well as coverage guidance from the Centers for Medicare & Medicaid Services (CMS) specific to blepharoplasty, blepharoptosis, and eyelid surgery. (1-7)

Practice Guidelines and Position Statements
American Society of Plastic Surgeons (ASPS)
The ASPS first created practice parameters or strategies for patient management relating to blepharoplasty in 2007 (reaffirmed in 2020). (5) The ASPS stated the following regarding the difference in functional and aesthetic reasons for blepharoplasty, "Functional issues include ptosis, floppy eyelid syndrome, blepharochalasis, dermatochalasis, herniated orbital fat, and visual field obstruction. Aesthetic reasons include a desire for a more youthful or less fatigued appearance." The ASPS includes operative treatment goals which state further state the goals of operative treatments, "When there is a visual field impairment, blepharoplasty procedures are considered to be reconstructive. However, blepharoplasty procedures are most often performed to enhance appearance. The second most common cosmetic procedure in males is lower eyelid blepharoplasty."

The ASPS included the following diagnostic criteria:
- *Preoperative Consultation*: "Patients present with a variety of symptoms or combination of symptoms including edema, visual field defects, hypertrophy of the orbicularis oculi, conjunctival inflammation, keratitis malar festoons, blepharochalasis, dermatochalasis, lagophthalmos, protrusion of orbital fat, eyelid ptosis, and eyebrow ptosis."
- *Examination*: "Should include an evaluation of the amount of skin on the upper and lower lids; distribution of orbital fat; vector of the lower eyelid; and physical characteristics of the skin including degree of elasticity and pigmentation…, Ptosis of the upper lid is determined by measuring the palpebral fissure width and margin reflex distance. Levator excursion is also assessed. Visual field assessment is required for functional blepharoplasty. The forehead and eyebrow should be evaluated for brow ptosis."
- *Photographs*: "Preoperative photographs may be used in patient assessment. Preoperative photographs may be taken to meet the requirements of both the insurers and surgeons. Additional photographs may include upward and downward gaze as well as oblique views."

In 2022, the ASPS released an evidence-based clinical practice guideline on eyelid surgery for upper visual field improvement. (6) A systematic literature review was performed including topics regarding documentation of the underlying cause for visual field impairment, selection of an appropriate surgical repair, assessment of the type of anesthesia, the use of adjunctive brow procedures, and follow-up assessments. The Grading of Recommendations, Assessment, Development, and Evaluation methodology process was used to evaluate the relevant studies. Clinical practice recommendations were developed using BRIDGE-Wiz (Building Recommendations in a Developers' Guideline Editor) software. The review of the literature revealed varied complication rates and diverse treatment modalities for the correction of upper visual field deficit. Strong recommendations could not be made in most topic areas because of an insufficient quantity of methodologically sound studies in the literature. More rigorously designed studies are needed to measure outcomes of interest, with fewer sources of potential error or bias. Clinical Question/Level of Evidence: Therapeutic, V.

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)

In 2015, the ASOPRS released a white paper on functional blepharoplasty, blepharoptosis, and brow ptosis repair. (7) The document included the following comments on recommended documentation requirements when submitting records and photographs for review:

1. Upper eyelid obstruction documentation should include:
    a. The patient's complaint of interference with daily visual tasks or visual field-related activities, and
    b. Visual obstruction due to excessive overhanging skin resting on or depressing the lashes or eyelid margin.
2. Upper eyelid ptosis documentation should include:
    a. The patient's complaint of interference with vision or visual field-related activities, and
    b. A margin to reflex distance (MRD) less than or equal to 2 mm in primary or downgaze.
    c. Visual obstruction due to ptotic upper eyelid.
    d. The position of one upper eyelid becomes more ptotic with an MRD of 2 mm or less when the other, more ptotic eyelid is elevated (i.e., Hering's Law).
3. Brow ptosis documentation should include:
    a. Brow ptosis to the extent it contributes to skin fold overlap and/or blepharoptosis.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	15820, 15821, 15822, 15823, 21282, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966
HCPCS Codes	None

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

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2. Center for Medicare & Medicaid Services. Blepharoplasty, Blepharoptosis Repair and Surgical Procedure of the Brow (L34028) Revision 3. March 21, 2021. Available at:<https://www.cms.gov> (accessed May 28, 2025).
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5. ASPS – Practice Parameter for Blepharoplasty (March 2007, reapproved December 2020). Archived. Prepared by the American Society of Plastic Surgeons (ASPS). Available at: <https://plasticsurgery.org> (accessed April 11, 2025).
6. 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. Plastic Reconstr Surg. Aug 1 2022; 150(2):419e-434e. PMID 35895522
7. Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (January 15, 2015). White Paper from American Society of Ophthalmic Plastic and Reconstructive Surgery. Available at: <https://www.asoprs.org> (accessed April 11, 2025).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
01/01/2026	Document updated. The following changes were made to Coverage: 1) Documentation requirements updated to align with Center for Medicare and Medicaid Services, 2) Minimum superior field loss criteria changed to 12 degrees and 24% superior visual field impairment, 3) Removed mention of myasthenia gravis and facial nerve damage from conditional criteria, 4) Added lower eyelid edema, tumor, or mass that causes signs and symptoms of eyelid ectropion and laxity of lower eyelid tissues that causes lower eyelid ectropion resulting in eye irritation and inflammation and excessive tearing to conditional criteria for lower eyelid repair procedures, and 5) Brow lift and brow ptosis repair language removed from policy and will be addressed on SUR716.001: Cosmetic and Reconstructive Procedures. Title changed from Blepharoplasty, Blepharoptosis, and Brow Repair. References 1-4 and 6 added; others removed.
05/15/2024	Reviewed. No changes.
05/01/2023	Document updated with literature review. Coverage unchanged. No new references added; one removed.
12/01/2022	Reviewed. No changes.
09/15/2021	Document updated with literature review. Coverage unchanged. Reference 2 and 10 updated.
10/15/2020	Reviewed. No changes.
04/01/2019	Document updated with literature review. Coverage unchanged. References added 7 and 11; none removed.
02/15/2017	Document updated with literature review. Coverage reorganized and unchanged, with clinical documentation requirements moved to the start of coverage section. Title changed from “Blepharoplasty, Blepharoptosis, Brow Repair.”
10/01/2016	The following changes were made to Coverage specific to the clinical documentation requirements outlined in section D: 1) Modified from “additional clinical documentation may be required” to “the following objective information is required”, 2) Removed requirement for “Medical record documentation of all eye care for the 24 months preceding the request for services.”, 3) Removed the parenthetical “not required if MRD documented <2 mm by photo or specific medical record examination note” from statement on visual field documentation.
07/15/2015	Reviewed. No changes.
08/15/2014	Document updated with literature review. The following was added to the coverage: 1) Blepharoplasty procedures of the upper eyelid **may be considered medically necessary** when additional documentation requirements outlined in section C below are met and the patient has any of the following: Clinically significant impairment of upper/outer visual fields (<30 degrees from fixation) by excessive upper eyelid skin (dermatochalasis) with historical medical record documentation of progressive degenerative

	changes of the eyelid skin inconsistent and in excess of the demographic norm of the requesting member, and accurate photo documentation of upper eyelid fold/redundant upper lid myocutaneous tissue that documents clear extension of upper lid fold over the lashes and infringing on the visual axis, or difficult prosthesis fitting in an anophthalmic socket because of drooping of the upper eyelid; or documented margin reflex distance -1 (MRD-1) less than two millimeter (mm), either by photo or specific medical record examination note, severe corneal or conjunctival irritation caused by: Entropion, Ectropion, Trichiasis caused by entropion; or Periorbital sequelae of thyroid disease and/or nerve palsy; or painful symptoms related to blepharospasm, or visual symptoms of debilitating blepharospasm; or defects caused by trauma or tumor-ablative surgery. 2.) Additional documentation requirements: medical record documentation of all eye care for the 24 months preceding the request for services, reliable visual field documentation that suggests active, concurrent involvement of the patient (not required if MRD documented <2 mm by photo or specific medical record examination note), and full face frontal photo documentation, face plane parallel to film plan and visual axis perpendicular to film plan and centered in the camera lens. 3.) Blepharoplasty and ptosis procedures of the upper eyelid that do not meet the above criteria and/or is being performed primarily to improve appearance **are considered cosmetic**. CPT/HCPC code (s) updated.
09/15/2007	Revised/Updated Entire Document.
06/03/2005	CPT/HCPC code (s) updated
01/01/2005	Revised/Updated Entire Document.
07/01/2004	CPT/HCPC code (s) updated
05/01/1996	Revised/Updated Entire Document
01/01/1996	Revised/Updated Entire Document
07/01/1994	Revised/Updated Entire Document
05/01/1990	New Medical Document