

# Local Coverage Article: Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift (A57190)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Islands

# Article Information

## General Information

**Article ID**

A57190

**Article Title**

Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift

**Article Type**

Billing and Coding

**Original Effective Date**

10/01/2019

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, §1862(a)(10), prohibits payment for cosmetic surgery; procedures performed only to approve appearances without a functional benefit are not covered by Medicare, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

CMS Manual System, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 16, §20, Services not reasonable and necessary.

CMS Manual System, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 16, §120, Cosmetic Surgery.

## **Article Guidance**

### **Article Text:**

The following coding and billing guidance is to be used with its associated Local coverage determination.

### **Other requirements**

The medical record documentation must support the medical necessity of the services as directed in this policy.

All documentation must be maintained in the patient's medical record and available to the contractor upon request.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)).

Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

A pre-operative exam and operative report must be available.

The submitted medical record must support the use of the selected ICD10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

N/A

### Group 1 Codes:

CODE	DESCRIPTION
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

## CPT/HCPCS Modifiers

N/A

## ICD-10 Codes that Support Medical Necessity

### Group 1 Paragraph:

It is the responsibility of the physician/provider to code to the highest level specified in the ICD-10-CM (e.g., to the third or seventh character). The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in

this determination.

These are the only covered ICD-10-CM codes that support medical necessity for CPT codes 15822-15823 with/without 67900-67904, 67906 and 67908-67909.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
H02.31	Blepharochalasis right upper eyelid
H02.34	Blepharochalasis left upper eyelid
H02.401	Unspecified ptosis of right eyelid
H02.402	Unspecified ptosis of left eyelid
H02.403	Unspecified ptosis of bilateral eyelids
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid
H02.413	Mechanical ptosis of bilateral eyelids
H02.421	Myogenic ptosis of right eyelid
H02.422	Myogenic ptosis of left eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.431	Paralytic ptosis of right eyelid
H02.432	Paralytic ptosis of left eyelid
H02.433	Paralytic ptosis of bilateral eyelids
H02.831	Dermatochalasis of right upper eyelid
H02.834	Dermatochalasis of left upper eyelid
H57.811	Brow ptosis, right
H57.812	Brow ptosis, left
H57.813	Brow ptosis, bilateral
Q10.0	Congenital ptosis

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**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.

CODE	DESCRIPTION
999x	Not Applicable

**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.

N/A

**Other Coding Information**

N/A

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## Revision History Information

N/A

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## Associated Documents

**Related Local Coverage Document(s)**

LCD(s)

L34194 - Blepharoplasty, Eyelid Surgery, and Brow Lift

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

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# Keywords

- Blepharoplasty
- Eyelid Surgery
- Brow Lift
- ptosis
- 15822
- 15823
- 67900
- 67901
- 67902
- 67903
- 67904
- 67906
- 67908
- 67909
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