

MEDICAL POLICY

POLICY TITLE	BLEPHAROPLASTY, REPAIR OF BROW PTOSIS, AND RECONSTRUCTIVE EYELID SURGERY
POLICY NUMBER	MP 1.003

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	5/1/2025

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I. POLICY

All blepharoplasty, brow lift, and canthoplasty/canthopexy procedures are subject to medical review. In order to assess medical necessity determination, the following must be submitted:

- Visual fields taped and untaped, including physician interpretation; **and**
- A letter of medical necessity; **and**
- Full face and lateral photographs at neutral gaze.

Ptosis

Upper lid ptosis repair may be considered **medically necessary** for visual impairment due to droop or displacement of the upper lid. Individuals must meet the following criteria:

- The upper eyelid margin is within 1/4 or less of the diameter of the visible iris (2.0 mm or less) of the corneal light reflex (MRD); **and**
- There is a field loss that is commensurate with photographic document; **and**
- If manually taping the eyelid restores the upper field to normal; **or**
- The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket.

Blepharoplasty-Upper Lid

Upper lid blepharoplasty may be considered **medically necessary** for visual impairment due to droop or displacement of the upper lid. Individuals must meet the following criteria:

- The skin margin is within 1/4 or less of the diameter of the visible iris (2.0 mm or less) of the corneal light reflex (MRD); **and**
- There is a field loss that is commensurate with photographic document; **and**
- If manually taping the eyelid restores the upper visual field to normal; **or**
- The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket.

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Blepharoplasty-Lower Lid

Lower lid surgical repair may be considered **medically necessary** if there are documented abnormalities of function secondary to lower lid malposition. Such abnormalities may include:

- Abnormal tearing;
- Dry eye syndrome;
- Corneal problems such as abrasions or ulcerations; **and**
- One of the following diagnoses is reported:
 - Ectropion;
 - Entropion ; **or**
 - Trichiasis.

Brow Ptosis

Brow ptosis repair may be considered **medically necessary** in extreme cases when performed as functional/reconstructive surgery to correct the following:

- Visual impairment due to droop or inferior displacement of the brow below the supraorbital rim; **or**
- Brow malposition, which would prevent adequate correction of dermatochalasis, blepharochalasis, or blepharoptosis.

Congenital Ptosis

Ptosis repair may be considered **medically necessary** for moderate to severe ptosis in children to allow proper visual development and to prevent amblyopia. Children under the age of 8 do not require visual field testing.

Canthoplasty/Canthopexy

Canthoplasty/canthopexy may be considered **medically necessary** when performed to correct the following conditions confirmed by slit lamp corneal exam:

- Pathologic entropion/ectropion resulting in conditions that include but are not limited to the following:
 - Corneal ulceration
 - Desiccation of the corneal epithelium
 - Epiphora

Ectropion Repair

Ectropion repairs may be considered **medically necessary** when **all** the following conditions are met:

- Treatable medical disease has been ruled out; **and**
- A true ectropion exists as documented by clinical notes and pre-operative photographs demonstrating the eversion and downward pull of the lower eyelid; **and**
- Excess tearing (epiphora) and/or keratoconjunctivitis are present.

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Entropion Repair

Entropion repairs may be considered **medically necessary** when documented by clinical notes and pre-operative photographs demonstrate the inversion of the upper or lower lid margin with trichiasis which is causing irritation of the cornea or conjunctiva.

Cross-References:

MP 1.004 Cosmetic and Reconstructive Surgery

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

III. DESCRIPTION/BACKGROUND

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Blepharoplasty is a surgical procedure that removes excess skin and fatty tissue around the eyes and is performed to correct drooping upper or lower eyelid skin. Blepharochalasis refers to loose or baggy skin, which can obstruct the field of vision. Blepharoplasty may be performed for functional, reconstructive, or cosmetic purposes.

Functional blepharoplasty involves surgical removal of the overhanging skin, which may improve the function of the upper eyelid and restore peripheral vision. Blepharoplasty is also performed for cosmetic reasons. Blepharoplasty can usually be done on an outpatient basis under local anesthetic.

Ptosis (also known as blepharoptosis) refers to a drooping eyelid margin of one or both upper eyelids. In the most severe cases, the drooping can obstruct the visual field. There are two types of ptosis, acquired and congenital. Acquired ptosis is the most common.

Conditions that may cause acquired ptosis include aging, diabetes, injury, tumors, inflammation, or aneurysms. Congenital ptosis may be the result of weak muscles or a problem with nerve innervation. Blepharoptosis repair is performed to repair dysfunctioning eyelid muscles (e.g., levator or Muller's). This levator tightening (advancement) will also evert the eyelid margin if an entropion is present. Brow ptosis refers to the sagging tissue of the eyebrows or forehead and can also obstruct the field of vision. Brow ptosis surgery is usually performed under local anesthesia as an outpatient procedure and is performed to tighten the muscular structures supporting the eyebrow.

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Canthoplasty is a procedure designed to reinforce lower eyelid support by detaching the lateral canthal tendon from the orbital bone and constructing a replacement. Canthopexy is a procedure designed to stabilize or tighten the existing tendon and surrounding structures without removing the tendon from its normal attachment.

Canthoplasty and canthopexy are appropriate procedures in conditions such as post-traumatic ectropion that can cause the lower lid to pull away from the cornea. Conditions such as posttraumatic ectropion where the lid margin has an outward turning away from the globe may lead to epiphora (excessive tearing), corneal desiccation (state of extreme dryness), and/or ulceration. Canthoplasty and canthopexy are frequently performed in conjunction with lower lid blepharoplasty. There reportedly is the potential risk of inducing lower eyelid malposition if support is not applied through either canthoplasty or canthopexy.

Ectropion is a turning out or sagging of the upper or lower eyelid. This leaves the eye exposed and can result in excessive tearing. If not treated, crusting, mucous discharge and irritation can occur resulting in serious inflammation and damage to the eye. Corneal dryness and irritation can lead to eye infections, corneal abrasions, or corneal ulcers. A skin graft taken from the upper eyelid, or from behind the ear can be used to repair the ectropion.

Entropion is an abnormal inward rotation of the eyelid. The relaxing of the eyelid tendons and eyelid muscles results in the eyelid turning inward. When the eyelid turns inward, the eyelashes and skin rub against the eye which cause watering of the eye (trichiasis), redness, irritation, and burning. Serious inflammation can damage the eye. Entropion may occur after trauma and scar contraction or after surgery. The long term use of medications used for glaucoma may produce shrinkage and entropion. There are number of surgical procedures used to repair entropion with each surgeon having a preferred surgical method. Surgery is usually done in an ambulatory surgery center under local anesthesia.

IV. RATIONALE

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NA

V. DEFINITIONS

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BLEPHAROCHALASIS: An inflammation of the eyelid that is characterized by exacerbations and remissions of eyelid edema, which results in a stretching and subsequent atrophy of the eyelid tissue, leading to the formation of redundant folds over the lid margins.

BLEPHAROPTOSIS: Drooping of the upper eyelid which relates to the position of the eyelid margin in primary gaze with respect to the eyeball and the visual axis. This is measured as "Margin to Reflex Distance" (MRD).

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COSMETIC SURGERY: An elective procedure performed primarily to restore a person's appearance by surgically altering a physical characteristic that does not prohibit normal function but is considered unpleasant or unsightly.

DERMATOCHOLASIS: Excessive skin, usually the result of the aging process with loss of elasticity.

EPIPHORA: Watering of the eyes due to a blockage of the lacrimal ducts or the excessive secretion of tears.

IRIS: The colored contractile membrane suspended between the lens and cornea in the aqueous humor of the eye, separating the anterior and posterior chambers of the eyeball and perforated in the center by the pupil.

RECONSTRUCTIVE SURGERY: A procedure performed to improve or correct a functional impairment, restore a bodily function, or correct a deformity resulting from birth defect or accidental injury. The fact that a member might suffer psychological consequences from a deformity does not, in the absence of bodily functional impairment, qualify surgery as being reconstructive surgery.

VISUAL FIELDS: A test that measures the area that a person can see while they are facing forward with their eyes fixed on an object in front of them. This test includes the area straight ahead as well as the peripheral vision.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations are based on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross' medical policies are developed to assist in administering a member's benefits. These medical policies do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the

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information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes								
15820	15821	15822	15823	21280	21282	67900	67901	67902
67903	67904	67906	67908	67909	67911	67914	67915	67916
67917	67921	67922	67923	67924	67950			

ICD-10-CM Diagnosis Code	Description
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.111	Cicatricial ectropion of right upper eyelid
H02.112	Cicatricial ectropion of right lower eyelid
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid

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ICD-10-CM Diagnosis Code	Description
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
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
H02.832	Dermatochalasis of right lower eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
L11.9	Acantholytic disorder, unspecified
L57.2	Cutis rhomboidalis nuchae
L57.4	Cutis laxa senilis
L66.4	Folliculitis ulerythematosus reticulata
L90.4	Acrodermatitis chronica atrophicans
L90.8	Other atrophic disorders of skin
L91.8	Other hypertrophic disorders of the skin
L91.9	Hypertrophic disorder of the skin, unspecified
L92.2	Granuloma faciale [eosinophilic granuloma of skin]
L98.5	Mucinosis of the skin

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ICD-10-CM Diagnosis Code	Description
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid

IX. REFERENCES

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11. Taban M, Nakra T, et al. Aesthetic lateral canthoplasty. *Ophthalmic Plastic and Reconstructive Surgery* (2010) Volume: 26, Issue: 3, Pages: 190-194
12. *White Paper on Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)*. Approved January 15, 2015

X. POLICY HISTORY

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MP 1.003	01/01/2018 Administrative Update. Medicare variations removed from Commercial Policies.
	01/17/2018 Minor Review. Policy statement revisions: The MRD measurement criteria for Ptosis and Blepharoplasty-Upper Lid updated. Reference section updated. Coding reviewed.
	01/28/2019 Consensus Review. No changes to the policy statements. References reviewed.

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02/07/2020 Consensus Review.	No changes to the policy statements. References reviewed.
01/26/2021 Consensus Review.	No changes to policy statement. References and coding reviewed.
02/16/2022 Minor Review.	Added another indication to upper lid ptosis and blepharoplasty to include the upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket. References added. Product Variations updated.
02/21/2023 Consensus Review.	Policy statement unchanged. References updated.
01/22/2024 Consensus Review.	No change to policy statement. Background updated. References added.
01/16/2025 Consensus Review.	No change to policy statement. Definitions and References updated.

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