



# Guidelines for Medical Necessity Determination for Blepharoplasty, Upper Eyelid Ptosis, and Brow Ptosis Surgery

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These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for blepharoplasty, upper eyelid ptosis (also known as blepharoptosis), and brow ptosis surgery. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 433.000: Physician Services](#), [130 CMR 450.000: Administrative and Billing Regulations](#), and Subchapter 6 of the [Physician Manual](#) for information about coverage, limitations, service conditions, and prior-authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care organization, Senior Care Options (SCO) plan, or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care organization's, SCO's, or PACE's medical policies, respectively, for covered services.

MassHealth requires PA for blepharoplasty, upper eyelid ptosis surgery, and brow ptosis surgery, and reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

These Guidelines do not apply to blepharoplasty or brow surgery that is part of gender-affirming care, which is addressed in the [MassHealth Guidelines for Medical Necessity Determination for Gender-Affirming Surgery](#).

## 1

### SECTION I. GENERAL INFORMATION

Eyelids are responsible for covering and protecting the eye, and they contain internal structures that facilitate hydration and drainage of the eye. Abnormalities of the eyelids can lead to medically significant problems such as obstruction of the visual fields, corneal or conjunctival irritation, and/or pain from eyelid spasms. Obstruction of the visual fields may be caused by conditions of the eyelid, brow, and/or related tissue.

Eyelid ptosis is a downward displacement of the eyelid margin and more commonly occurs in the upper eyelid. Upper eyelid ptosis can be caused by structures in the anterior or posterior parts of the eyelid. When an excess of eyelid skin (and often of underlying connective tissue, muscle, and fat) in the anterior lamellar structures causes downward forces on the lid, it is referred to as dermatochalasis. Eyelid ptosis caused by defects in the posterior lamellar structures is called blepharoptosis and can result from multiple causes, including muscular, neurogenic, traumatic, mechanical, or developmental issues. Blepharoplasty refers to surgery performed in the anterior lamellae to remove skin and tissue, whereas blepharoptosis repair refers to surgery that addresses structures in the posterior lamellae (e.g., muscular laxity).

Brow ptosis refers to sagging tissue of the eyebrows or forehead usually caused by aging changes in the forehead muscle and skin. In extreme cases, brow ptosis can obstruct the field of vision. Given aging's association with the brow and lid structures, brow ptosis may coexist with blepharoptosis and dermatochalasis. In cases where the patient would need multiple surgeries to achieve the functional outcome, blepharoplasty surgery, blepharoptosis surgery, and brow ptosis surgery may be performed together. However, the medical necessity of each surgical procedure would need to be demonstrated.

MassHealth considers approval for coverage of blepharoplasty, upper eyelid ptosis, and brow ptosis surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204 and 130 CMR 433.000. Brow and eyelid surgeries are often performed for cosmetic purposes, so medical necessity must be supported with thorough clinical documentation specified below.

# 2

## SECTION II. CLINICAL GUIDELINES

### A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for upper eyelid blepharoptosis, blepharoplasty, and brow ptosis surgery on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure.

1. Upper eyelid ptosis surgery
  - a. Upper eyelid blepharoptosis surgery (CPT 67901–67908) may be medically necessary when all of the following criteria (i through iv) are present.
    - i. There is documented patient complaint of clinically significant functional and physical impairment directly related to the position of the eyelid(s).
    - ii. Other causes of ptosis are ruled out (e.g., recent Botox® injections, myasthenia gravis).
    - iii. Color photographs must show eyelid blepharoptosis.
    - iv. Visual field testing must be automated and show superior visual field loss of at least 12 degrees untaped, and with lid in taped position must show an improvement of 30% or more in the number of points seen. Visual field testing must correlate with photographic documentation.
  - b. Reduction of a ptosis overcorrection (CPT 67909) may be medically necessary when clinical documentation, including the date of the initial operation, postoperative course, and signs and symptoms, as well as photographs of the overcorrection, demonstrate the need for revisional surgery.
2. Upper eyelid blepharoplasty (CPT 15822 and 15823) may be medically necessary if any of the described indications below (a, b, c, or d) are met.
  - a. To correct prosthesis difficulties in an anophthalmia socket
  - b. To relieve painful symptoms of blepharospasm
  - c. To treat periorbital sequelae of thyroid disease and nerve palsy
  - d. To remove excess tissue of the upper eyelid causing functional visual impairment when all of the following criteria (i through iv) are present

- i. There is a documented patient complaint of clinically significant functional and physical impairment directly related to an abnormality of the eyelid(s).
  - ii. Blepharoptosis has been ruled out as the primary cause of visual field obstruction.
  - iii. Color photographs in straight gaze must show the redundant eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eyelashes.
  - iv. Visual field testing must be automated and show superior visual field loss of at least 12 degrees untaped, and with lid in taped position must show an improvement of 30% or more in the number of points seen. Visual field testing must correlate with photographic documentation.
- 3. Lower eyelid blepharoplasty (CPT 15820 and 15821) may be medically necessary when all of the following criteria (a through c) are present.
  - a. There is documented patient complaint of clinically significant functional and physical impairment directly related to an abnormality of the lower eyelid(s).
  - b. Excessive skin or tissue is sufficient to impair eye closing, positioning of prescription eyewear, proper protheses placement in anophthalmia socket, corneal integrity, or normal tearing.
  - c. Color photograph(s) must show the defect described in Section II.A.3.b, and at least two photographs in eye-open and eye-closed positions must be submitted.
- 4. Brow ptosis repair (CPT 67900) may be medically necessary when all of the following criteria (a through d) are present.
  - a. There is documented patient complaint of clinically significant functional and physical impairment related to the position of the eyebrow(s).
  - b. Brow ptosis must be documented in two color photographs:
    - i. one photograph showing the eyebrow below the bony superior orbital rim; and
    - ii. a second photograph with the brow taped up showing the elimination the eyelid ptosis.
  - c. Other causes have been eliminated as the primary cause for the visual field obstruction (e.g., Botox® treatments within the past six months).
  - d. Visual field testing must be automated and show superior visual field loss of at least 12 degrees untaped, and with eyebrow in taped position must show an improvement of 30% or more in the number of points seen. Visual field testing must correlate with photographic documentation.
- 5. If multiple procedures are requested, all criteria for each individual procedure must be met. Differential taping of brows, excess skin, or tissue, and/or lids must document insufficient visual field correction with a single procedure alone.

## B. NONCOVERAGE

MassHealth does not consider blepharoplasty, upper-eyelid ptosis, or brow ptosis surgery medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The procedure is performed for cosmetic purposes or solely to improve appearance;
2. The medical necessity clinical coverage indications outlined in Section II.A are not met;
3. The clinical documentation requirements outlined in Section III are not met.

# 3

## SECTION III: SUBMITTING CLINICAL DOCUMENTATION

Requests for PA for blepharoplasty, upper eyelid ptosis, and brow ptosis surgery must be submitted by the MassHealth-enrolled surgeon who is performing the procedure and be accompanied by clinical documentation that supports the medical necessity for the procedure(s).

A. Documentation of medical necessity must include all of the following.

1. There must be a diagnosis or condition that is specific to the procedure being requested.
2. There must be a medical history that demonstrates that the etiology for the condition and contributing co-morbidities have been fully evaluated.
3. Results of a physical examination must include accurate descriptions and measurements as indicated in the clinical coverage criteria for the procedure.
4. Any related disease process, such as myasthenia gravis, thyroid condition, or oculomotor nerve palsy, is documented as stable and with optimal medical management before surgery is considered.
5. Documentation of patient complaints, symptoms experienced (including duration and progression), impairment of vision (upper and/or outer fields), and other relevant clinical history must be present.
6. Automated visual field testing (taped and untaped) is required. Exceptions to automated testing will be made for children under 12 years old, and in rare instances when automated testing is not able to be performed (e.g., developmental disability). Visual field testing is required for all procedures except lower eyelid blepharoplasty.
7. There must be high-quality lateral and full-face color photographs documenting the physical and/or physiologic abnormality accounting for the functional impairment. The date of the photograph and the patient's name must be documented on the photograph(s).
  - Full-face photographs must be frontal and lateral canthus-to-lateral canthus with the head perpendicular to the plane of the camera (i.e., not tilted). The photographs must be of sufficient clarity to show a light reflex on the cornea OR the relationship of the true eyelid margin or the "false lid margin" in the case of severe dermatochalasis/blepharochalasis to the iris or pupil. The photographs for reduction of ptosis overcorrection must include lid position with eyes open and eyes closed.

- B. Clinical information must be submitted by the MassHealth-enrolled qualified health professional performing the procedure. Providers must electronically submit PA requests and all supporting documentation using the Provider Online Service Center (POSC), unless the provider has a currently approved electronic claims waiver (hereinafter, “waiver”). Please see [All Provider Bulletin 369](#) for further waiver information. Questions about POSC access should be directed to the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

For PA requests that are not submitted using the POSC, providers with currently approved waivers must include the MassHealth Prior Authorization Request (PA-1 Form) and all supporting documentation. The PA-1 Form can be found at [mass.gov/prior-authorization-for-masshealth-providers](https://mass.gov/prior-authorization-for-masshealth-providers).

CPT CODE	DESCRIPTION
<b>Blepharoplasty Lower Eyelid</b>	
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
<b>Blepharoplasty Upper Eyelid</b>	
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
<b>Brow Ptosis Repair</b>	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
<b>Upper Eyelid Blepharoptosis Repair</b>	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., 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 (e.g., Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis

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These Guidelines are based on review of the medical literature and current practice in blepharoplasty, upper eyelid ptosis, and brow ptosis surgery. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, they should contact their health care provider for guidance or explanation.

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