

CHAPTER 3  
SECTION 2.4

## BLEPHAROPLASTY

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Authority: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#), and [\(e\)\(8\)](#)

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### I. PROCEDURE CODE RANGE

15820 - 15823  
67916 - 67917  
67923 - 67924  
67930 - 67935

### II. DESCRIPTION

Plastic surgery of the eyelids.

### III. POLICY

Blepharoplasties are not covered except when significant impairment of vision is medically documented.

### IV. POLICY CONSIDERATIONS

A. Claims submitted for reimbursement of a blepharoplasty must include the following:

1. Two visual field studies: one with and one without lid elevation.
2. Photographs, if available, showing the full face 3-way view; AP, right and lateral views.

B. Claims with documentation of 15 degree or more compromise of the superior visual field may be paid without further justification. Claims with less than 15 but more than 5 degree compromise of the superior visual field are subject to medical review. Less than 5 degree compromise will be denied.

C. The following surgical descriptions are considered primarily functional:

1. Levator shortening procedure for ptosis
2. 7th nerve palsy repair

3. Epiblepharon and ectropion procedures

D. The following surgical descriptions are not functional and are considered primarily cosmetic in nature.

1. Orbital fat removal.
2. Supratarsal fixation.
3. Lower lid blepharoplasty. (Denial subject to medical review.)
4. Eyebrow lift (if done in conjunction with 7th nerve palsy repair, subject to medical review).

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