

Eyebrow and Eyelid Repair



Medicaid Medical Coverage Policy

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Description

Brow ptosis is a condition in which the eyebrow sags or droops. Significant overhang beyond the eyelashes can interfere with vision function or can appear unsightly. It usually occurs bilaterally (both sides) but may be unilateral (one-sided). Causes include aging, paralysis of facial nerves (facial palsy), thinning tissue on the forehead, trauma or disease. Brow ptosis repair is a surgical procedure that raises the brow by removing excess skin and/or tightening lax forehead muscles. This procedure may be referred to as a brow lift or browpey, depending on the type of surgical technique used.

Blepharoptosis, or ptosis, describes drooping or abnormal relaxation of one or both upper eyelids. It may be due to aging, birth defect, disease or injury. It is usually caused by a weakness of the levator muscle (muscle that raises the eyelid), laxity of the eyelid skin that occurs with due to aging or damage to the nerves that send messages to the levator muscle. A blepharoptosis repair is a procedure to correct upper eyelid ptosis. Techniques include levator advancement or frontalis suspension. Severe ptosis may cause visual disturbances impairing peripheral and forward vision. Dermatochalasis (excessive and lax eyelid skin) may occur simultaneously with ptosis.

One of the potential complications following blepharoptosis repair is **overcorrection**, which is more commonly observed after advancement procedures for aponeurotic or involutional ptosis (most prevalent form of adult ptosis). In cases of significant overcorrection, prompt surgical revision may be necessary. This

typically involves reopening the wound, releasing the sutures and repositioning the levator muscle in a more recessed location or securing it to the tarsal plate using hang back sutures.¹²

Eyelid retraction, most frequently involving the lower eyelid, is a common condition with multiple underlying causes. These include scarring from trauma or surgical procedures, thyroid eye disease (Graves' disease), compensatory overactivity of the levator palpebrae muscle due to unilateral ptosis, Parinaud's syndrome and prolonged corticosteroid use. Among these, thyroid ophthalmopathy is the most prevalent cause encountered in clinical settings. While conservative treatments (such as aggressive lubrication with artificial tears) may be sufficient for some individuals, the majority of patients ultimately require surgical intervention.¹⁰

Floppy eyelid syndrome (FES) is a condition typically marked by unusually loose and easily everted upper eyelids, often accompanied by excess eyelid tissue. Clinically, it is frequently associated with papillary conjunctivitis and may present with or without noticeable signs of ocular surface irritation or inflammation. These include inflammatory conditions like blepharitis, structural changes such as entropion, ectropion, eyelid and lash ptosis, dermatochalasis and corneal complications.⁸ Definitive management of FES typically involves surgical intervention which can include procedures like excision of redundant tissue from the medial upper lid, horizontal shortening of the upper eyelid or lateral canthal tightening. Postoperative follow-up is guided by the patient's clinical progression. FES has been linked to systemic conditions such as obstructive sleep apnea, keratoconus and obesity.⁴

Coverage Determination

EYEBROW REPAIR

- **Brow lift (brow ptosis repair, browpexy) (67900)** for brow ptosis and/or laxity of the forehead muscles when the following criteria are met⁷:
 - One frontal (straight ahead) photograph documenting drooping of a brow or brows. If the goal of the procedure is improvement of dermatochalasis, a second photograph should document such improvement by manual elevation of brow(s);
- AND either of the following:**
- Redundant eyelid tissue hanging over the eyelid margin resulting in pseudoptosis where the pseudo margin produces a central pseudo- margin reflex distance of 2.0 mm or less; **OR**
 - Redundant eyelid tissue predominantly medially or laterally that clearly obscures the line of sight in corresponding gaze

EYELID REPAIR

Reduction of overcorrection of ptosis (67909) ONLY following a medically necessary blepharoplasty or blepharoptosis repair.

Correction of eyelid retraction (67911) when the following criteria are met¹:

- Due to muscular or neurological deficits caused by a congenital defect, disease (eg, cancer, thyroid disease) or trauma; **AND**
- Functional visual impairment due to epiphora and/or ocular pain

Repair of floppy eyelid syndrome (FES) (67961, 67966) when the following criteria are met⁹:

- Individual exhibits eyelash ptosis; **AND**
- Significant upper eyelid laxity (high-quality clinical photographs show everted lids with conjunctival surface [underbelly] exposed); **AND**
- FES is the cause of spontaneous eyelid eversion during sleep due to rubbing on pillow; **AND**
- Individual experiences eye pain or discomfort, excessive tearing/watering, eye irritation, ocular redness, and discharge; **AND**
- Documentation of failure of conservative treatment or medical management (eg, antihistamines, lubricants, topical steroid) unless contraindicated **AND either of the following**:
 - Presence of giant papillary conjunctivitis; **OR**
 - Corneal findings include one of the following:
 - Superficial punctate erosions; **OR**
 - Corneal abrasion (documentation of a history of corneal abrasion or recurrent erosion syndrome is considered sufficient)

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for the following procedures for any indications other than those listed above:

- Eyebrow repair⁷(brow lift/brow ptosis repair)

- Eyelid repair (reduction of overcorrection of ptosis, correction of eyelid retraction¹, repair of floppy eyelid syndrome⁹)

These are **considered cosmetic and not medically necessary**.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, up to ¼ of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctive, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement, over ¼ of lid margin	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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3. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation. <https://aao.org>. Published September 12, 2020.
4. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Conjunctivitis. <https://aao.org>. Published September 22, 2023.
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Change Summary

01/01/2025 New Policy.

08/05/2025 Annual Review, Coverage Change. Title Change. Updated Coding Information