SUBJECT: Upper Eyelid Blepharoplasty and Blepharoptosis Repair

The Centers for Medicare & Medicaid Services (CMS) payment policy does not allow separate payment for a blepharoplasty procedure (CPT codes 15822, 15823) in addition to a blepharoptosis procedure (CPT codes 67901-67908) on the upper eyelid on the same side of the body. Any removal of upper eyelid skin in the context of an upper eyelid blepharoptosis surgery is considered a part of the blepharoptosis surgery. A blepharoplasty cannot be billed to Medicare and the patient cannot be separately charged for a cosmetic procedure regardless of the amount of upper eyelid skin that is removed on a patient receiving a blepharoptosis repair because removal of (any amount) of upper eyelid skin is part of the blepharoptosis repair. In addition, the following are not permitted:

- operating on the left and right eyes on different days when the standard of care is bilateral eyelid surgery;
- charging the patient an additional amount for a cosmetic blepharoplasty when a blepharoptosis repair is performed;
- charging the patient an additional amount for removing orbital fat when a blepharoplasty or a blepharoptosis repairs performed;
- billing for a blepharoplasty performed on a different date of service than the blepharoptosis procedure for the purpose of unbundling the blepharoplasty or charging the patient for a cosmetic surgery;
- billing for blepharoplasty as a staged procedure, either by one or more surgeons (note that under certain circumstances a blepharoptosis procedure could be a staged procedure);
- billing for two procedures when two surgeons divide the work of a blepharoplasty performed with a blepharoptosis repair;
- reporting modifier “-59” (distinct procedural service) to unbundle the blepharoplasty from the ptosis repair on the claim form;
- treating medically necessary surgery as cosmetic for the purpose of charging the patient for a cosmetic surgery; and
• using an Advance Beneficiary Notice of Noncoverage (ABN) for a service that would be bundled into another service if billed to Medicare.

In the rare event that a blepharoplasty is performed on one eye and a blepharoptosis repair is performed on the other eye, the services must each be billed with the appropriate RT or LT modifier.