

Medicare does not cover cosmetic surgery or expenses incurred in connection with such surgery. This exclusion does not apply to surgery in connection with the treatment of an accidental injury or for the improvement of the functioning of a malformed body member. (CMS Publication 100-2, chapter 16, section 120, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>)

Any procedure(s) involving blepharoplasty and billed to this contractor MUST be supported by documented patient complaints which justify functional surgery.

This documentation must address the signs and symptoms commonly found in association with ptosis, pseudoptosis, blepharochalasis and/or dermatochalasis.

These include, but are not limited to:

- Significant interference with vision or superior or lateral visual field (i.e., difficulty seeing objects approaching from the periphery)
- Difficulty reading due to superior visual field loss
- Looking through the eyelashes or seeing the upper eyelid skin

Visual Field Testing

- Demonstrate a significant loss of superior visual field and potential correction of the visual field by the proposed procedure(s).
- A minimum 12 degree OR 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures is required.
- Testing of eye(s) both at rest and with lid elevation (taped, manually retracted)
- When planned procedure is for ptosis or the ptosis is concurrent with dermatochalasis; the visual field study should be repeated with the true eyelid taped, so the eyelid margin assumes the correct anatomic position
- Include Patient name, date of testing and eye(s) tested
- When both eyes are tested the test MUST clearly distinguish right (OD) from left (OS)

Visual field studies are not required when the indication for surgery is entropion or extropion.

Documentation

Documentation of Medical Necessity should include but is not limited to:

- Signed Office Visit Record
 - The subjective complaints of the patient must be well documented in the medical record and should support functional impairment of the eyelid (i.e. difficulty with peripheral vision, patient must lift eyelids to read, patient must look through lashes, etc)
- Signed Operative Report

Additional Information

In cases of induction of visually compromising dermatochalasis by ptosis repair in patient having large dehiscence of the levator aponeurosis documentation must demonstrate:

- Dehiscence of the levator aponeurosis; and
- An operative note indicating the skin excess after the ptosis has been repaired and blepharoplasty is necessary

Please note that ALL services ordered or rendered to Medicare beneficiaries MUST be signed. Signatures may be handwritten or electronically signed; exceptions for stamped signatures are described in MLN Matters article MM8219 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8219.pdf>). You should NOT add late signatures to a medical record but instead make use of the signature authentication process outlined in MLN Matters article MM6698 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf>). A sample attestation statement (http://www.cgsmedicare.com/kyb/claims/cert/Attestation_form.pdf) is available on the CGS website. Guidelines regarding signature requirements are located in CMS Publication 100-8, chapter 3, section 3.3.2.4 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>).

References:

- LCD L33944 – Blepharoplasty: <http://www.cgsmedicare.com/partb/medicalpolicy/index.html>
- CMS Publication 100-02, chapter 16, sections 20.2.1, 120: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLSort=0&DLSortDir=ascending>
- CMS Publication 100-08, chapter 3, section 3.4.1.1: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLSort=0&DLSortDir=ascending>



This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services billed to Medicare must meet Medical Necessity. The definition of “medically necessary” for Medicare purposes is located in Section 1862(a)(1)(A) of the Social Security Act – Medical necessity (http://www.ssa.gov/OP_Home/ssact/title18/1862.htm).

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