

## **Coding Clarification: Blepharoptosis Repairs and Blepharoplasty**

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In the September 2000 issue of CPT® Assistant, the article “Coding Communication: Blepharoptosis and Blepharoplasty Repairs” defines the use of surgical clamps as the differentiating factor between codes 67903 and 67908. This revised article provides further clarification between blepharoptosis repairs and blepharoplasty, in addition to clarifications in the code family (67901-67904, 67906, 67908) based on the specific anatomical structures involved and the techniques used.

Although a blepharoptosis repair and blepharoplasty are nearly identical and both are performed on the eyelids, they are different surgical procedures.

### **Eyelids**

#### **Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)**

- |              |  |
|--------------|--|
| <b>67901</b> | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) |
| <b>67902</b> | frontalis muscle technique with autologous fascial sling (includes obtaining fascia)                   |
| <b>67903</b> | (tarso) levator resection or advancement, internal approach  |

- 67904** (tarso) levator resection or advancement, external approach
- 67906** superior rectus technique with fascial sling (includes obtaining fascia)
- 67908** conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)

### **Blepharoplasty**

An upper lid blepharoplasty is a procedure in which excess, redundant skin is removed from the upper eyelid, and the two skin edges are sutured together. Blepharoplasty often includes the removal of orbital fat and excess skin. This skin fold may mechanically pull the eyelid downward, causing it to droop and obscure the superior portion of the visual field. Often, the removal of this skin fold resolves any eyelid-drooping. An upper lid blepharoplasty is reported using code 15823, Blepharoplasty, upper eyelid; with excessive skin weighting down lid.

### **Blepharoptosis Repairs**

A blepharoptosis repair is a procedure that is performed to repair ptosis (drooping eyelid) and is reported using the appropriate blepharoptosis repair code (67901-67904, 67906, 67908) based on the specific anatomical structures involved and the techniques used. If ptosis of the upper eyelid is the main problem, this repair requires surgery on the underlying muscles, not on the skin of the eyelid as in blepharoplasty. The most common procedures for adult patients involve shortening the levator palpebrae superioris muscle of the eyelid (67903, 67904, 67908) by resectioning a portion of the levator muscle or advancing the levator muscle from an abnormally recessed position to the normal anatomical position on the tarsus of the upper eyelid. Both techniques fulfill the goal of effectively strengthening the muscle and elevating the eyelid. Additional methods of a blepharoptosis repair involve frontalis muscle or superior rectus techniques and may incorporate a fascial sling (67901, 67902, 67906).

### **Blepharoplasty vs Blepharoptosis Repairs**

The fundamental difference between blepharoplasty and blepharoptosis repairs is that blepharoplasty involves surgery on the skin of the upper eyelid and the orbital fat, and a blepharoptosis repair involves surgery on muscles. Typically, a blepharoptosis repair involves shortening the levator muscle or other various techniques involving the frontalis or superior rectus muscles. These procedures are often performed independently; however, both procedures may be performed simultaneously on the same eyelid when medically indicated. This scenario occurs when there is redundant skin on the upper eyelid and the levator muscle cannot elevate the eyelid to the normal position. When these two procedures are performed on the same upper eyelid, it would be appropriate to report both procedures to accurately describe the work performed. Modifier 51, Multiple Procedures, may be appended to the second code listed.

The CPT code set has long recognized several distinctions in the surgical approach to a blepharoptosis repair (67901-67904, 67906, 67908), which enables a more accurate description of the procedure performed by the surgeon. The most common procedure for adult patients is a levator shortening from an external or skin approach, which would be reported with code 67904. Note that the CPT code set does not differentiate between a shortening performed by resection from that performed by an advancement, which is evidenced in the code descriptor. Instead, the code descriptor describes an external approach through a skin incision to reach the levator muscle or aponeurosis in the upper eyelid, followed by the strengthening procedure of the levator muscle.

A similar surgery on the levator muscle may be performed from the back of the eyelid through the conjunctiva. This internal approach from the back surface of the eyelid is described in code 67903. Typically, all the posterior structures of the eyelid, including the levator tissues (muscle and aponeurosis), which are advanced and/or resected, are part of the surgery. A surgical clamp is often used during this procedure.

The other internal surgical approach on the eyelid is described in code 67908 in which the surgeon uses an excision or shortening of eyelid tissues to elevate the eyelid. In this procedure, the levator complex is not resected; instead, it is supported through the shortened tissues when the lid is elevated, creating a tissue repair much like a resection. A surgical clamp is often used during this procedure as well.

For a summary of the key differences among the different blepharoptosis repairs and their associated CPT codes, see Table 1.

### **Table 1. Blepharoptosis Repairs and Associated CPT Codes**

<b>CPT Code</b>	<b>Primary Muscle/Technique</b>	<b>Noted Approach</b>	<b>Fascial Sling Noted?</b>
67901	Frontalis muscle technique with suture/other material		
67902	Frontalis muscle technique		Yes (includes obtaining fascia)
67903	Levator resection/advancement	Internal	
67904	Levator resection/advancement	External	
67906	Superior rectus technique		Yes (includes obtaining fascia)
67908	Conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)		