



<b>POLICY TITLE</b>	<b>Epilation of Lashes</b>		
<b>CATEGORY</b>	Medical Optometry	<b>POLICY ID NUMBER</b>	120_v2_NYS_HF
<b>ORIGINAL EFFECTIVE DATE</b>	01/01/2024	<b>LAST REVIEW DATE</b>	10/15/2024
<b>LAST APPROVAL DATE</b>	11/2024	<b>LAST REVISION DATE</b>	10/15/2024
<b>EXCLUSIONS</b>	<b>Applicable to New York State only.</b>		
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**Applicable Codes:**

**67820** – Correction of Trichiasis; Epilation, by forceps only (LT, RT Modifiers apply)

**1 Indication and Limitations<sup>1</sup>**

**1.1 Medical Necessity**

**1.1.1** Comprehensive eye examination must be performed and submitted including

- 1.1.1.1** Medical history and symptoms supporting treatment (e.g., redness, irritation, excessive tearing, photophobia)
- 1.1.1.2** Physical exam findings, including location of deviated or abnormal eyelashes
- 1.1.1.3** Specific conservative treatments tried, duration of trial, and outcome

**1.2 Additional Requirements**

**1.2.1** Procedure notes

- 1.2.1.1** Must include use of slit lamp and forceps for removal.
- 1.2.1.2** Must include post-procedure care instructions.
- 1.2.1.3** Must include follow-up plan.

<sup>1</sup> Provider attests at time of request submission that provider signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

### 1.3 Utilization Guidelines

- 1.3.1 Request for repeat service on any unique member submitted earlier than 8 weeks from time of previous approval will be denied.
- 1.3.2 Each service will require new prior authorization request submission for full medical review.
- 1.3.3 67820 should not be billed with correlating E&M code when it is the chief complaint and sole reason for visit and treatment
- 1.3.4 Repeat requests for unique member may be subject to quality & peer review.
- 1.3.5 The unit of service is the eye, not the eyelid.

## 2 Supporting Diagnoses

H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.003	Unspecified entropion of right eye, unspecified eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.006	Unspecified entropion of left eye, unspecified eyelid
H02.009	Unspecified entropion of unspecified eye, unspecified eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.013	Cicatricial entropion of right eye, unspecified eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.016	Cicatricial entropion of left eye, unspecified eyelid
H02.019	Cicatricial entropion of unspecified eye, unspecified eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.033	Senile entropion of right eye, unspecified eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.036	Senile entropion of left eye, unspecified eyelid
H02.039	Senile entropion of unspecified eye, unspecified eyelid
H02.051	Trichiasis without entropion right upper eyelid
H02.052	Trichiasis without entropion right lower eyelid
H02.053	Trichiasis without entropion right eye, unspecified eyelid
H02.054	Trichiasis without entropion left upper eyelid
H02.055	Trichiasis without entropion left lower eyelid

H02.056	Trichiasis without entropion left eye, unspecified eyelid
H02.059	Trichiasis without entropion unspecified eye, unspecified eyelid
H02.861	Hypertrichosis of right upper eyelid
H02.862	Hypertrichosis of right lower eyelid
H02.863	Hypertrichosis of right eye, unspecified eyelid
H02.864	Hypertrichosis of left upper eyelid
H02.865	Hypertrichosis of left lower eyelid
H02.866	Hypertrichosis of left eye, unspecified eyelid
H02.869	Hypertrichosis of unspecified eye, unspecified eyelid
H02.89	Other specified disorders of eyelid
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H57.10	Ocular pain, unspecified eye
H57.11	Ocular pain, right eye
H57.12	Ocular pain, left eye
H57.13	Ocular pain, bilateral
Q10.3	Other congenital malformations of eyelid

## References<sup>2</sup>

Medicare NCCI 2023 Coding Policy Manual

New York State Medicaid Program, Vision Care Procedure Codes. April 2023.

Review of Optometry, Minor Procedures, Major Rules. April 15, 2020.

American Academy of Ophthalmology, Frequency for Epilation. August 21, 2018

## Review and Approval Change Log

AUG 2022	Medical Surgical base criterion drafted
JUL 2023	Revised scope limited to NYS medical surgical prior authorization requirement.
NOV 2023	Approved by HealthFirst Medical Team
JAN 2024	Reviewed, no edits, effected
OCT 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 per AAPC
NOV 2024	Approved by HealthFirst Medical Team

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<sup>2</sup> Retrieved electronically July 2023