

Clinical Policy: Adjacent Tissue Transfer / Grafts involving Eyelid

Reference Number: CP.VP.01

Last Review Date: 08/2025

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description:

Adjacent tissue transfer/grafts involves transferring or rearranging adjacent tissue or performing a full thickness graft to repair traumatic or surgical wounds on the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet nose, ears, eyelids and/or lips. This policy describes the medical necessity requirements for adjacent tissue transfers or grafts involving the eyelids.

Policy/Criteria

- I. It is the policy of health plans associated with Centene Corporation[®] (Centene) and Envolve Vision, Inc.[®] (Envolve) that adjacent tissue transfer and full thickness grafts are **medically necessary** for the following indications:
 - A. Ectropion (out-turning of the eyelid) presenting with keratoconjunctivopathy, infection, dermatitis, or other related symptoms. Tearing is a common presentation, whether the punctum is everted (resulting in a tear outflow problem) or not (as in reflex tearing from irritation and exposure keratoconjunctivopathy). Combined-mechanism tearing is not unusual in these cases.
 - B. Entropion (in-turning of the eyelid) presenting with an irritated eye with foreign-body sensation caused by inwardly rotated eyelashes and eyelid skin. The eye is red from keratoconjunctivopathy.

Background:

Entropion is a condition in which the eyelid margin turns inwards against the globe. It is divided into following categories: congenital and acquired, which may be involuntal or cicatricial. Ectropion is a malposition in which the lid falls away or is pulled away from its normal apposition to the globe. The condition is classified as congenital and acquired, which is divided into following categories: involuntal, cicatricial, paralytic, and mechanical. Therefore, there are some common anatomic changes for both entropion and ectropion as well as specific changes that are unique to each eyelid malposition. Typically, instability of the eyelid is caused by either horizontal laxity or disinsertion or attenuation of the lower eyelid retractors to the inferior tarsal border, so surgical procedures should be directed at correcting the horizontal and vertical instability of the lid. Most involuntal ectropion/entropion repairs may be accomplished with horizontal lid shortening/full thickness wedge resection/lateral canthoplasty repairs (CPT 67917 or 67924).

Full thickness skin grafts are a viable option for the majority of patients with cicatricial lower eyelid ectropion, showing strong graft viability, improvement in the degree of ectropion, a decrease in dependence on topical lubricants and improvement of ocular surface damage and symptoms

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT® Codes | Description |
|-------------------|--|
| 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and / or feet; defect 10 sq. cm or less |
| 14041 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm |
| 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less |
| 14061 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm |
| 15260 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq. cm or less |
| 15261 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure) |
| 67917 | Repair of ectropion, extensive (e.g., tarsal strip operations) |
| 67924 | Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation) |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

| ICD-10-CM Code | Description |
|-----------------------|---|
| G51.0 | Bell's palsy |
| H02.001 | Unspecified entropion of right upper eyelid |
| H02.002 | Unspecified entropion of right lower eyelid |
| H02.004 | Unspecified entropion of left upper eyelid |
| H02.005 | Unspecified entropion of left lower eyelid |
| H02.011 | Cicatricial entropion of right upper eyelid |
| H02.012 | Cicatricial entropion of right lower eyelid |
| H02.014 | Cicatricial entropion of left upper eyelid |
| H02.015 | Cicatricial entropion of left lower eyelid |
| H02.021 | Mechanical entropion of right upper eyelid |
| H02.022 | Mechanical entropion of right lower eyelid |
| H02.024 | Mechanical entropion of left upper eyelid |
| H02.025 | Mechanical entropion of left lower eyelid |

| ICD-10-CM Code | Description |
|-----------------------|---|
| H02.031 | Senile entropion of right upper eyelid |
| H02.032 | Senile entropion of right lower eyelid |
| H02.034 | Senile entropion of left upper eyelid |
| H02.035 | Senile entropion of left lower eyelid |
| H02.041 | Spastic entropion of right upper eyelid |
| H02.042 | Spastic entropion of right lower eyelid |
| H02.044 | Spastic entropion of left upper eyelid |
| H02.045 | Spastic entropion of left lower eyelid |
| H02.101 | Unspecified ectropion of right upper eyelid |
| H02.102 | Unspecified ectropion of right lower eyelid |
| H02.104 | Unspecified ectropion of left upper eyelid |
| H02.105 | Unspecified ectropion of left lower eyelid |
| H02.111 | Cicatricial ectropion of right upper eyelid |
| H02.112 | Cicatricial ectropion of right lower eyelid |
| H02.114 | Cicatricial ectropion of left upper eyelid |
| H02.115 | Cicatricial ectropion of left lower eyelid |
| H02.121 | Mechanical ectropion of right upper eyelid |
| H02.122 | Mechanical ectropion of right lower eyelid |
| H02.124 | Mechanical ectropion of left upper eyelid |
| H02.125 | Mechanical ectropion of left lower eyelid |
| H02.131 | Senile ectropion of right upper eyelid |
| H02.132 | Senile ectropion of right lower eyelid |
| H02.134 | Senile ectropion of left upper eyelid |
| H02.135 | Senile ectropion of left lower eyelid |
| H02.141 | Spastic ectropion of right upper eyelid |
| H02.142 | Spastic ectropion of right lower eyelid |
| H02.144 | Spastic ectropion of left upper eyelid |
| H02.145 | Spastic ectropion of left lower eyelid |
| H02.151 | Paralytic ectropion of right upper eyelid |
| H02.152 | Paralytic ectropion of right lower eyelid |
| H02.154 | Paralytic ectropion of left upper eyelid |
| H02.155 | Paralytic ectropion of left lower eyelid |
| H02.201 | Unspecified lagophthalmos right upper eyelid |
| H02.202 | Unspecified lagophthalmos right lower eyelid |
| H02.204 | Unspecified lagophthalmos left upper eyelid |
| H02.205 | Unspecified lagophthalmos left lower eyelid |
| H02.20A | Unspecified lagophthalmos right eye, upper and lower eyelids |
| H02.20B | Unspecified lagophthalmos left eye, upper and lower eyelids |
| H02.20C | Unspecified lagophthalmos, bilateral, upper and lower eyelids |
| H02.211 | Cicatricial lagophthalmos right upper eyelid |
| H02.212 | Cicatricial lagophthalmos right lower eyelid |
| H02.214 | Cicatricial lagophthalmos left upper eyelid |
| H02.215 | Cicatricial lagophthalmos left lower eyelid |

| ICD-10-CM Code | Description |
|----------------|---|
| H02.21A | Cicatricial lagophthalmos right eye, upper and lower eyelids |
| H02.21B | Cicatricial lagophthalmos left eye, upper and lower eyelids |
| H02.21C | Cicatricial lagophthalmos, bilateral, upper and lower eyelids |
| H02.221 | Mechanical lagophthalmos right upper eyelid |
| H02.222 | Mechanical lagophthalmos right lower eyelid |
| H02.224 | Mechanical lagophthalmos left upper eyelid |
| H02.225 | Mechanical lagophthalmos left lower eyelid |
| H02.22A | Mechanical lagophthalmos right eye, upper and lower eyelids |
| H02.22B | Mechanical lagophthalmos left eye, upper and lower eyelids |
| H02.22C | Mechanical lagophthalmos, bilateral, upper and lower eyelids |
| H02.231 | Paralytic lagophthalmos right upper eyelid |
| H02.232 | Paralytic lagophthalmos right lower eyelid |
| H02.234 | Paralytic lagophthalmos left upper eyelid |
| H02.235 | Paralytic lagophthalmos left lower eyelid |
| H02.23A | Paralytic lagophthalmos right eye, upper and lower eyelids |
| H02.23B | Paralytic lagophthalmos left eye, upper and lower eyelids |
| H02.23C | Paralytic lagophthalmos, bilateral, upper and lower eyelids |
| H05.331 | Deformity of right orbit due to trauma or surgery |
| H05.332 | Deformity of left orbit due to trauma or surgery |
| H05.333 | Deformity of bilateral orbits due to trauma or surgery |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---------|---------------|
| Annual Review | 12/2019 | 12/2019 |
| Converted to new template | 04/2020 | 06/2020 |
| Annual Review; Revised background; Updated references | 12/2020 | 12/2020 |
| Annual Review | 12/2021 | 01/2022 |
| Annual Review | 11/2022 | 12/2022 |
| Annual Review | 11/2023 | 12/2023 |
| Annual Review | 11/2024 | 12/2024 |
| Annual Review | 08/2025 | 10/2025 |

References

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2. Burroughs JR, Soparkar CN, Patrinely JR. Rotation mattress suture: a powerful adjunct for ectropion correction. *Ophthal Plast Reconstr Surg*. 2003 Sep. 19(5):404-6. [Medline].
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4. Kim HJ, Hayek B, Nasser Q, Esmali B. Viability of full-thickness skin grafts used for correction of cicatricial ectropion of lower eyelid in previously irradiated field in the periocular region. *Head Neck*. 2013;35(1):103-108.

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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