

Clinical Policy: Ectropion and Entropion Repair

Reference Number: CP.VP.25

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

Ectropion and entropion surgical procedures are performed to correct malposition of the eyelid and alleviate associated symptoms. This policy describes the medical necessity guidelines for ectropion and entropion repair.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation[®] (Centene) and Envolve Vision, Inc.[®] (Envolve) that ectropion or entropion repair is **medically necessary** for the following indications:
- A. Symptomatic inferior scleral show;
 - B. Symptomatic keratitis;
 - C. Trichiasis;
 - D. Cicatricial lid malposition;
 - E. Positive lower lid retraction sign;
 - F. Obvious ectropion with mucous member exposure and mucocutaneous junction dysplasia; or
 - G. Persistent symptomatic epiphora with lid laxity despite normal irrigation and a clinical trial topical agents.

Background

Ectropion and entropion are common maladies of the eyelid margin that can directly affect ocular function and patient comfort; surgical repair is commonly performed. An ectropion is a turning out of the lower eyelid margin. An entropion is a turning in of the lower eyelid margin. Patients with severe eyelid displacement may need surgical repair including graft tissue or adjacent tissue transfer, see clinical policy *CP.VP.01 Adjacent Tissue Transfer Grafts Involving Eyelid*.

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
21280	Medical canthopexy (separate procedure)
21282	Lateral canthopexy

CPT® Codes	Description
67914	Repair of ectropion, suture
67915	Repair ectropion, thermocauterization
67916	Repair ectropion, excision tarsal wedge
67917	Repair of ectropion, extensive (e.g. tarsal strip operations)
67921	Repair of entropion, suture
67922	Repair of entropion, thermocauterization
67923	Repair of entropion, excision tarsal wedge
67924	Repair of entropion, extensive (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
H02.011	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
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
H02.111	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

ICD-10-CM Code	Description
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
H02.211	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
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
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Annual Review	12/2020	12/2020
Annual Review	12/2021	01/2022
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Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	08/2025	10/2025

References

1. Christopher Lo, MD, and Ioannis Glavas, MD, FACS, Diagnosis and Management of Involutional Entropion, EyeNet Magazine, February 2016.
2. Bartley R. Frueh, MD, MD Bartley R. Frueh, L.D. Schoengarth, MD, Evaluation and Treatment of the Patient with Ectropion, American Academy of Ophthalmology, September 1982, Volume 89, Issue 9, Pages 1049–1054.

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.

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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.

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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 <https://www.cms.gov> for additional information.

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