

Blepharoplasty and Brow Ptosis Repair

Effective: May 1, 2019

Next Review: May 2020

Last Review: April 2019

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Blepharoplasty is a surgical procedure performed on the upper and/or lower eyelids to remove or repair excess tissue that obstructs the field of vision. These procedures may also be performed for cosmetic purposes in the absence of visual field obstruction.

MEDICAL POLICY CRITERIA

Note: Blepharoplasty CPT codes and policy criteria do not apply to eyelid retraction.

- I. Blepharoplasty may be considered **medically necessary** when either of the following criteria (A. or B.) is met:
 - A. Trichiasis, ectropion or entropion for an affected upper or lower lid when documented by lateral and full face photographs clearly showing the affected lid(s); or
 - B. Anophthalmia when there is clinical documentation that the upper eyelid position interferes with the fit of a prosthesis in the socket.
- II. Unilateral or bilateral upper lid blepharoplasty or levator resection may be considered **medically necessary** for reconstructive purposes when all of the following criteria are met:

- A. Any related disease process, such as myasthenia gravis or a thyroid condition, is documented as stable; and
 - B. Documentation of clinically decreased vision with functional impairment due to visual field loss; and
 - C. Prior to manual elevation of redundant upper eyelid skin (taping), the superior visual field, in at least one eye is less than or equal to 20 degrees. Examinations may be either automated or hand drawn, but need to clearly document specific visual points seen; and
 - D. With taping of the eyelids, in at least one eye, superior visual fields improve by at least 12 degrees or 24%; and
 - E. Frontal and lateral facial photographs (see Policy Guidelines) demonstrate visual field limitation consistent with the visual field examination.
- III. Brow ptosis repair including open and endoscopic procedures may be considered **medically necessary** for reconstructive purposes when at least one eye meets the blepharoplasty Criterion I. or II above AND photographs demonstrate the eyebrow is below the supraorbital rim.
- IV. Surgical session
- A. One surgical session for either unilateral or bilateral blepharoplasty and/or brow ptosis may be **medically necessary**, when criteria I. II. and/or III. are met.
 - B. Surgical session(s) in excess of one, for unilateral or bilateral blepharoplasty and/or brow ptosis is considered **not medically necessary**.
- V. Unilateral or bilateral upper lid blepharoplasty, levator resection and brow ptosis repair is considered **not medically necessary** when the Criteria in I., or II., or III above are not met.
- VI. Blepharoplasty of the lower lids for excessive skin is considered **not medically necessary**.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine whether the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

Trichiasis, ectropion or entropion

- Any congenital or anatomical issue causing issues with vision
- Lateral and full face photographs

Anophthalmia

- Clinical documentation that the upper eyelid position interferes with the fit of a prosthesis in the socket

Blepharoplasty for all other reasons

- Any disease process that can affect vision (e.g. myasthenia gravis or thyroid condition) or documentation to support absence of such disease process
- Clinical documentation of functional impairment due to vision loss
- Clinical documentation of visual fields and examinations (both taped and untaped) documenting specific visual points seen and proof that taping improves vision enough to meet criteria guidelines
- Clear direct frontal and lateral photographs in the pupillary plane that are consistent with the above visual fields and examinations
- Clinical documentation that surgical repair will be completed in one session (surgery)
- Clinical documentation to support the procedure is for the upper lid only

Brow Ptosis

- Photographs demonstrate the eyebrow is below the supraorbital rim

CROSS REFERENCES

1. [Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12

BACKGROUND

Functional visual impairment occurs when excess upper eyelid tissue overhangs the upper eyelid margin and results in significant superior visual field obstruction. Visual field studies are used to determine the degree of obstruction. Visual field studies should be measured both with and without elevation of the excess tissue to determine the extent of visual field defect at rest and the amount of improvement that may be obtained from blepharoplasty.

Cahill (2011) published a report by the American Academy of Ophthalmology, on functional indications for upper eyelid ptosis and blepharoplasty surgery.^[1] Thirteen studies were included. The authors stated that there are certain indicators that predict surgery outcomes, including margin reflex distance of 1 (MRD(1)) of 2mm or less and superior visual field loss of at least 12 degrees or 24%.

REFERENCES

1. Cahill, KV, Bradley, EA, Meyer, DR, et al. Functional indications for upper eyelid ptosis and blepharoplasty surgery: a report by the American Academy of Ophthalmology. *Ophthalmology*. 2011 Dec;118(12):2510-7. PMID: 22019388

CODES

Codes	Number	Description
CPT	15820	Blepharoplasty, lower eyelid;
	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
	15822	Blepharoplasty, upper eyelid;
	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

Codes	Number	Description
	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
	67909	Reduction of overcorrection of ptosis
	67999	Unlisted procedure, eyelids
	67911	Correction of lid retraction
	67916	Repair of ectropion; excision tarsal wedge
	67917	Repair of ectropion; extensive (eg, tarsal strip operations)
	67923	Repair of entropion; excision tarsal wedge
	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
	67950	Canthoplasty (reconstruction of canthus)
HCPCS	None	

Date of Origin: August 2018