

# Regence

Medical Policy Manual

Surgery, Policy No. 12.05

## ***Blepharoplasty, Repair of Blepharoptosis, and Brow Ptosis Repair***

**Effective:** September 1, 2024

**Next Review:** May 2025

**Last Review:** July 2024

### **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. Blepharoptosis repair involves repair of drooping of the eyelid and can include shortening or advancement of the elevator muscle of the eyelid. 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. One surgical session for either unilateral or bilateral blepharoplasty, repair of blepharoptosis, and/or brow ptosis repair may be considered **medically necessary** when one or more of the following Criteria is met.
  - A. Blepharoplasty and repair of blepharoptosis may be considered **medically necessary** when one or more of the following Criteria (1. or 2.) is met:

1. 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
  2. Anophthalmia when there is clinical documentation that the upper eyelid position interferes with the fit of a prosthesis in the socket.
- B. Unilateral or bilateral upper lid blepharoplasty or repair of blepharoptosis may be considered **medically necessary** for reconstructive purposes when all of the following Criteria (1.- 4.) are met:
1. Documentation of clinically decreased vision with functional impairment due to visual field loss; and
  2. 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 multiple (including central axis) specific visual points not seen; and
  3. With taping of the eyelids, in at least one eye, superior visual fields improve by at least 12 degrees; and
  4. Photographs taken in the pupillary plane with a primary gaze (looking straight ahead) that demonstrate pupillary obstruction in at least one eye.
- C. Brow ptosis repair including open and endoscopic procedures may be considered medically necessary for reconstructive purposes when both of the following Criteria (1. and 2.) are met:
1. At least one eye meets either Criterion I.A. or I.B. above; and
  2. Frontal and lateral facial photographs demonstrate the eyebrow is below the supraorbital rim.
- II. Surgical session(s) in excess of one, for unilateral or bilateral blepharoplasty, repair of blepharoptosis, and/or brow ptosis repair is considered **not medically necessary**.
- III. Unilateral or bilateral upper lid blepharoplasty, repair of blepharoptosis, and brow ptosis repair is considered **not medically necessary** in either of the following scenarios:
- A. Criterion I. above is not met; or
  - B. There is documentation of unstable related disease process, such as myasthenia gravis or a thyroid condition.
- IV. Blepharoplasty of the lower lids for excessive skin is considered **not medically necessary**.

## 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 field testing and examinations including 0-20 degrees as well as above 20 degrees, documenting:
  - Points of vision seen and not seen (optimal), or points not seen as long as clearly identified and including points on the central axis., and
  - Proof that taping improves vision enough to meet criteria guidelines
- Clear direct frontal and lateral photographs in the pupillary plane with gaze in the primary position (looking straight ahead) 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 (VFs) are used to determine the degree of obstruction. VFs 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. VFs with points of vision seen and not seen is optimal; however, the plan will accept VFs with only points not seen as long as clearly identified and must include points on the central axis.

Cahill (2011) published a report by the American Academy of Ophthalmology, on functional indications for upper eyelid ptosis and blepharoplasty surgery.<sup>[1]</sup> 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;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)
	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
HCPCS	None	

*Date of Origin:* August 2018