Medical Coverage Policy

Blue Cross Blue Shield of Rhode Island

Blepharoplasty-PREAUTH

☐ Device/Equipment ☐ Drug ☐ Medical ☒ Surgery ☐ Test ☐ Other

Effective Date:	10/6/2009	Policy Last Updated:	12/4/2012

☒ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☐ **Prospective review is not required.**

Description:
Upper blepharoplasty is a surgical procedure performed on the upper eyelid to remove or repair excess tissue that obstructs the field of vision. Upper blepharoplasty is considered functional when the amount of redundant tissue sufficiently overhangs the upper eyelid margin to produce functional complaints related to visual field impairment, whether in primary or down (reading) gaze.[1]

Eyelid ptosis is the drooping of the eyelid margin. Blepharoptosis (ptosis) repair is a surgical procedure performed to elevate the upper eyelid margin in patients with congenital or acquired ptosis. Ptosis repair is considered functional when the condition is sufficiently severe to produce functional complaints related to visual field impairment, whether in primary or down (reading) gaze. [2]

Repair of **brow ptosis** is done to tighten the muscular structures supporting the eyebrow. The surgery is performed through a supra-brow incision over the affected eye.

These procedures may also be performed for cosmetic purposes in the absence of visual field obstruction.

Medical Criteria:
The conditions listed below (trichiasis, ectropion, entropion) do not require medical review and preauthorization as they are covered services.

Blepharoplasty for the following diagnoses may be considered medically necessary for an affected upper or lower lid without meeting visual loss criteria:

- Trichiasis (inversion of the eyelashes)
- Ectropion (eyelid turned outward)
- Entropion (eyelid turned inward)

In the absence of one of the conditions listed above, blepharoplasty or levator resection may be considered medically necessary for reconstructive purposes when medical necessity criteria are met.

The procedures described below require medical review and preauthoization.

Upper Blepharoplasty:

A. Upper blepharoplasty is functionally necessary in patients with significant deformity related to trauma, Grave's disease, floppy eyelid syndrome, blepharitis, and developmental anomalies.

B. Except in children and patients with neurological or physical impairment that impedes the ability to perform a visual field, documentation for visually necessary functional upper blepharoplasty should include:

1. The patient's subjective complaint of interference with vision or visual field-related activities.
2. The physical findings and diminished superior visual field should meet the following criteria to substantiate the patients symptoms are attributable to dermatochalasis or blepharochalasis:
    a. There is redundant skin overhanging the upper eyelid margin when the patient is looking in primary gaze. **AND**
    b. Measurement of the resting central superior visual field shows either:
        I. Obstruction below 30 degrees from fixation. **OR**
        II. A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the redundant skin.[1]

Ptosis Repair:

A. Ptosis repair should be considered functionally necessary in patients with anophthalmos in whom other methods of elevating the lid, such as prosthetic augmentation, are impractical or likely to result in additional morbidity.

B. Except in children and patients with neurological or physical impairment that impedes the ability to perform a visual field, documentation for visually necessary functional ptosis repair should include:

1. The patient’s subjective complaint of interference with vision or visual field-related activities.
2. Objective measurement of a reduced margin reflex distance and diminished superior visual field meeting the following criteria:
    a. The margin reflex distance between the pupillary light reflex and the inferior edge of the eyelid margin should be less than or equal to 2.0 mm. **AND**
    b. Measurement of the resting central superior visual field shows either:
        I. Obstruction below 30 degrees from fixation. **OR**
        II. A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin.

3. Patients with unilateral functional ptosis and preoperative findings of potential contralateral ptosis based on “Hering’s Law” should be considered for bilateral surgery, reducing the need for a second sequential procedure.[2]

Blepharoplasty of the lower lids for excessive skin repair is considered cosmetic and **not medically necessary**.

Correction of brow ptosis is considered cosmetic and **not medically necessary.**

Note for BlueCHiP for Medicare members:
Blepharoplasty of the lower lids (CPT 15820-15821) may be considered for coverage with documentation supporting medical necessity (i.e., photographs demonstrating eyelid is "turned out.") For all other BCBSRI products it is considered not medically necessary.

Repair of brow ptosis or drooping brow (CPT 67900) may be considered for coverage with documentation supporting medical necessity (i.e., frontal photographs demonstrating drooping brow).

Policy:
Repair of brow ptosis or blepharoplasty of the upper lids may be considered medically necessary when the above criteria are met.

In order to determine medical necessity, the following information **may** be requested:
- Visual fields, including physician interpretation
- Letter of medical necessity regarding signs and symptoms of decreased vision
- Office records
- Lateral and full face photographs

Preauthorization is required for BlueCHiP for Medicare members and recommended for all other BCBSRI products.

Coverage:
Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for surgical and cosmetic surgery benefits/coverage.

Coding:
The following codes require preauthorization:
15820
15821
15822
15823
67900
67901
67902

67903
67904
67906
67908
67909
67911

The following codes do not require preauthorization:
67914
67915
67916
67917
67921
67922
67923
67924

This code follows the unlisted procedure process:
67999

Published:
Provider Update, Dec 2009
Provider Update, Jan 2010
Provider Update, Dec 2010
Provider Update, March 2012
Provider Update, February 2013

References:

[1] American Society of Ophthalmic Plastic and Reconstructive Surgery, "Functional Upper Blepharoplasty Position Statement,"

[2] American Society of Ophthalmic Plastic and Reconstructive Surgery, "Functional Ptosis Repair Position Statement,"

American Academy of Ophthalmology,"Ophthalmic Procedures Assessment: Functional Indications in Upper and Lower Eyelid Blepharoplasty," *Ophthalmology* Volume 102, Number 4, April, 1995, p. 693-695.

American Society of Plastic Surgeons. (1995, October). "Position paper: Blepharoplasty and eyelid reconstruction."

BlueCross BlueShield Association. Medical Policy Reference Manual. (2002, July). *Reconstructive/Cosmetic Services* (10.01.09).

Centers for Medicare and Medicaid, Local Contractor Determination for Rhode Island, "Plastic Surgery of the Eye," LCD Number L19179.

Federici, Myer and Lininger, "Correlation of the Vision-related Functional Impairment Associated with Blepharoptosis and the Impact of Blepharoptosis Surgery," *Ophthalmology,* Volume 106, Number 9, September 1999, p1705- 1712.

Meyer, Dale, Linberg, John , Powell, Stephan and Odom, J. V, "Quantifying the Superior Visual Filed Loss Associated with Ptosis," *Arch Ophthalmol* Vol 107, June 1989, p.840-843.

Review History:
12/14/2012: Annual review of the policy with no changes.
07/09/2013: Added photographs are needed for Medicare coverage of brow ptosis.

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