

EFFECTIVE DATE: 10|06|2009
POLICY LAST UPDATED: 01|21|2014

OVERVIEW

Blepharoplasty is a plastic surgery operation for correcting defects, deformities, and disfigurements of the upper and lower eyelids.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

In the absence of one of the indications listed here, blepharoplasty may be considered medically necessary for reconstructive purposes when the specified medical criteria below are met.

Blepharoplasty may be considered medically necessary for the following indications for an affected upper or lower lid without meeting visual loss criteria, but will not require prior authorization for these indications only:

- I. Trichiasis (inversion of the eyelashes)
- II. Ectropion (eyelid turned outward)
- III. Entropion (eyelid turned inward)

Blepharoplasty of the lower lids for excessive skin and correction of brow ptosis repair is considered cosmetic and non-covered.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial:

The procedures described below require medical review/preauthorization.

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 patient's 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

In order to determine medical necessity the following information **may** be requested:

- I. Visual fields, including physician interpretation
- II. Letter of medical necessity regarding signs and symptoms of decreased vision
- III. Office records
- IV. Lateral and full face photographs

BlueCHiP for Medicare only:

Blepharoplasty of the lower lids (CPT 15820-15821) will 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) will be considered for coverage with documentation supporting medical necessity (i.e., frontal photographs demonstrating drooping brow).

BACKGROUND

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. When the procedures are performed for cosmetic purposes, they are not covered.

COVERAGE

BlueCHiP for Medicare and Commercial

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

BlueCHiP for Medicare and Commercial

The following codes are covered when the above criteria has been met:

15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911

The following codes are covered without prior authorization:

67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924

RELATED POLICIES

None

PUBLISHED

Provider Update	Mar 2014
Provider Update	Feb 2013
Provider Update	Mar 2012
Provider Update	Dec 2010
Provider Update	Jan 2010
Provider Update	Dec 2009

REFERENCES

- I. American Society of Ophthalmic Plastic and Reconstructive Surgery, "Functional Upper Blepharoplasty Position Statement,"
- II. ² American Society of Ophthalmic Plastic and Reconstructive Surgery, "Functional Ptosis Repair Position Statement,"
- III. 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.
- IV. American Society of Plastic Surgeons. (1995, October). "Position paper: Blepharoplasty and eyelid reconstruction."
- V. Centers for Medicare and Medicaid, Local Contractor Determination for Rhode Island, "Plastic Surgery of the Eye," LCD Number L19179.
- VI. 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.

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