

**MVP/Preferred Care BENEFIT INTERPRETATION MANUAL**  
Blepharoplasty/Browlift/Ptosis Repair

**Type of Policy**

Surgical

**Codes**

**CPT 4 Procedure Codes:** 15822, 15823, 67900-67908, 67914-67924

**ICD 9 Diagnosis Codes:** 374.30-374.34, 374.87, 743.61, V52.2

**Evidence Basis for Policy**

**Standard of Care.** The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

**Description**

**Blepharoplasty** procedures, **ptosis repair** and **brow lift** surgery are covered benefits when performed as functional or reconstructive surgery. When these surgeries are performed to improve a member's appearance, in the absence of significant functional impairment, the procedures are considered cosmetic and are not covered benefits. The goal of functional or reconstructive surgery is to restore normalcy to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia, or developmental disorders.

- **Blepharoplasty** refers to an operation in which redundant tissues (skin, muscle or fat) are excised from the eyelid.
- **Ptosis repair** refers to surgery that corrects a droop of the upper eyelid caused by an intrinsic disturbance of the eyelid structure ("true ptosis"). The procedure usually involves reattaching a loose muscle or tendon, shortening a weak muscle or tendon or using graft material to reposition the lids. Since redundant upper eyelid tissue (dermatochalasis) and "true ptosis" often co-exist, a functional blepharoplasty may also be indicated at the time of ptosis repair.
- **Brow lift** surgery is performed to correct brow ptosis.

**Indications/Criteria**

**Pre-authorization/Prior Justification is required** and one of the following must be indicated in the submitted medical records as a functional impairment:

- interference with vision or visual field;
- difficulty reading due to upper eyelid drooping;

- head tilt or chin lift; or
- permanent weakening or paralysis of the frontalis muscle.

**Blepharoplasty** will be considered a covered benefit when performed as functional/reconstructive surgery for the following conditions when a functional impairment is documented in the submitted medical records:

- pseudoptosis, dermatochalasis and blepharoptosis causing visual impairment;
- primary essential (idiopathic) blepharospasm;
- post traumatic injuries or wounds;
- cranial nerve palsy;
- eyelid problems associated with thyroid disease; or
- prosthesis difficulties in an anophthalmic socket.

**Lower lid blepharoplasty** is considered part of a lid-tightening or lid-shortening procedure (i.e. tarsal strip/wedge resection, lateral canthal sling, suture) for the following indications:

- Entropion, where the lower lid is turned in causing the eyelashes to rub against the cornea causing severe irritation, excessive tearing, light sensitivity and pain and more conservative methods of treatment (lubrication, epilation, thermocauterization) are unsuccessful; or
- Ectropion, where the margin of the eyelid and the eyelashes turn out causing severe irritation, excessive tearing, crusting of the eyelid, and mucous discharge and more conservative methods of treatment (lubrication, taping) are unsuccessful. Most cases are the result of aging, but some cases result from scars from burns, trauma, and skin cancers.

**Ptosis repair** and coverage will be considered for the following conditions when a functional impairment is documented in the submitted medical records:

- true ptosis with or without dermatochalasis;
- congenital ptosis;
- mechanical ptosis;
- myogenic ptosis;
- paralytic ptosis; or
- post-traumatic ptosis.

**Brow lift surgery** will be considered a covered benefit when performed as functional/reconstructive surgery for the following condition when functional impairment (e.g. interference with vision or visual field, difficulty reading due to upper eyelid drooping; head tilt or chin lift):

- permanent weakening or paralysis of the frontalis muscle is documented in the medical records; or
- brow ptosis, causing the upper eyelid to interfere with vision.

Brow lift surgery requires that documentation must clearly show that visual field impairment cannot be corrected by upper lid blepharoplasty alone.

**Photographs** (slides or prints) must be submitted at the time of the request and should be frontal, canthus-to-canthus with the head perpendicular to the plane of the camera

(not tilted) and be sufficiently clear as to show a light reflex on the cornea, demonstrating one or more of the following:

- upper eyelid margin to within 2.5mm (1/4 of the diameter of the visible iris) of the corneal light reflex for at least one eye;
- upper eyelid skin rests upon the eyelashes;
- upper eyelid indicates the presence of chronic dermatitis; or
- for brow lift surgery photographs should show the eyebrow below the supraorbital rim.

If both blepharoplasty **and** ptosis repair are planned, both must be individually documented. This may require two sets of photographs showing the effect of drooping of redundant skin (and its correction by taping) and the actual presence of blepharoptosis.

**Recorded visual fields** must be submitted using either a Goldmann Perimeter (III 4-E test object) or a programmable automated perimeter (equivalent to a screening field with a single intensity strategy using a 10db stimulus) to test a superior (vertical) extent of 50-60 degrees above fixation with targets presented at a minimum of four degree vertical separation starting at 24 degrees above fixation while using no wider than a 10 degree horizontal separation. Each eye must be tested with the upper eyelid at rest and repeated with the eyelid elevated to demonstrate an expected “surgical” improvement. Visual fields recorded must demonstrate a minimum 12 degree or 30% loss of upper field vision loss with the eyelid at rest when compared to the eyelid elevated.

*\*Note: The listing provided should not be considered all-inclusive.*

### **Exclusions/Limitations**

Blepharoplasty, ptosis repair and brow lift surgery, performed as cosmetic surgery in the absence of significant signs/symptoms of functional impairment, are not covered benefits.

**Documentation** that justifies the need for functional surgery includes the following.

For **upper lid blepharoplasty, ptosis repair and brow lift surgery**, at least one of the following:

- interference with vision or visual field;
- difficulty reading due to upper eyelid drooping;
- head tilt or chin lift; or
- permanent weakening or paralysis of the frontalis muscle.

Photographs (**slides or prints**) must be submitted at the time of the request and should be frontal, canthus-to-canthus with the head perpendicular to the plane of the camera (not tilted) and be sufficiently clear as to show a light reflex on the cornea, demonstrating one or more of the following:

- **upper eyelid margin to within 2.5mm (1/4 of the diameter of the visible iris) of the corneal light reflex for at least one eye;**
- upper eyelid skin rests upon the eyelashes;
- upper eyelid indicates the presence of chronic dermatitis; or

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If both blepharoplasty **and** ptosis repair are planned, both must be individually documented. This may require two sets of photographs showing the effect of drooping of redundant skin (and its correction by taping) and the actual presence of blepharoptosis.

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**Brow lift surgery** requires that documentation must clearly show that visual field impairment cannot be corrected by upper lid blepharoplasty alone.

**Note:** For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative Policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at [www.preferredcare.org](http://www.preferredcare.org).

## **References**

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- American Academy of Ophthalmology. (1997). Ptosis.
- American Society of Ophthalmic and Plastic Reconstructive Surgery. (1995). Patient information.
- American Society of Plastic and Reconstructive Surgeons (ASPRS). (1995). Blepharoplasty and eyelid reconstruction: Recommended criteria for third-party payer coverage. Position Paper. ASPRS Socioeconomic Affairs Department, Arlington Heights, Ill.
- Bermant, M. (1999). Coronal brow lift for eyebrow ptosis.
- Carter, S. R. (1998). Eyelid disorders: Diagnosis and management. *American Family Physician*.
- Upstate Medicare Services, Part B, (1999), Blepharoplasty. Policy Number (YPF #95) (YSRG #21).
- Upstate Medicare Division, Part B, (1996). Blepharoplasty. Policy Number S-96-2 (1A, 09/11/96) *The Medicare News Brief*.

**Approval(s) & Review/Revision(s)**

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