

MVP/Preferred Care BENEFIT INTERPRETATION

Blepharoplasty/Browlift/Ptosis Repair

Type of Policy

Surgical

Codes

CPT Procedure Codes: 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67914, 67915, 67916, 67917, 67921

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 secondary to laxity of the forehead muscles.

Indications/Criteria

Blepharoplasty or upper eyelid ptosis will be covered when performed as functional/reconstructive surgery when the following criteria are met ^{[1][3][4]}.

- visual fields testing demonstrate that there is an upper visual field loss of at least 30 degrees or 50% that is corrected when the upper lid margin is elevated by taping the eyelid and pre-operative frontal photographs demonstrate 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;
- photographs (slides or prints) **and** visual field studies must be submitted at the time the request is made and should be frontal, canthus-to-canthus with the head perpendicular to the plane of the camera, not tilted;
- for blepharoplasty, the member must have a documented diagnosis of blepharochalasis, dermatochalasis or pseudoptosis with visual field deficit as noted above; and
- 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.

Blepharoplasty will be covered for conditions other than those listed above, for any of the following indications, regardless of visual field deficits ^[3] ^[4]:

- difficulty tolerating a prosthesis in an anophthalmic socket;
- epiphora (i.e. excessive tearing) due to ectropion and/or punctal eversion;
- painful blepharospasm that is refractory to medical management; or
- upper eyelid defect caused by trauma, tumor or ablative surgery.

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.

Blepharoplasty for children with congenital ptosis will be reviewed on a case-by-case basis.

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;
- brow ptosis, causing the upper eyelid to interfere with vision; or
- documentation must clearly show that visual field impairment cannot be corrected by upper lid blepharoplasty alone as demonstrated by standard and taped visual field testing.

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.

References

1. American Academy of Ophthalmology. (1995). Functional indications for upper and lower eyelid blepharoplasty. *Ophthalmology*, 102(4), 693-95.
2. American Society of Ophthalmic and Plastic Reconstructive Surgery. (1995). Patient information.
3. American Society of Plastic Surgeons (March 2007). ASPS Recommended insurance coverage criteria for third-party payers. Available on-line: www.plasticsurgery.org.
4. Bermant, M. (1999). Coronal brow lift for eyebrow ptosis.
5. Carter, S. R. (1998). Eyelid disorders: Diagnosis and management. *American Family Physician*.
6. American Society of Plastic Surgeons (March 2007), Practice parameter for blepharoplasty. Available on-line: www.plasticsurgery.org.

Approval(s) & Review/Revision(s)

Medical:

Review:

Eye Care Advisory Team: 2/5/08

Approval:

Quality Improvement Committee: 4/14/08

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