

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

Deleted: MANUAL

**Type of Policy**

Surgical

**Codes**

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

Deleted: -67908,

Deleted: 4

Deleted: 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 secondary to laxity of the forehead muscles.

Deleted: **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¶

Deleted: **Brow lift** surgery is performed to correct brow ptosis¶  
¶

Deleted: ¶  
**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.¶

**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]:

Deleted: considered a

Deleted: benefit

Deleted: for the following conditions

Deleted: a

- [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 <sup>\[3\]</sup> <sup>\[4\]</sup>:](#)

- [difficulty tolerating a prosthesis in an anophthalmic socket;](#)
- [epiphora \(i.e. excessive tearing\) due to ectropion and/or punctual 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.

**Deleted:** 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 sock

[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):

**Deleted:** 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.¶

- 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.](#)

**Deleted:** Brow lift surgery requires that

**Deleted:** ¶  
**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 { ... [1]

**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.plastic surgery.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.plastic surgery.org.](#)

**Deleted: 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 upr{ ... [2]

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

Medical:

Review:

Eye Care Advisory Team: 2/5/08

Approval:

Quality Improvement Committee: 4/14/08

Prior Approval Date: 3/13/06

Last Revision Date: 4/1/08

Origination Date: 11/98

Effective Date: 6/1/08

**Formatted:** Bullets and Numbering

**Deleted:** American Academy of Ophthalmology. (1997). Ptosis. ¶

**Deleted:** 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.

**Deleted:** 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. ¶

**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](http://www.preferredcare.org).

**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.*

**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  
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.

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