

MEDICAL POLICY		Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (All Lines of Business Except Medicare)	
Effective Date: 6/1/2020		Section: SUR	Policy No: 216
 6/1/2020		Medical Policy Committee Approved Date: 9/05; 5/07; 11/07; 11/08; 12/10 ; 10/12; 9/13; 10/14; 7/15; 9/15; 6/16; 8/16; 10/17; 12/18; 12/19; 5/2020	
Medical Officer	Date		

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Note: This policy does not address blepharoplasty, blepharoptosis, or brow lifts requested as gender affirming interventions. Please see the Policy Cross References Section below for the appropriate policy.

General Documentation Requirements (applies to all procedures unless otherwise stated)

- Clinical notes documenting:
 - Functional compromise: the patient’s complaints of visual impairment secondary to abnormal eyelid or brow position resulting in either:
 - Limitation of daily activities, **or**

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- Redundant upper eyelid skin resulting in looking through the eyelashes or seeing the upper eyelid skin.
- Visual field loss: peripheral visual field testing performed with the eyelid and brow in the resting position (un-taped) and with eyelid and brow elevation (taped).
 - Note: Visual fields are not required for children (17 years or younger) or other patients physically or mentally unable to perform visual field testing (e.g. intellectual disability, severe neurologic disease).
- Photography (color, good quality):
 - Photographs must be taken with the eyes not dilated or squinting.
 - Frontal upper face photograph, eye-level, with the gaze in primary position clearly showing the corneal light reflex.
 - Frontal photograph with the patient looking in down-gaze in cases in which the ptosis is worse in the down-gaze position.
 - Oblique and/or lateral photographs demonstrating overhanging excess skin and/or lash ptosis due to mechanical displacement by the overhanging skin fold.
 - Photograph with the brows elevated or taped up to a normal position to document the effect of brow ptosis when both eyelid ptosis repair and/or brow ptosis repair are requested.

Blepharoplasty

- I. Blepharoplasty (upper lid **or** lower lid) may be considered **medically necessary and covered** for the following conditions (Note: documentation of visual field loss not required):
 - A. Severe or recurrent corneal or conjunctival injury or irritation due to one of the following conditions (1. – 3.):
 1. Ectropion; **or**
 2. Entropion; **or**
 3. Trichiasis; **or**
 - B. Eyelid position which prohibits the placement of eye prosthesis in an anophthalmia socket.
- II. Upper lid blepharoplasty may be considered **medically necessary and covered** to repair a functional compromise due to any of the following conditions (Note: documentation of visual field loss not required) (A. – E.):
 - A. Nerve palsy; **or**
 - B. Painful and intractable blepharospasm; **or**
 - C. Periorbital sequelae of thyroid disease; **or**
 - D. Trauma; **or**
 - E. Tumor ablative surgery.

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- III. In the absence of the above conditions listed in criteria I.-II., unilateral or bilateral upper lid blepharoplasty may be considered **medically necessary and covered** when functional compromise and significant visual field loss is documented by **ALL** of the following (A. – E.):
- A. Superior peripheral visual field is less than 30 degrees* when un-taped; **and**
 - B. At least 12 degrees visual field improvement when taped; **and**
 - C. Oblique or lateral photos are needed to demonstrate redundant skin on the upper eyelids, in addition to, frontal photographs. Photographs should demonstrate visual obstruction due to one or both of the following:
 - 1. Excessive upper eyelid skin (dermatochalasis or blepharochalasis) resting on the eyelashes or over eyelid margin; **and/or**
 - 2. Upper eyelid dermatitis secondary to redundant skin; **and**
 - D. Visual field loss must correlate with photographic appearance; **and**
 - E. Documentation of functional compromise.
- IV. Blepharoplasty is considered **cosmetic and is not covered** when the above criteria (I., II. or III.) are not met or when performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Blepharoptosis Repair

- V. Unilateral or bilateral upper lid blepharoptosis repair may be considered **medically necessary and covered** to allow proper visual development in children 17 years and younger when **ALL** of the following are met (Note: documentation of visual field loss not required) (A. – C.):
- A. Child has congenital ptosis (present at birth and detected within the first year of life); **and**
 - B. Photographic evidence must demonstrate moderate to severe ptosis interfering with vision (e.g., that the skin or upper eyelid margin obstructs a portion of the pupil); **and**
 - C. The intervention is intended to relieve obstruction of central vision which, in the judgment of the treating physician, is severe enough to produce amblyopia.
- VI. Unilateral or bilateral upper lid blepharoptosis repair may be considered **medically necessary and covered** when functional compromise and significant visual field loss is documented by **ALL** of the following (A. – F.):
- A. Superior peripheral visual field is less than 30 degrees* when un-taped; **and**
 - B. A margin to reflex distance (MRD1) less than or equal to 2 mm in primary or downgaze; **and**
 - C. At least 12 degrees visual field improvement when taped; **and**

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- D. Oblique or lateral photos are needed to demonstrate abnormal eye lid position, in addition to, frontal photographs. Photographs should demonstrate visual obstruction due to ptosis encroaching upon the pupillary border.
- E. Visual field loss must correlate with photographic appearance; **and**
- F. Documentation of functional compromise.

VII. Blepharoptosis repair is considered **cosmetic and is not covered** when the above criteria (V. or VI.) are not met or when performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Brow Lift

VIII. A brow lift may be considered **medically necessary and covered** to treat brow ptosis when both of the following are met (A. – E.):

- A. Superior peripheral visual field is less than 30 degrees* when un-taped; **and**
- B. At least 12 degrees visual field improvement when taped; **and**
- C. Frontal photographs must show that the eyebrow is below the supraorbital rim; **and**
Note: Lateral and/or oblique views may also be required to fully demonstrate brow ptosis.
- D. Visual field loss must correlate with photographic appearance; **and**
- E. Documentation of functional compromise of upper/outer visual fields.

IX. A brow lift is considered **cosmetic and is not covered** when the above criterion VIII. is not met or when performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Combination Procedures

- X. A combination of ANY of the above procedures may be considered **medically necessary and covered** when the medical necessity criteria for each procedure are met (blepharoplasty: I. or II. or III and/or blepharoptosis repair: V. or VI and/or brow lift: VIII.) **and ALL** of the following additional criteria are met:
 - A. Visual field testing demonstrates visual impairment that cannot be addressed by one procedure alone; **and**
 - B. Lateral and full-face photographs must be submitted for each procedure requested that demonstrate the need for both procedures; **and**
 - C. Documentation must indicate that the condition causing the visual impairment cannot be sufficiently resolved by one single procedure and that the combination is required to achieve a satisfactory surgical outcome.

Link to [Policy Summary](#)

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POLICY GUIDELINES

Definitions relevant to the policy criteria:¹⁻³

Blepharoptosis: drooping of the upper eyelid related to the position of the eyelid margin with respect to the visual axis

Brow ptosis: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid that may cause mechanical blepharoptosis and/or dermatochalasis

Blepharoplasty: removal of eyelid skin, fat, and or muscle

Blepharoptosis repair (also known as levator resection): restoring the eyelid margin to its normal anatomic position.

Brow ptosis repair: restoring the eyebrow tissues to their normal anatomic position.

Dermatochalasis: excess skin with loss of elasticity that is usually the result of the aging process.

Ectropion: an outward turning of the eyelid margin.

Entropion: an inward turning of the eyelid margin and appendages such that the pilosebaceous unit and mucocutaneous junction are directed posterior towards the globe.

Trichiasis: a condition, resulting from the eye infection called trachoma, in which the eyelid turns inward and eyelashes rub against the eye, resulting in corneal scarring and loss of vision.

CPT CODES

All Lines of Business	
Prior Authorization Required	
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)

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67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
No Prior Authorization Required	
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness

DESCRIPTION

Blepharoplasty and blepharoptosis repair may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. A brow lift is a surgery that may be performed to correct brow ptosis (droop of the eyebrows), which can also produce or contribute to functional impairment.

Primary essential idiopathic blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating if other treatments have failed or are contraindicated. In these rare cases, an extended blepharoplasty with wide resection of the orbicularis oculi muscle complex may be necessary to properly treat symptoms.

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CLINICAL PRACTICE GUIDELINES

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)

The 2015 ASOPRS guidelines on “Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair”⁴ recommend the following:

“Recommended coverage indications

- XI. Upper eyelid blepharoplasty (CPT 15823) should be considered medically necessary when documentation demonstrates:
 - A. The patient’s complaint of interference with daily visual tasks or visual field-related activities, and
 - B. Visual obstruction due to excessive overhanging skin resting on or depressing the lashes or eyelid margin. Visual obstruction is defined by peripheral visual field testing consistent with the recommended documentation requirement (see below).

- XII. Upper eyelid ptosis repair (CPT 67901, 67902, 67903, 67904, 67906, 67908) should be considered medically necessary when documentation demonstrates:
 - D. The patient’s complaint of interference with vision or visual field-related activities, and
 - E. A margin to reflex distance (MRD) less than or equal to 2 mm in primary or downgaze.
 - F. Visual obstruction due to ptotic upper eyelid. Visual obstruction is defined by peripheral visual field testing consistent with the recommended documentation requirement (see below).
 - G. The position of one upper eyelid, which initially appears not to meet criteria but becomes more ptotic with an MRD of 2 mm or less when the other, more ptotic eyelid is elevated (i.e. Hering’s Law).

- XIII. Repair of brow ptosis (CPT 67900) should be considered medically necessary when documentation demonstrates:
 - H. Brow ptosis to the extent it contributes to skin fold overlap and/or blepharoptosis meeting the criteria outlined above for upper eyelid blepharoplasty and/or ptosis surgery.

Recommended documentation requirements

1. Clinical notes documenting patient complaints of visual impairment secondary to abnormal eyelid or brow position resulting in limitation of daily activities such as reading, driving, and difficulty seeing objects approaching from the periphery, or redundant upper eyelid skin resulting in looking through the eyelashes or seeing the upper eyelid skin.
2. Clinical notes documenting an MRD of 2 mm or less for blepharoptosis repair.
3. Peripheral visual field testing performed with the eyelid and brow in the resting position that documents a baseline superior visual field of 30 degrees or less from fixation and

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- improvement of at least 12 degrees over baseline with eyelid and brow elevation. Both manual, including Goldmann and tangent screen, and automated fields are acceptable. The measurement of a patient's superior visual field is defined as the lowest point seen at the vertical meridian. Visual fields are not required for children or other patients physically unable to perform visual field testing.
4. Photographs documenting the above including at least a good quality frontal upper face photograph, with the gaze in primary position clearly showing the corneal light reflex unless the ptotic tissue is so severe as to obscure the light reflex thus demonstrating severe ptosis and/or dermatochalasis.
 5. Oblique or lateral photographs if helpful in further demonstrating overhanging excess skin as well as lash ptosis due to mechanical displacement by the overhanging skin fold.
 6. Frontal photograph with the patient looking in down-gaze documenting those cases in which the ptosis is worse in the down-gaze position.
 7. Photograph with the brows elevated or taped up to a normal position to document the effect of brow ptosis when both eyelid ptosis repair and brow ptosis repair are planned."

American Academy of Ophthalmology (AAO)

The 2011 AAO position statement on "Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery"⁵ stated the following:

"Ptosis and upper eyelid blepharoplasty surgery were found to be functionally beneficial for each of these quantitative findings:

- MRD₁ of ≤ 2 mm measured in primary gaze
- Superior visual field loss of 12 degrees or 24%
- Down-gaze ptosis impairing reading documented by MRD₁ of ≤ 2 mm⁷ measured in down gaze

Ptosis and upper eyelid blepharoplasty were also found to be functionally beneficial for the following qualitative findings:

- Self-reported functional impairment from upper eyelid droop
- Chin-up backward head tilt induced by visual field impairment caused by lids
- Interference with occupational duties and safety resulting from visual impairment caused by the upper lids
- Symptoms of discomfort, eye strain, or visual interference due to the upper eyelid position

The reviewed literature did not provide strong data on the following functional indications for ptosis and blepharoplasty surgery:

- Dermatitis
- Difficulty wearing a prosthesis in an anophthalmic socket
- Temporal visual field impairment preventing a driver from meeting licensing standards

Ptosis and dermatochalasis can occur concomitantly. Each has its own functional indications for

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repair, and different surgical procedures are required to correct them.”

The 2017 AAO Amblyopia Preferred Practice Pattern clinical practice guidelines on amblyopia, stated the following:⁶

- “All children with amblyopia should be offered treatment regardless of age.
- Surgery to treat the cause of amblyopia may be indicated when the cause of the amblyopia can be attributed to blepharoptosis that is severe enough to prevent successful amblyopia therapy without surgical correction.”

POLICY SUMMARY

The medical necessity of blepharoplasty, blepharoptosis and brow lift procedures for the various indications addressed in this policy are primarily based on clinical rationale and current evidence-based clinical practice guidelines. When medical necessity criteria for these procedures are not met, these procedures are considered to be cosmetic in nature.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

MEDICAL POLICY CROSS REFERENCES

- Cosmetic and Reconstructive Surgery, SUR193
- Gender Affirming Interventions, MED355

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REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Blepharoplasty, Eyelid Surgery, and Brow Lift (L36286). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36286>. Published 2015. Accessed 4/17/2020.
2. NIH National Eye Institute (NEI) website. <https://nei.nih.gov/>. Accessed 4/17/2020.
3. American Academy of Ophthalmology. EyeWiki web page. Updated: 08/29/2018. http://eyewiki.org/Main_Page. Accessed 4/17/2020.
4. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). White Paper on Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair. Approved: 01/15/2015. <https://www.asoprs.org/assets/docs/1%20-%20FINAL%20ASOPRS%20White%20Paper%20January%202015.pdf>. Accessed 4/17/2020.
5. Cahill KV, Bradley EA, Meyer DR, et al. Functional indications for upper eyelid ptosis and blepharoplasty surgery: a report by the American Academy of Ophthalmology. *Ophthalmology*. 2011;118(12):2510-2517. <https://www.ncbi.nlm.nih.gov/pubmed/22019388>.
6. American Academy of Ophthalmology. Amblyopia Preferred Practice Pattern. Pediatric Ophthalmology/Strabismus Panel. <https://www.aao.org/preferred-practice-pattern/amblyopia-ppp-2017>. Published 2017. Accessed 4/17/2020.