



Blepharoplasty and Related Procedures

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| LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid | State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington |
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Abnormalities of the eyelid that may indicate a need for surgery include excess eyelid skin, droopy eyelids, or eyelids that turn in or turn out. These conditions can be unilateral or bilateral and cause limited vision, discomfort, as well as affect appearance. These conditions can be present alone or in any combination and often require surgical correction. Blepharoplasty is a surgical procedure performed on upper and/or lower eyelids to correct conditions that block the field of vision causing a functional limitation

Blepharochalasis is an inflammation of the eyelid that is characterized by exacerbations and remissions of eyelid edema, which results in a stretching and subsequent atrophy of the eyelid tissue, leading to the formation of redundant folds over the lid margins. It typically affects only the upper eyelids and may be unilateral as well as bilateral.

Dermatochalasis is a term used to refer to loose or baggy skin above the eyes. In severe cases, excess skin and fat above the eyes can sit on the upper eyelid and may obstruct vision.

Ptosis (also called blepharoptosis) is the term for drooping of one or both upper eyelids. This may occur in varying degrees from slight drooping to complete closure of the involved eyelid.

Brow ptosis refers to sagging tissue of the eyebrows and/or forehead and surgery is usually performed under local anesthesia as an outpatient procedure.

Canthoplasty is the surgical intervention to tighten the muscles or ligaments that provide support to the outer corner of the eyelid. This procedure may be medically necessary where drooping of the outer corner of the eyelid interferes with vision.

Ectropion is a turning out or sagging of the upper or lower eyelid. The condition mainly affects the lower eyelid, and the sagging leaves the eye exposed and dry. This results in excessive tearing and may lead to infection, corneal abrasion, or ulcer.

Entropion is an abnormal inward rotation of the eyelid. When the eyelid turns inward, the eyelashes and skin rub against the eye which can cause watering of the eyes (trichiasis), redness, irritation, or burning.

Criteria

Prior authorization is required

Commercial

I. Blepharoplasty

PacificSource considers blepharoplasty of the **upper eyelid** to be medically necessary when **ALL** of following criteria is met:

A. ONE of the following conditions:

1. Blepharochalasis
2. Dermatochalasis (excessive and redundant eyelid skin)
3. Blepharoptosis (congenital or acquired)
4. Pseudoptosis (inability to elevate the eyelid due to nerve problems)
5. Exceptional circumstances involving unusual congenital or acquired conditions of the eye due to disease or trauma
6. Periorbital sequelae of thyroid disease and nerve palsy

B. Un-taped visual field-testing demonstrating points of visual loss within twenty-five-degree circle of the superior field. Only results from Goldman technique or another standardized automated testing technique will be accepted.

C. Taped visual field-testing demonstrating improvement in the superior field, with no visual loss inside forty-degree circle of the superior field. Only results from Goldman technique or another standardized automated testing technique will be accepted.

D. Photograph of the patient looking straight ahead (head perpendicular to the camera, not tilted) that shows the eyelid at or below the upper edge of the pupil. If applicable, photos of side view showing that upper eyelid skin rests on top of the eyelashes bending them inwards towards the eye. Photo must be of sufficient clarity to show a light reflex on the cornea. Photographs submitted must demonstrate visual field limitation consistent with the visual field examination results

E. Description and degree of functional impairment is **documented** (e.g., interference with vision during specified activities, difficulty reading due to the upper eyelid drooping into the visual field, or difficulty finding and properly fitting an eye glass prescription due to excessive eyelid tissue)

Note:

1. Blepharoplasty of the opposite eye, to achieve symmetry, is covered if all medical criteria is met for blepharoplasty on the affected side.
2. Anesthesia: When the member meets the criteria for a blepharoplasty or brow ptosis repair, they also meet the criteria for anesthesia. (CPT 00103, for anesthesia needs to be included on the PA).

II. Brow Ptosis Repair

PacificSource considers brow ptosis repair medically necessary when **ALL** of the following criteria is met:

- A. Physical exam and photographs show the eyebrow is below the superior orbital rim
- B. Clear documentation that the visual field impairment cannot be corrected by an upper lid blepharoplasty alone
- C. All of the above blepharoplasty criteria is met

Note:

1. All brow ptosis repair requests require Medical Director review with submission of the above
2. Clear documentation of medical necessity is required if multiple surgical techniques are requested (e.g., blepharoplasty and brow lift.)

III. Canthoplasty/Canthopexy

PacificSource considers canthoplasty/canthopexy medically necessary when **ONE** of the following criteria is met:

- A. As part of a medically necessary blepharoplasty procedure that meets criteria in section I.
- B. As part of a medically necessary procedure to correct or as an adjunct to a medically necessary ectropion or entropion repair that meets criteria in section IV or V.
- C. For reconstruction of the eyelid following resection of benign or malignant lesions involving the medial or lateral canthus
- D. For management of exposure keratoconjunctivitis resulting from proptosis with lower lid retraction following orbital decompression surgery for Grave's ophthalmopathy or Crouzon's syndrome

IV. Ectropion Repair

PacificSource considers eyelid ectropion repair medically necessary when **ALL** of the following criteria is met:

- A. Clear clinical photographs which documents eyelid ectropion
- B. Corneal or conjunctival injury with **BOTH** of the following criteria:
 1. Subjective symptoms include pain, discomfort, or excess tearing
 2. **ONE** of the following is documented:
 - a. Corneal ulcer

- b. Exposure keratitis
- c. Keratoconjunctivitis

V. Entropion Repair

PacificSource considers eyelid entropion repair medically necessary when **ALL** of the following criteria is met:

- A. Clear clinical photographs which documents eyelid entropion
- B. Inflammation or infection of eye is not causing spastic entropion
- C. Documented medical management has been attempted (e.g., Botox, skin tape, stitches that turn eyelid outward, soft contact lens to protect cornea)
- D. Subjective symptoms include either pain, discomfort, or excess tearing
- E. **ONE** of the following documented:
 - 1. Trichiasis
 - 2. Irritation of cornea or conjunctiva

VI. Eyelid Retraction

PacificSource considers surgical correction of UPPER or LOWER eyelid retraction to be medically necessary when **BOTH** conditions are met:

- A. Retraction is due to muscular or neurological deficits caused by a congenital defect, disease (e.g., cancer, thyroid disease) or trauma
- B. Member has not responded to conservative treatments (e.g., lubricating eye drops)

Exclusions

PacificSource considers blepharoplasty or repair of blepharoptosis not medically necessary if the above criteria is not met.

PacificSource considers lower lid blepharoplasties cosmetic and not medically necessary

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Guideline Notes 127 and 130 of the OHP Prioritized List of Health Services for coverage of Blepharoplasty.

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Guideline Note 67 of the OHP Prioritized List of Health Services for coverage of Brow Ptosis.

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OAR) 410-120-1200, 410-141-3820 through 38,30, and 410-151-0000 through 410-151-0003 for coverage of Ectropion or Entropion Repair.

Medicare

PacificSource Medicare follows CMS Local Coverage Determinations (LCD) L36286 for Blepharoplasty, Eyelid Surgery and Brow Lift.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 00103 Anesthesia for reconstructive procedures of eyelid (e.g., blepharoplasty, ptosis surgery)
- 15820 Blepharoplasty, lower eyelid
- 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad
- 15822 Blepharoplasty, upper eyelid
- 15823 Blepharoplasty with excessive skin weighing down lid
- 21280 Medial Canthopexy
- 21282 Lateral Canthopexy
- 67900 Repair of brow ptosis
- 67901 Repair of blepharoptosis frontalis muscle technique with suture or other material (e.g., banked fascia)
- 67902 Repair of blepharoptosis, frontalis muscle technique with autologous facial sling (includes obtaining fascia)
- 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)
- 67908 Repair of blepharoptosis, (conjunctivo-tarso-Muller's muscle-levator resection)
- 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 (e.g., 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 (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
- 67950 Canthoplasty

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Definitions

Blepharoplasty - a procedure involving the surgical removal of redundant skin, muscle and/or fatty tissue from the eyelids due to trauma, infection, inflammation, degeneration (most often related to the aging process), cranial nerve palsies, neoplasm, or congenital abnormality. The goal is to restore function or improve abnormal function, reconstruct deformities, or enhance appearance.

Blepharochalasis - hypertrophy of the skin of the upper eyelid and is due to the loss of elasticity in the eyelid skin. The skin stretches, muscles weaken, and fat pockets bulge and become more prominent.

Blepharoptosis (or Ptosis)- drooping of the upper eyelid that can be congenital or acquired where the border of the upper eyelid falls to a lower position than normal and may interfere with vision.

Brow Ptosis - sagging tissue of the eyebrows and/or forehead that in extreme cases, can cause obstruction to the visual field.

Canthopexy - a procedure which involves tightening the lateral canthal tendon with sutures and without opening the canthal angle

Ectropion - a condition in which your eyelid (typically the lower lid) turns out, leaving the inner eyelid surface exposed and prone to irritation.

Entropion - a condition in which the eyelid turns inward so that eyelashes and skin rub against the eye surface, causing irritation and discomfort.

Eyelid Retraction - displacement of the upper eyelid superiorly or lower eyelid inferiorly through a variety of causes such as acute or chronic inflammation process, disease or physical deficit from surgery or trauma.

Lateral canthoplasty - a procedure in which the lateral canthus is fixed (anchored) to the lateral orbital rim after surgical division (lateral cantholysis) usually performed with lower blepharoplasty.

Pseudoptosis – an apparent ptosis of the eyelid, resulting from a fold of skin or fat projecting below the edge of the eyelid, without identified pathology.

Trichiasis - a common eyelid abnormality in which the eyelashes are misdirected and grow inwards toward the eye.

References

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 3/1/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820 through 3830, 410-151-000 through 0003.

Commercial Ops: 5/2024

Government Ops: 6/2024