



## Blepharoplasty and Related Procedures

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
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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 surgical correction (Blepharoplasty or related procedure) include excess eyelid skin, droopy eyelids, or eyelids that turn in or turn out. These conditions can be present alone or in any combination, unilateral or bilateral, and can cause limited vision, discomfort, as well as affect appearance.

### 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

3. Blepharoptosis
  4. Pseudoptosis
  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:**

- Blepharoplasty of the opposite eye, to achieve symmetry, is covered if all medical criteria is met for blepharoplasty on the affected side.
- 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 (*Section I*) is met

**Note:**

- All brow ptosis repair requests require Medical Director review with submission of the above
- 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)

## VII. Exclusions

- A. PacificSource considers blepharoplasty or repair of blepharoptosis not medically necessary if the above criteria is not met.
- B. PacificSource considers lower lid blepharoplasties cosmetic and not medically necessary

## Medicaid

PacificSource Community Solutions (PCS) follows the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 and Guideline Notes 67 and 130 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services for coverage of Blepharoplasty and Related Procedure.

PacificSource Community Solutions follows Guideline Note 127 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services and the Gender Affirming Surgery and Related Procedures Policy for coverage of blepharoplasty and repair of brow ptosis when the service is prescribed as part of gender-affirming treatment.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Notes 67 and 130, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

## Medicare

PacificSource Medicare follows CMS Local Coverage Determinations (LCD) L34194 for Blepharoplasty, Eyelid Surgery and Brow Lift.

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow the PacificSource Commercial clinical criteria above for determination of coverage and medical necessity of Blepharoplasty and Related Procedures.

## Coding Information

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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, upper eyelid with excessive skin weighing down lid
- 21280 Medial Canthopexy (separate procedure)
- 21282 Lateral Canthopexy
- 67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
- 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 (includes obtaining fascia)
- 67908 Repair of blepharoptosis, conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servant type)
- 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 (reconstruction of canthus)

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## Definitions

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**Blepharoplasty** - A surgical procedure to remove or reposition excess skin, fat, and sometimes muscle from the upper or lower eyelids. Blepharoplasty is performed to restore or improve eyelid function (e.g., clearing visual field obstruction or correcting ptosis), reconstruct deformities caused by trauma, tumors, nerve palsies, inflammation, or congenital abnormality, or to enhance cosmetic appearance by reducing eyelid puffiness, sagging, and droopiness, commonly due to aging.

**Blepharochalasis** A rare condition characterized by recurrent, painless eyelid swelling that leads to thinning and loss of elasticity of the upper eyelid skin, resulting in redundant folds and fat prolapse.

**Blepharoptosis (or Ptosis)** - Drooping of the upper eyelid, congenital or acquired, where the lid margin rests lower than normal and may obstruct vision.

**Brow Ptosis** - Drooping of the eyebrow and/or forehead tissues, which can lower the brow position and, in extreme cases, obstruct the visual field.

**Canthopexy** - A surgical procedure that tightens the lateral canthal tendon using sutures without disrupting or opening the canthal angle, typically to support eyelid position and improve stability.

**Canthoplasty** - A surgical procedure that reconstructs or tightens the lateral canthal tendon and surrounding structures to support or reposition the outer corner of the eyelid.

**Dermatochalasis** - Redundant, loose skin of the upper or lower eyelids, often age-related; in severe cases, excess skin tissue may obstruct vision.

**Ectropion** - Outward turning of the eyelid margin (typically the lower lid), exposing the inner eyelid surface and causing irritation.

**Entropion** - Inward turning of the eyelid margin, causing lashes and skin to rub against the eye surface, leading to irritation and discomfort.

**Eyelid Retraction** - Abnormal elevation of the upper eyelid or depression of the lower eyelid due to inflammation, disease, trauma, or surgery.

**Lateral canthoplasty** - A surgical procedure where the lateral canthus is divided and anchored to the lateral orbital rim, often combined with lower blepharoplasty.

**Pseudoptosis** - Apparent eyelid drooping caused by excess skin or fat projecting below the lid margin, without true eyelid muscle dysfunction.

**Trichiasis** - A condition where eyelashes grow inwards toward the eye, causing irritation and potential damage to ocular surface.

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## Appendix

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