



## Blepharoplasty, Blepharoptosis Repair, and Brow Ptosis Repair

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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:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/>
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### Enterprise Policy

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*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 determination 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

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Abnormalities of the eyelid that may indicate a need for surgery include excess eyelid skin, droopy eyelids, eyelids that turn in or turn out. These conditions can be unilateral or bilateral and cause limited vision, discomfort, as well as affect appearance. 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. Blepharoplasty may also be performed for cosmetic purposes in the absence of visual field obstruction.

### Criteria

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#### Preauthorization is required

#### **Blepharoplasty and Ptosis Repair:**

PacificSource considers blepharoplasties medically necessary when **ALL** of following are met:

- **Confirmed diagnosis** of either:
  1. Blepharochalasis, OR,
  2. Dermatochalasis (excessive and redundant eyelid skin,) OR,
  3. Blepharoptosis (congenital or acquired,) OR,
  4. Pseudoptosis (inability to elevate the eyelid due to nerve problems.) OR,
  5. Exceptional circumstances involving unusual congenital or acquired conditions of the eye due to disease or trauma, OR,

6. Trauma or tumor ablative surgery causing eyelid defects (ectropion/entropion corneal exposure,) or eyelashes rubbing against the cornea, OR,
  7. Periorbital sequelae of thyroid disease and nerve palsy
- **Untaped visual field testing** (Goldmann technique or by use of a standardized automated technique only) demonstrating points of visual loss within the twenty-five degree circle of the superior field, and
  - **Taped visual field testing** (Goldmann technique or by use of a standardized automated technique only) demonstrating improvement in the superior field, with no visual loss inside the forty-degree circle of the superior field, and
  - **Original 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, and, if applicable, side views, 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, and
  - **Description and degree of functional impairment is documented** (interference with vision during specified activities, difficulty reading due to the upper eyelid drooping into the visual field, or difficulty filling and properly fitting an eye glass prescription due to excessive eyelid tissue).

**Blepharoplasty of the opposite eye** to achieve symmetry is covered if all medical criteria are met for blepharoplasty on the affected side.

#### **Brow Ptosis Repair:**

Brow ptosis repair (CPT 67900) may be considered medically necessary if the following are documented:

- Physical exam and photographs show the eyebrow is below the superior orbital rim, and
- Clear documentation that the visual field impairment cannot be corrected by an upper lid blepharoplasty alone, and
- Visual fields show that lifting the brow meets the same criteria as above for blepharoplasty,

\*All brow ptosis repair requests require Medical Director review, with submission of the above. Brow ptosis repair is not covered if it is determined to be cosmetic.

- - Clear documentation of medical necessity is required if multiple surgical techniques are requested (e.g. blepharoplasty and brow lift.) The Medical Director will review all multiple technique requests.

#### **Ectropion or Entropion Repair:**

Eyelid ectropion or entropion repair (67914-67924) is medically necessary for corneal or conjunctival injury due to ectropion, entropion or trichiasis and/or documented facial nerve damage.

**Anesthesia:** When the member meets the criteria for a blepharoplasty or brow ptosis repair they will also meet the criteria for anesthesia. (CPT 00103 for anesthesia needs to be included and approved on the PA).

Health Services Representative please include the CPT code 00103 - Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery) in the events section of the prior authorization request.

#### **Exclusions:**

- PacificSource considers blepharoplasty or repair of blepharoptosis not medically necessary if it is determined to be cosmetic.
- PacificSource considers lower lid blepharoplasties (CPT 15820, 15821) cosmetic and therefore not a covered benefit.

#### **Medicaid**

PacificSource Medicaid follows Oregon Health Plan (OHP) per Guideline Note 130 of the OHP Prioritized List of Health Services for coverage of Blepharoplasty.

#### **Medicare**

PacificSource Medicare follows CMS Local Coverage Determinations (LCD) for medical necessity reviews to determine coverage for Blepharoplasty, Eyelid Surgery and Brow Lift: L33944, L34194, L36286, L34528, L34411.

#### **Definitions**

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**Blepharoplasty** is 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** is the 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. Eyebrows may also sag or droop as a part of the same process.

**Blepharoptosis** (drooping of the upper eyelid) can be congenital (present at birth) or acquired (develop gradually.) The border of the upper eyelid falls to a lower position than normal. In severe cases, the drooping eyelid can cover all or part of the pupil and interfere with vision. Aging is the most common cause of ptosis and is sometimes termed senile ptosis. Senile ptosis is the long-term effects of gravity and aging which causes stretching of a wide, tendon-like tissue that helps the levator muscle lift the eyelid.

**Brow Ptosis** is sagging tissue of the eyebrows and/or forehead. In extreme cases, it can cause obstruction to the visual field.

**Ectropion** is a condition in which your eyelid — typically the lower lid — turns out. This leaves the inner eyelid surface exposed and prone to irritation. Ectropion is more common in older adults.

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

**Pseudoptosis** is apparent ptosis of the eyelid, resulting from a fold of skin or fat projecting below the edge of the eyelid.

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

## Coding Information

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00103 Anesthesia for reconstructive procedures of eyelid (eg, 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

67900 Repair of brow ptosis

67901 Repair of blepharoptosis frontalis muscle technique with suture or other material (eg, 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 (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 capsulopalbral fascia repairs operation)

67950 Canthoplasty

## Resources

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American Society of Ophthalmic Plastic and Reconstructive Surgeons. White Paper on Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair: American Society of Ophthalmic Plastic and Reconstructive Surgeons, Inc. January, 2015. Accessed 3/10/2020

<https://www.asoprs.org/assets/docs/1%20-%20FINAL%20ASOPRS%20White%20Paper%20January%202015.pdf>

American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Blepharoplasty. [https://www.plasticsurgery.org/Documents/Health-Policy/Positions/Gynecomastia\\_ICC.pdf](https://www.plasticsurgery.org/Documents/Health-Policy/Positions/Gynecomastia_ICC.pdf) Accessed 4/17/2017, 4/24/2018, 3/10/2020

American Society of Plastic Surgeons. Practice Parameter for Blepharoplasty. Available at <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf> Accessed 4/22/13, 4/17/2017, 4/24/2018, 3/10/2020

## Appendix

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**Policy Number:** [Policy Number]

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**Policy type:** Enterprise