



Blepharoplasty and Related Procedures

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
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Enterprise Policy

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

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

Prior authorization is required.

Commercial

A. Blepharoptosis Repair

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

1. **ONE** of the following conditions:
 - a. Blepharochalasis;
 - b. Dermatochalasis (excessive and redundant eyelid skin);
 - c. Blepharoptosis (congenital or acquired);
 - d. Pseudoptosis (inability to elevate the eyelid due to nerve problems);
 - e. Exceptional circumstances involving unusual congenital or acquired conditions of the eye due to disease or trauma; or
 - f. Periorbital sequelae of thyroid disease and nerve palsy.

2. Un-taped 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;
3. 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;
4. 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**
5. 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).

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

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 on the PA).

B. Brow Ptosis Repair

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

1. Physical exam and photographs show the eyebrow is below the superior orbital rim;
2. Clear documentation that the visual field impairment cannot be corrected by an upper lid blepharoplasty alone; **and**
3. Taped and un-taped visual field testing show that lifting the brow meets the same criteria as above for blepharoplasty.

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.) The Medical Director will review all multiple technique requests.

C. Ectropion Repair

PacificSource considers eyelid ectropion repair medically necessary when **ALL** of the following criteria are present:

1. Clear clinical photographs which documents eyelid ectropion;
2. Corneal or conjunctival injury with **BOTH** of the following criteria:
 - Subjective symptoms include either:
 - Pain or discomfort; **or**
 - Excess tearing; **and**

- **One** of the following is documented:
 - Corneal ulcer;
 - Exposure keratitis; or
 - Keratoconjunctivitis.

D. Entropion Repair

PacificSource considers eyelid entropion repair medically necessary when **ALL** of the following criteria are present:

1. Clear clinical photographs which documents eyelid entropion of lid turned inward;
2. Inflammation or infection of eye is not causing spastic entropion;
3. Documented medical management has been attempted such as botox, skin tape, stitches that turn eyelid outward, soft contact lens to protect cornea have been attempted but condition persists;
4. Subjective symptoms include either:
 - Pain or discomfort; or
 - Excess tearing; **AND**
5. One of the following documented:
 - Trichiasis; **or**
 - Irritation of cornea or conjunctiva.

E. Canthoplasty/Canthopexy

PacificSource considers canthoplasty/canthopexy medically necessary for the following indications:

1. As part of a medically necessary blepharoplasty procedure to correct eyelids that sag so much that they pull down the upper eyelid so that vision is obstructed; or as an adjunct to a medically necessary ectropion or entropion repair;
2. For reconstruction of the eyelid following resection of benign or malignant lesions involving the medial or lateral canthus; or
3. For management of exposure keratoconjunctivitis resulting from proptosis with lower lid retraction following orbital decompression surgery for Grave's ophthalmopathy or Crouzon's syndrome.

Exclusions:

PacificSource considers blepharoplasty or repair of blepharoptosis not medically necessary if it is determined to be cosmetic.

PacificSource considers lower lid blepharoplasties cosmetic and therefore not a covered benefit.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Guideline Note 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 and 410-141-3820 to 3825 for coverage of Ectropion or Entropion Repair.

Medicare

PacificSource Medicare follows CMS Local Coverage Determinations (LCD) L34194 and L36286 for Blepharoplasty, Eyelid Surgery and Brow Lift.

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 - 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.

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.

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

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)

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

Non-Covered Codes

15820 Blepharoplasty, lower eyelid

15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

References

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 6/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 10/2021

Government Ops: 10/2021