

Clinical UM Guideline

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Description

This document addresses blepharoplasty, blepharoptosis repair, and brow lift procedures performed for functional indications. Blepharoplasty is a surgical procedure performed on the upper and/or lower eyelids in which redundant tissues (skin, muscle, or fat) are excised. Levator resection is performed to repair blepharoptosis (ptosis). Blepharoptosis occurs when the eyelid itself droops below its normal position. Brow lift surgery is designed to restore the eyebrow to its normal anatomic position. These procedures are performed for both cosmetic and functional purposes. The treatment of functional superior visual field restriction generally requires either a blepharoplasty and/or blepharoptosis repair OR a brow lift procedure depending upon the cause of the field loss. Those cases where combined procedures are requested must meet the individual criteria for each procedure.

Medically Necessary: In this document, procedures are considered medically necessary if there is a significant functional impairment AND the procedure can be reasonably expected to improve the functional impairment.

Reconstructive: In this document, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or congenital defect.

Note: Not all benefit contracts include benefits for reconstructive services as defined by this document. Benefit language supersedes this document.

Cosmetic: In this document, procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those which are primarily intended to preserve or improve appearance.

Clinical Indications

Medically Necessary:

Upper eyelid blepharoplasty or blepharoptosis repair is considered **medically necessary** when BOTH of the following criteria are met:

1. Individual is less than or equal to 9 years of age; **and**
2. Intervention is intended to relieve obstruction of central vision which, in the judgment of the treating physician, is severe enough to produce occlusion amblyopia.

(**Note:** Children older than 9 are not at risk for occlusion amblyopia.)

Upper eyelid blepharoplasty or blepharoptosis repair is considered **medically necessary** for ANY of the following conditions:

1. Difficulty tolerating a prosthesis in an anophthalmic socket; **or**
2. Repair of a functional defect caused by trauma, tumor or surgery; **or**

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3. Periorbital sequelae of thyroid disease; **or**
4. Nerve palsy.

Note: For cases where combined procedures (for example, blepharoplasty and brow lift) are requested, the individual must meet the criteria for each procedure.

Blepharoplasty

Unilateral or bilateral **upper eyelid** blepharoplasty is considered **medically necessary** to relieve obstruction of central vision when **ALL** of the following criteria are met:

1. Documented complaints of interference with vision or visual field-related activities causing significant functional impact such as difficulty reading or driving due to upper eyelid skin drooping, looking through the eyelashes or seeing the upper eyelid skin; **and**
2. There is either redundant skin overhanging the upper eyelid margin and resting on the eyelashes or significant dermatitis on the upper eyelid caused by redundant tissue. This must be confirmed by photographs from the front and side (or sides) on which operation planned with the camera at eye level and the individual looking straight ahead (primary gaze); **and**
3. Prior to manual elevation of redundant upper eyelid skin (taping), the superior visual field is a) less than or equal to 20 degrees or b) there is a 30 percent loss of upper field of vision compared to normal; **and**
4. Manual elevation (taping) of the redundant upper eyelid skin results in restoration of upper visual field measurements to within normal limits.

Blepharoptosis Repair

Blepharoptosis repair is considered **medically necessary** to relieve obstruction of central vision when **ALL** of the following criteria are met:

1. Documented complaints of interference with vision or visual field-related activities such as difficulty reading or driving due to eyelid position; **and**
2. Photographs taken with the camera at eye level and the individual looking straight ahead, with documentation of the abnormal lid position (photos should be submitted for review); **and**
3. Prior to manual elevation of the upper eyelid and redundant upper eyelid skin (taping), the superior visual field is a) less than or equal to 20 degrees or b) there is a 30 percent loss of upper field of vision compared to normal, or c) the margin reflex distance between the pupillary light reflex and the upper eyelid skin edge is less than or equal to 2.0 mm; **and**
4. Manual elevation (taping) of the upper eyelid and redundant upper eyelid skin results in restoration of upper visual field measurements to within normal limits.

Brow Lift

Brow lift (that is, repair of brow ptosis due to laxity of the forehead muscles) is considered **medically necessary** when **ALL** of the following criteria are met:

1. Brow ptosis is causing a functional impairment of upper/outer visual fields with documented complaints of interference with vision or visual field related activities such as difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin; **and**

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2. Photographs show the eyebrow below the supraorbital rim.

Note: Conjunctival irritation or eye disease related to ectropion, entropion, metabolic disease, trauma or other conditions may require surgical intervention using a variety of ophthalmologic procedures. These conditions are not discussed in this document. The medical necessity of the surgical correction of these problems should be determined by considering the specific underlying medical and ophthalmologic issues.

Not Medically Necessary:

Blepharoplasty, blepharoptosis repair, or brow lift for visual field defects is considered **not medically necessary** when the criteria noted above are not met.

Cosmetic and Not Medically Necessary:

Blepharoplasty, blepharoptosis repair, or brow lift is considered **cosmetic and not medically necessary** when performed to improve an individual's appearance in the absence of any signs or symptoms of functional abnormalities.

Lower lid blepharoplasty is considered **cosmetic and not medically necessary**.

Reconstructive:

Blepharoplasty, blepharoptosis repair or brow lift procedures which are intended to correct a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or congenital defect are considered **reconstructive** in nature.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary or Reconstructive when criteria are met:

CPT

00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
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)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach

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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)

ICD-10 Procedure

080N07Z-080PX7Z	Alteration of upper eyelid with autologous tissue substitute [right or left, by approach; includes codes 080N07Z, 080N37Z, 080NX7Z, 080P07Z, 080P37Z, 080PX7Z]
080N0JZ-080PXJZ	Alteration of upper eyelid with synthetic substitute [right or left, by approach; includes codes 080N0JZ, 080N3JZ, 080NXJZ, 080P0JZ, 080P3JZ, 080PXJZ]
080N0KZ-080PXXZ	Alteration of upper eyelid with nonautologous tissue substitute [right or left, by approach; includes codes 080N0KZ, 080N3KZ, 080NXXZ, 080P0KZ, 080P3KZ, 080PXXZ]
080N0ZZ-080PZZ	Alteration of upper eyelid [right or left, by approach; includes codes 080N0ZZ, 080N3ZZ, 080NXXZ, 080P0ZZ, 080P3ZZ, 080PZZ]
08SN0ZZ-08SPZZ	Reposition upper eyelid [right or left, by approach; includes codes 08SN0ZZ, 08SN3ZZ, 08SNXXZ, 08SP0ZZ, 08SP3ZZ, 08SPZZ]
0KS10ZZ-0KS14ZZ	Reposition facial muscle [by approach; includes codes 0KS10ZZ, 0KS14ZZ]

ICD-10 Diagnosis

	All diagnoses, including but not limited to the following:
E04.0-E04.9	Other nontoxic goiter
E05.00-E05.91	Thyrotoxicosis [hyperthyroidism]
G24.5	Blepharospasm
G51.0-G51.9	Facial nerve disorders
H02.30-H02.36	Blepharochalasis (pseudoptosis)
H02.401-H02.439	Ptosis of eyelid
H02.511-H02.59	Other disorders affecting eyelid function
H02.831-H02.839	Dermatochalasis of eyelid
H02.841-H02.849	Edema of eyelid
H02.851-H02.859	Elephantiasis of eyelid
H02.861-H02.869	Hypertrichosis of eyelid
H02.871-H02.879	Vascular anomalies of eyelid
H02.89	Other specified disorders of eyelid
H53.001-H53.049	Amblyopia ex anopsia
H53.40-H53.489	Visual field defects
H57.811-H57.819	Brow ptosis
Q10.0	Congenital ptosis
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
S05.20XA-S05.32XS	Ocular laceration
S05.40XA-S05.42XS	Penetrating wound of orbit with or without foreign body
S05.8X1A-S05.92XS	Other injuries of eye and orbit; unspecified injury of eye and orbit

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T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela [prosthetic orbital implant]
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.820-Z85.831	Personal history of malignant neoplasm of skin, bone and soft tissue
Z85.840	Personal history of malignant neoplasm of eye
Z87.720	Personal history of (corrected) congenital malformations of eye
Z90.01	Acquired absence of eye

When services are Not Medically Necessary or Cosmetic and Not Medically Necessary:

For the procedure codes listed above when medically necessary or reconstructive criteria are not met, for the following procedure codes for all indications, or when the code describes a procedure designated in the Clinical Indications section as cosmetic and not medically necessary.

CPT

15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid, with extensive herniated fat pad

ICD-10 Procedure

080Q07Z-080RX7Z	Alteration of lower eyelid with autologous tissue substitute [right or left, by approach; includes codes 080Q07Z, 080Q37Z, 080QX7Z, 080R07Z, 080R37Z, 080RX7Z]
080Q0JZ-080RXJZ	Alteration of lower eyelid with synthetic substitute [right or left, by approach; includes codes 080Q0JZ, 080Q3JZ, 080QXJZ, 080R0JZ, 080R3JZ, 080RXJZ]
080Q0KZ-080RXKZ	Alteration of lower eyelid with nonautologous tissue substitute [right or left, by approach; includes codes 080Q0KZ, 080Q3KZ, 080QXKZ, 080R0KZ, 080R3KZ, 080RXKZ]
080Q0ZZ-080RXXZ	Alteration of lower eyelid [right or left, by approach; includes codes 080Q0ZZ, 080Q3ZZ, 080QXZZ, 080R0ZZ, 080R3ZZ, 080RXXZ]
08SQ0ZZ-08SRXZZ	Reposition lower eyelid [right or left, by approach; includes codes 08SQ0ZZ, 08SQ3ZZ, 08SQXZZ, 08SR0ZZ, 08SR3ZZ, 08SRXZZ]

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

Blepharoplasty and repair of blepharoptosis have been accepted as common surgical procedures for the management of upper eyelid conditions. There is adequate evidence in the peer-reviewed medical literature to support the use of upper lid surgery for significantly impaired superior field of vision associated with functional impairment. Such procedures have been shown to improve the individual's field of vision, quality of life, and activities of daily living such as driving and reading.

Blepharoplasty is performed to remove excess skin tissue from the upper lid. Blepharoptosis repair corrects weakness of the levator palpebrae muscle. This weakness results in the drooping of the upper lid with possible obstruction of the superior visual field if the abnormality is severe enough. Many cases of mild ptosis do not result

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in significant superior visual field compromise. Aging or (less commonly) disease may result in excess upper lid skin that overhangs the lashes and restricts the superior visual field. Blepharoplasty is most commonly performed for cosmetic reasons, but may be medically necessary if vision is impaired. There are many causes of ptosis and pseudoptosis: congenital disorders; muscle, nervous, and mechanical disorders; complications due to eye surgery; eyelid and brain tumors; and age-related changes that damage the musculature of the eyelid. Many common medical disorders have been associated with ptosis including diabetes, stroke, and myasthenia gravis. If congenital ptosis is untreated in children, amblyopia (lazy eye) may develop. Ptosis repair typically involves reconstructive procedures on the levator muscle and connective tissues of the eyelid.

A brow lift (repair of eyebrow ptosis), when performed to improve an individual's appearance in the absence of any signs and/or symptoms of functional abnormalities, is considered cosmetic. In extreme cases, if a person has significant brow ptosis, a brow lift may be needed for functional reasons. Brow lift surgery works by strengthening the tissues that support the brow. Often this is accomplished with a forehead procedure, which results in a less visible scar than procedures performed on the brow itself. For some individuals the midforehead is useful as the site of incision when deep forehead lines (furrows) are present to minimize scarring. Brow lifts may be performed as a separate procedure or in conjunction with blepharoplasty or blepharoptosis repair. In some instances, a functional brow lift may be the only procedure required to correct functional superior visual field loss.

Assessment of the degree of visual impairment due to either blepharoptosis or excess upper eyelid skin is critical in understanding the severity of functional impairment due to the condition. Two accepted standard methods for such measurement include visual field assessments and measurement of the margin reflex distance (MRD, also known as the mid-pupil to upper eyelid distance). Both tests evaluate the degree of visual field loss due to the intrusion of either the upper eyelid edge or excess eyelid skin into the visual field (Meyer, 1989; Meyer, 1993). Visual field assessment may be performed manually or via computerized analysis devices to evaluate and map an individual's peripheral field of vision for each eye. Measurement of the MRD is a method that has been validated in research studies to correlate well with the results of visual field tests (Boboridis, 2001; Meyer, 1998; Rebowe, 2020). MRD is calculated by measuring the distance between the corneal light reflex (the central visual axis) and the edge of either the upper eyelid or upper eyelid skin, whichever is closest. An MRD measurement of 1-2 mm is generally considered to be associated with significant visual impairment indicating a good candidate for repair (Rebowe, 2020; Small, 1998).

In 2011, Cahill and colleagues published a report from the American Academy of Ophthalmology (AAO) on the functional indications for upper eyelid surgery. The literature search strategy identified a small number of relevant case series meeting the inclusion criteria (n=13). These studies evaluated a wide variety of surgical approaches to ptosis. One study utilized subjects with "simulated ptosis," created with special contact lenses, while the remaining studies involved subjects with ptosis. The authors discuss additional studies in the discussion section, which were explicitly excluded from the literature search. These studies are included to demonstrate the effect of ptosis on superior peripheral field of vision and are the basis of the visual field loss recommendation. These studies all utilized different perimetric techniques to evaluate visual field loss. The impact of ptosis on down-gaze is addressed in the discussion section as well. The authors address several small studies not included in the initial literature abstraction. These studies demonstrate the effect of visual field impairment and low MRD₁ measurements impact on down-gaze. However, the result of one small study (n=34) demonstrates how ptosis repair impacts down-gaze impairment. The report concludes by providing guidelines for "indicating when surgical intervention is expected to provide functionally significant improvement." However, it must be noted that these recommendations are based on a limited number of poor quality studies with small numbers of participants. The authors note that these studies are

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only Level III evidence. Additionally, the studies included in the review are primarily regarding the impact of surgical correction of ptosis, rather than on the identification of functional impairment. The data used in this report is limited to case reports, the majority of which have methodological issues, and the body of evidence is insufficient to allow conclusions to be drawn regarding selection criteria for upper eyelid ptosis and blepharoplasty.

In 2019, Hollander and colleagues conducted a large systematic review on the functional outcomes of upper eyelid blepharoplasty. The researchers reviewed 3525 studies and included 28 in the final review. Outcomes included dry eyes, upper visual field, eyebrow height, shape of cornea, sensitivity of upper eyelid skin, contrast sensitivity, eyelid kinematics and quality of life. The authors concluded that upper blepharoplasty has many beneficial functional outcomes including increased visual field, improvement in headaches and improvement in overall quality of life. The review's design was limited by inclusion of studies with mostly female participants (several 80-100% female), compromising generalizability of the results, and the lack of standardization in surgical techniques chosen for inclusion.

Definitions

Anophthalmia: Absence of all eye tissue; may be present at birth.

Blepharitis: Inflammation of the eyelids.

Blepharoplasty: Surgical procedures on the upper or lower eyelids commonly done for cosmetic reasons or to correct functional problems.

Blepharospasm: Involuntary spasmodic contraction of the orbicularis oculi muscle; may occur in isolation or be associated with other dystonic contractions of facial, jaw, or neck muscles; usually initiated or aggravated by emotion, fatigue, or drugs.

Central vision: Straight-ahead vision, where light and image is focused on the macula and fovea centralis area of the retina, as distinguished from side or peripheral vision; the part of the vision that is essential for driving, reading, and other activities that require detailed, straight-ahead vision.

Dermatochalasis: The presence of redundant eyelid skin, almost always progressive with aging.

Ectropion: Outward turning or eversion of the eyelid.

Entropion: Inward turning or inversion of the eyelid.

Epiphora: Chronic and excessive tearing.

Pseudoptosis: A condition mimicking true ptosis; does not require surgical intervention.

Ptosis: Drooping of the upper eyelid; may be caused by levator dysfunction or neurologic diseases.

Trichiasis: A lid deformity resulting in the misdirection of eyelashes toward the eye.

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Blepharoplasty
Blepharoptosis Repair
Brow Lift
Ptosis Repair

History

Status	Date	Action
	04/07/2021	Revised MN definition text in the Description section.
Reviewed	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Discussion/General Information and References sections updated. Reformatted Coding section; updated with additional diagnosis code examples.
Reviewed	11/07/2019	MPTAC review. Discussion/General Information and References sections updated.
Reviewed	01/24/2019	MPTAC review. References section updated.
	09/20/2018	Updated Coding section with 10/01/2018 ICD-10-CM diagnosis code changes; added H57.811-H57.819.
Revised	02/27/2018	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Clarified criterion for blepharoptosis regarding documentation with photographs. Updated Discussion/General Information and References sections.
Revised	02/02/2017	MPTAC review. Clarified blepharoplasty criteria regarding interference with vision or visual field-related activities. Updated Definitions and References.
	10/01/2016	Updated Coding section with 10/01/2016 ICD-10-CM diagnosis code changes.
Revised	02/04/2016	MPTAC review. Defined abbreviation in the brow lifts medically necessary statement. Updated References. Removed ICD-9 codes from Coding section.
Reviewed	02/05/2015	MPTAC review. Updated Discussion and Reference sections.
Reviewed	02/13/2014	MPTAC review. Updated Reference section.
Revised	02/14/2013	MPTAC review. Revised the medically necessary criteria for blepharoplasty and blepharoptosis repair to clarify visual field criteria. Updated Reference section.
Reviewed	05/10/2012	MPTAC review. Updated Coding, Discussion and Reference sections.
Reviewed	05/19/2011	MPTAC review.
Reviewed	05/13/2010	MPTAC review.
Revised	05/21/2009	MPTAC review. Clarified criteria language in the medically necessary section for Blepharoptosis Repair.

This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue’s standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue’s Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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Blepharoplasty, Blepharoptosis Repair, and Brow Lift

Revised	11/20/2008	MPTAC review. Deleted age-related criteria in Blepharoplasty and Blepharoptosis sections. Made medically necessary criteria for visual fields for blepharoplasty and blepharoptosis optional instead of mandatory. Added Margin Reflex Distance (MRD) as optional for the medically necessary sections of blepharoplasty and blepharoptosis. Updated Reference section.
Revised	02/21/2008	MPTAC review. Clarified that visual fields must be submitted. Added reconstructive statement and definitions. Clarified that nerve palsy is a separate indication. Added note after Reconstructive definition to clarify that not all benefit contracts include a reconstructive services benefit. References updated. The phrase “cosmetic” was clarified to read “cosmetic and not medically necessary.” This change was approved at the November 29, 2007 MPTAC meeting.
Revised	03/08/2007	MPTAC review. Medically necessary criteria for blepharoplasty, blepharoptosis and brow lift clarified. General Information section updated.
Revised	09/14/2006	MPTAC review. Clarified visual fields criteria for adults. Added language addressing blepharoplasty in children. Added lower lid blepharoplasty as cosmetic. Coding updated.
Revised	03/23/2006	MPTAC review. Revision to clarify the vision field criteria.
Revised	07/14/2005	MPTAC review. Revision based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.	07/28/2004	SURG.00012	Blepharoplasty
WellPoint Health Networks, Inc.	04/28/2005	Clinical Guideline	Blepharoplasty and Ptosis

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