

Blepharoplasty and Brow Ptosis Repair

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Dates Reviewed: 12/99, 12/02, 12/2003, 12/2004, 11/2005, 11/2007, 11/2008, 07/2017, 07/2011, 05/2012, 03/2013, 04/2014, 04/2015, 08/2015, 08/2016, 08/2017, 04/2019, 04/2020, 04/2021

Developed By: Medical Necessity Criteria Committee

I. Description

Eyelid surgery, known as blepharoplasty, is a surgical procedure performed on the upper and/or lower eyelid to remove excess fat, skin and muscle. Eyelid surgery may be performed for either functional/reconstructive purposes to improve the field of vision or for cosmetic purposes in the absence of visual field obstruction. Resection of the levator muscle of the upper eyelid is performed to repair blepharoptosis or drooping of the upper eyelid. A brow lift is another surgical procedure that may be performed to correct a functional impairment of vision. A brow lift repairs brow ptosis by tightening the muscular structures supporting the eyebrow. When performed to primarily improve appearance, these procedures are considered cosmetic.

II. Criteria: CWQI HCS-0007A

- A. Moda Health will cover upper or lower eyelid blepharoplasty to plan limitations when the patient has **1 or more** of the following conditions:
 - a. Trichiasis (inversion of the eyelashes so that they rub against the cornea)
 - b. Ectropion (eyelid turned outward) with evidence of corneal exposure such as exposure keratitis or corneal ulcer.
 - c. Entropion (eyelid turned inward) with evidence of corneal exposure such as exposure keratitis or corneal abrasion.
 - d. Eyelid position contributes to difficulty in tolerating a prosthesis in an anophthalmic socket
 - e. The patient has undergone tumor ablative surgery of the eyelid
 - f. Exposure keratitis due to **1 or more** of the following
 - i. Floppy lid syndrome
 - ii. Inability to properly close eye due to Bell's palsy or other neurologic disorder
 - iii. Postoperative complication (e.g. absence of part of eyelid from previous surgery, tumor ablative surgery)
- B. In the absence of one of the conditions listed above, Moda Health will cover upper eyelid blepharoplasty, levator resection, or brow ptosis repair to plan limitations when **All** of the following criteria are met:
 - a. Patient meets **1 or more** of the following:

- i. With eyelids untaped, the superior visual field is less than 20 degrees and there is at least a 20-degree improvement when taped and visual fields should be consistent with photographs)
 - ii. Margin reflex distance (MRD) of 2.0 mm or less (The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed).
 - b. Documentation of patient complaint of subjective functional loss; and
 - c. Photographs must support the submitted documentation. With the patient looking straight ahead, the photo shows the eyelid at or below the upper edge of the pupil; and
 - d. Any related disease process, such as myasthenia gravis or a thyroid condition is documented as stable.
- C. If applicable, the presence of Hering’s effect (related to equal innervation to both upper eyelids) defending bilateral surgery when only the more ptotic eye clearly meets the Minimal Residue Disease (MRD) criteria (if lifting the more ptotic lid with tape causes the less ptotic lid to drop downward and meet the strict criteria), the less ptotic lid is also a candidate for surgical corrections.
- D. Moda Health considers surgical correction of congenital ptosis medically necessary to allow proper visual development and prevent amblyopia in infants and children with moderate to severe ptosis interfering with vision. Surgery is considered cosmetic if performed to correct mild ptosis that is only of cosmetic concern and not affecting vision. Photographs must show that the skin or upper eyelid margin obstructs a portion of the pupil.
- E. Blepharoplasty of the lower lids to remove excessive skin is considered cosmetic and is not covered. Blepharoplasty that is performed to primarily improve appearance is considered cosmetic and is not covered.

III. Information Submitted with the Prior Authorization Request:

- 1. Chart notes from the requesting provider
- 2. Visual fields (with lids taped and untapped)
 - a. Goldman III 4E Visual Field or equivalent
 - b. Humphreys Visual Field if done with a full field screen
- 3. Preoperative photographs-frontal at eye level and patient in primary position of gaze with pupil edge visible.

IV. CPT or HCPC codes covered:

Codes	Description
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
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)
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 capsulopalpebral fascia repairs operation)

V. CPT or HCPC codes NOT covered:

Codes	Description
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15824	Rhytidectomy; forehead

VI. Annual Review History

Review Date	Revisions	Effective Date
03/2013	Annual Review: Added table with review date, revisions, and effective date.	04/03/2013
04/2014	Annual Review: Added visual fields should be consistent with photos	04/03/2014
04/2015	Annual Review: Added MRD to criteria to match CMS guidelines.	04/01/2015
08/2015	Changed MRD from 2.5 to 2.0 due to new CMS LCD change- Added ICD-10 Codes	08/26/2015
08/2016	Annual Review: No change to criteria, removed ICD9 codes	08/31/2016
08/2017	Annual Review: No change.	08/23/2017
04/2019	Annual Review: No change	05/01/2019
04/2020	Annual Review: Updated non-covered code-15824. No content changes	05/01/2020
04/2021	Annual Review: No changes	05/01/2021

VII. References

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20. Centers for Medicare & Medicaid Services; Noridian Healthcare Solutions, LLC (02301, A and B MAC, J-F) LCD L35534 Blepharoplasty, Eyelid Surgery, and Brow Lift; Effective 6/23/2015; Revision 6/23/2015; Updated 6/9/2015

21. Centers for Medicare & Medicaid Services; Noridian Healthcare Solutions, LLC (02302, A and B MAC, J-F); LCD L35536 Blepharoplasty, eyelid Surgery, and Brow Lift; Effective 6/23/2015, Revision: 6/23/2015; Updated 6/9/2015
22. Physician Advisors

Appendix 1 – Applicable ICD 10 codes:

Codes	Description
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
G24.5	Blepharospasm
H02.009	Unspecified entropion of unspecified eye, unspecified eyelid
H02.019	Cicatricial entropion of unspecified eye, unspecified eyelid
H02.029	Mechanical entropion of unspecified eye, unspecified eyelid
H02.039	Senile entropion of unspecified eye, unspecified eyelid
H02.049	Spastic entropion of unspecified eye, unspecified eyelid
H02.059	Trichiasis without entropion unspecified eye, unspecified eyelid
H02.109	Unspecified ectropion of unspecified eye, unspecified eyelid
H02.119	Cicatricial ectropion of unspecified eye, unspecified eyelid
H02.129	Mechanical ectropion of unspecified eye, unspecified eyelid
H02.139	Senile ectropion of unspecified eye, unspecified eyelid
H02.149	Spastic ectropion of unspecified eye, unspecified eyelid
H02.36	Blepharochalasis left eye, unspecified eyelid
H02.409	Unspecified ptosis of unspecified eyelid
H02.419	Mechanical ptosis of unspecified eyelid
H02.429	Myogenic ptosis of unspecified eyelid
H02.439	Paralytic ptosis unspecified eyelid
H02.839	Dermatochalasis of unspecified eye, unspecified eyelid
H04.209	Unspecified epiphora, unspecified lacrimal gland
H04.219	Epiphora due to excess lacrimation, unspecified lacrimal gland
H05.89	Other disorders of orbit
H16.219	Exposure keratoconjunctivitis, unspecified eye
H49.00	Third [oculomotor] nerve palsy, unspecified eye
H53.009	Unspecified amblyopia, unspecified eye
H53.019	Deprivation amblyopia, unspecified eye
H53.029	Refractive amblyopia, unspecified eye
H53.039	Strabismic amblyopia, unspecified eye
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
Q18.8	Other specified congenital malformations of face and neck
S00.10XA	Contusion of unspecified eyelid and periocular area, initial encounter

S05.00XA	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter
S05.10XA	Contusion of eyeball and orbital tissues, unspecified eye, initial encounter
T85.81XA	Embolism due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.82XA	Fibrosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.83XA	Hemorrhage due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.84XA	Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.85XA	Stenosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.86XA	Thrombosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
T85.89XA	Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
Z90.01	Acquired absence of eye

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
	Noridian Local Coverage Determination (LCD) Blepharoplasty Eyelid Surgery, and Brow Lift L36286
	https://med.noridianmedicare.com/documents/10546/6990983/Blepharoplasty+Eyelid+Surgery+and+Brow+Lift+LCD/61353f20-a2dc-420b-9a70-542dd57db939

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC