

Subject: Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair		Original Effective Date: 9/30/14
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DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.¹

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Blepharoplasty is performed to remove fat deposits, excess tissue, or muscle from the eyelids. Blepharoptosis repair is performed to correct weakness of the levator muscles of the eyelid which causes lid droop. Brow

ptosis surgery is performed to remove redundant brow tissue and raise the level of the brow. Surgery of the eyelids is reconstructive when it provides functional and/or visual field benefits but cosmetic when done to enhance aesthetic appearance. Eyelid and brow surgery may be performed for the following conditions:

- *Blepharoptosis*: drooping of the upper eyelid which relates to the position of the eyelid margin with respect to the eyeball and visual axis.
- *Blepharochalasis*: excess skin associated with chronic recurrent eyelid edema that physically stretches the skin.
- *Blepharospasm*: a debilitating, chronic disease characterized by involuntary muscle spasms and twitching around the eye that often progresses to persistent closure of the eyelid, resulting in functional blindness. The most common form of blepharospasm is benign essential blepharospasm; the exact cause is unknown
- *Brow Ptosis*: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may coexist with clinically significant dermatochalasis and/or lid ptosis.
- *Dermatochalasis*: excess skin with loss of elasticity that is usually the result of the aging process.
- *Pseudoptosis*: Excessive skin that overhangs the eyelid margin due to dermatochalasis or blepharochalasis causing its own ptosis.

POSITION STATEMENT CRITERIA ¹⁻¹⁹

The following surgical eye procedures may be considered medically necessary and reconstructive and not cosmetic when there is a functional impairment demonstrated and all of the following individual criteria for each procedure are met. If multiple procedures are requested the criteria for each procedure must be met:

1. Upper eyelid blepharoplasty (CPT 15822 and 15823) may be considered reconstructive and medically necessary all of the following criteria are present: [ALL]
 - ☐ Documented functional visual complaints related to eyelid abnormality; and
 - ☐ Diagnosis of one of the following:
 - Blepharochalasis
 - Dermatochalasis
 - Pseudoptosis
 - Congenital or pediatric ptosis
 - Ptosis due to an ocular prosthesis; and
 - ☐ Visual field testing* shows superior visual field loss of at least 20 degrees on visual field testing that is corrected when the upper lid margin is elevated by taping the eyelid; and
 - ☐ frontal or lateral photographs demonstrate visual field limitation consistent with the visual field examination
2. Upper eyelid blepharoptosis repair (CPT 67901– 67909) may be considered reconstructive and medically necessary when all of the following criteria are present: [ALL]
 - ☐ Documented functional visual complaints related to eyelid abnormality; and
 - ☐ Diagnosis of Blepharoptosis, congenital or pediatric ptosis or ptosis due to an ocular prosthesis with other causes of ptosis excluded (i.e. botox injections or nerve palsy that does not recover within 6-12 months)

- ☐ Visual field testing* shows superior visual field loss of at least 20 degrees of vision that is corrected when the upper lid margin is elevated by taping the eyelid; and
- ☐ The upper eyelid **margin reflex distance (MRD) is ≤ 2.0 mm from midpupil in primary gaze; and
- ☐ Frontal or lateral photographs demonstrate visual field limitation consistent with the visual field examination

3. Brow ptosis (CPT 67900) may be considered reconstructive and medically necessary when the following criteria are present: [ALL]

- ☐ Documented functional visual complaints related to brow ptosis, congenital or pediatric ptosis and ptosis due to an ocular prosthesis confirmed by frontal or lateral photographs demonstrating that the eyebrow is below the supraorbital rim; and
- ☐ Frontal or lateral photographs demonstrate visual field limitation consistent with the visual field examination; and
- ☐ Visual field testing* shows superior visual field loss of at least 20 degrees of vision that cannot be corrected by upper lid blepharoplasty

***Visual field testing:** The superior visual field measurement is used to determine the extent of functional impairment prior to blepharoplasty procedures. Visual field testing maps the central and peripheral vision of the individual eyes separately, often using automated perimetry equipment. A normal unobstructed visual field extends 50 to 60 degrees superiorly.^{17 19}

****Margin Reflex Distance:** The upper margin reflex distance (MRD1) is the distance between the corneal light reflex and upper eyelid margin. The normal MRD-1 for the upper eyelid is 4 to 5 mm above the midpupil.^{17 19}

4. Lower eyelid blepharoplasty (CPT 15820 and 15821) is usually cosmetic but may be considered reconstructive and medically necessary when the following criteria are present: [ALL]

- ☐ Diagnosis of one of the following: [ONE]
 - Blepharospasm with apraxia of the lid opening; or
 - Lower eyelid dermatochalasis causing inability to close the eyelid (lagophthalmus); or
 - Congenital or pediatric ptosis; or
 - Ptosis due to an ocular prosthesis; and/or
- ☐ Functional impairment is present: [ALL]
 - Documented uncontrolled tearing, irritation or dry eye; and
 - Conservative treatments tried and failed (e.g. botox injections for blepharospasm)

5. Cosmetic procedures in the absence of a functional visual impairment or are being performed for the sole purpose of improving appearance are excluded because these are considered cosmetic in nature and not medically necessary.

SUMMARY OF MEDICAL EVIDENCE

There are no randomized, prospective, controlled comparison studies on lid ptosis repair techniques or that compare outcomes of surgical treatment for blepharoptosis, dermatochalasis, blepharochalasis, or brow ptosis to other more conservative treatments. The medical evidence consists of retrospective and prospective case series and one systematic review that evaluate various surgical techniques to assess visual function. Number of

participants varies from 15-552. Outcomes measured included margin reflex distance [MRD] and superior visual field (SVF) height, as well as subjective visual function and health-related quality-of-life functional status before and after surgery. In these studies functional correction was achieved.⁵⁻¹⁶

Position statements by professional societies and government agency guidelines provide specific clinical indications for upper and lower lid surgery.¹⁻⁴

CODING INFORMATION THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS A COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

CPT	Description
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
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)
67909	Reduction of overcorrection of ptosis

HCPCS	Description
	N/A

ICD-10	Description: [For dates of service on or after 10/01/2015]
G24.5	Blepharospasm
G51.0-G51.9	Facial nerve disorders
H01.029	Squamous blepharitis unspecified eye, unspecified eyelid
H02.30-H02.36	Blepharochalasis (pseudoptosis)
H02.401-H02.439	Ptosis of eyelid
H02.831-H02.839	Dermatochalasis of eyelid
H04.209	Unspecified epiphora, unspecified lacrimal gland
H53.40-H53.489	Visual field defects

RESOURCE REFERENCES

Government Agency

1. Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. Local coverage determination (LCD) for Blepharoplasty. LCD ID number L34194. 10/1/2015. Revised 9/30/2018. Accessed at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

Professional Society Guidelines

2. American Society of Plastic Surgeons (ASPS). Practice Parameter for Blepharoplasty. Approved by the Executive Committee of the American Society of Plastic Surgeons®, March 2007. [archived] Available at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>
3. American Society of Plastic Surgeons (ASPS). ASPS recommended insurance coverage criteria for third-party payors. Blepharoplasty. March 2007b. [archived] Accessed March 5, 2014. Available at: <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>
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Peer Reviewed Literature

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16. Ho SF, Morawski A et al. Modified visual field test for ptosis surgery (Leicester Peripheral Field Test). Eye (Lond). Mar 2011; 25(3): 365–369.

Other Resources

17. McKesson InterQual criteria. 2019 Procedures Criteria: Blepharoplasty, Ectropion Repair, Entropion Repair, Ptosis Repair.
18. UpToDate: [website]. Waltham, MA: Walters Kluwer Health; 2021. Lee M. Overview of ptosis.
19. MCG 24th edition 2021. Blepharoplasty, Canthoplasty, and Related Procedures. ACG: A-0195 (AC)
20. AMR Peer Review Network: Policy reviewed by practicing MD board certified in Ophthalmology, March 2020.

REVISION/REVIEW HISTORY

12/16/15, 9/15/16, 9/19/17 & 3/8/18: Policy reviewed, no changes to criteria.

6/19/19: Policy reviewed, no changes to criteria.

6/17/20: Policy reviewed, clinical criteria has changed based on new guidelines. Added the following diagnoses to the criteria as medically appropriate conditions: congenital or pediatric ptosis or ptosis due to an ocular prosthesis. Added blepharospasm and removed nerve damage from the criteria for lower eyelid blepharoplasty to be consistent with new guidelines. Updated references.

4/5/21: Policy reviewed, no changes.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Review (MCR) document and provide the directive for all Medicare members.

There are no NCD's found on the topic of Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair. There are several LCD's that outline specific coverage criteria.