Molina Clinical Policy
Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair: Policy No. 204

Last Approval: 4/13/2022
Next Review Due By: April 2023

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment and clinical recommendations for the Member. 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 (e.g., 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 MCP and provide the directive for all Medicare members. References included were accurate at the time of policy approval and publication.

OVERVIEW

Blepharoplasty is performed to remove fat deposits, excess tissue, or muscle from the eyelids. Blepharoptosis repair is preformed to correct weakness of the levitator 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** – a 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** – a 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.

COVERAGE POLICY

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. <u>If multiple procedures are requested, the criteria for each procedure must be met</u>. (CMS; AMR, 2020; MCG, 2021).

1. **Upper eyelid blepharoplasty** (CPT 15822 and 15823) may be considered reconstructive and medically necessary **ALL** of the following criteria are present:
   a. Documented functional visual complaints related to eyelid abnormality; **AND**
   b. Diagnosis of <u>one</u> of the following:
      - Blepharochalasis; **OR**
      - Dermatochalasis; **OR**
      - Pseudoptosis; **OR**
      - Congenital or pediatric ptosis; **OR**
      - Ptosis due to an ocular prosthesis.

   AND

c. 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**

d. Frontal or lateral photographs demonstrate visual field limitation consistent with 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:
   a. Documented functional visual complaints related to eyelid abnormality; **AND**
   b. Diagnosis of blepharoptosis, congenital or pediatric ptosis, or ptosis due to ocular prosthesis with other causes of ptosis excluded (e.g., botox injections, nerve palsy that does not recover within 6-12 months); **AND**
   c. 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**
   d. The upper eyelid **margin reflex distance (MRD) is ≤ 2.0 mm from mid-pupil in primary gaze; **AND**
   e. Frontal or lateral photographs demonstrate visual field limitation consistent with visual field examination.

3. **Brow ptosis** (CPT 67900) may be considered reconstructive and medically necessary when **ALL** of the following criteria are present:
   a. 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**
   b. Frontal or lateral photographs demonstrate visual field limitation consistent with the visual field examination; **AND**
   c. 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.
****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 mid-pupil.

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

   a. Diagnosis of <u>one</u> of the following:
      - 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

   AND

   b. Functional impairment is present:
      - 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 <u>are excluded</u> because these are considered cosmetic in nature and not medically necessary.

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

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. Position statements by professional societies and government agency guidelines provide specific clinical indications for upper and lower lid surgery. (CMS; Cahill et al., 2011; ASPS, 2008; ASPS, 2007).

SUPPLEMENTAL INFORMATION

None.

CODING & BILLING INFORMATION

CPT Codes

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 (e.g. 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 (e.g., fasanella-servat type)
67909	Reduction of overcorrection of ptosis

CODING DISCLAIMER. Codes listed in this policy are for reference 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. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

APPROVAL HISTORY

4/13/2022 Policy reviewed; no changes to criteria; updated Summary of Medical Evidence and Reference sections.
4/5/2021 Policy reviewed, no changes to criteria.
6/17/2020 Policy reviewed, clinical criteria changed based on new guidelines, updated references. Added the following diagnoses 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.
6/19/2019 Policy reviewed, no changes to criteria.
12/16/2015, 9/15/2016, 9/19/2017, 3/8/2018 Policy reviewed, no changes to criteria.

REFERENCES

Government Agency

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database (search: "local coverage determination blepharoplasty L34194"). Available from CMS. Effective October 1, 2015. Updated September 20, 2018. Accessed February 15, 2022).

Evidence Based Reviews and Publications

1. Lee MS. Overview of ptosis. Available from UpToDate. Updated March 17, 2021. Accessed Feb. 15, 2022. Registration and login required.
2. MCG. Blepharoplasty, canthoplasty, and related procedures (A-0195), 25th ed. Available from MCG. Updated June 7, 2021. Accessed February 15, 2022. Registration and login required.
3. AMR Peer Review. Policy reviewed in March 2020 by an Advanced Medical Reviews (AMR) practicing, board-certified physician in the area of Ophthalmology.

National and Specialty Organizations

1. American Society of Plastic Surgeons (ASPS). ASPS recommended insurance coverage criteria for third-party payors: Blepharoplasty. Available from ASPS. Approved July 2008. Re-Approved December 2020. Accessed February 16, 2022.
2. American Society of Plastic Surgeons (ASPS). Practice parameter for blepharoplasty. Available from ASPS. Archived March 2007. Accessed February 15, 2022.
3. Cahill KV, Bradley EA, Meyer DR, Custer PL, Holck DE, Marcet MM, Mawn LA. Functional indications for upper eyelid ptosis and blepharoplasty surgery: A report by the American Academy of Ophthalmology. Ophthalmology. 2011 Dec;118(12):2510-7. doi: 10.1016/j.ophtha.2011.09.029. Accessed February 15, 2022.

Peer Reviewed Publications

1. Bedrossian EH. Reconstructive lower lid blepharoplasty. Ophthalmol Clin North Am. 2005 Jun;18(2):291-300, vi. doi: 10.1016/j.ohc.2005.02.001. Accessed February 16, 2022.
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7. Ho SF, Morawski A, Burns J. Modified visual field test for ptosis surgery (Leicester Peripheral Field Test). Eye (Lond). 2011 Mar;25(3):365-9. doi: 10.1038/eye.2010.210. Accessed February 16, 2022.
8. Mellington F, Khooshabeh R. Brow ptosis: Are we measuring the right thing? The impact of surgery and the correlation of objective and subjective measures with postoperative improvement in quality-of-life. Eye (Lond). 2012 Jul;26(7):997-1003. doi: 10.1038/eye.2012.78. Accessed February 16, 2022.
9. Meyer DR, Stern JH, Jarvis JM, Lininger LL. Evaluating the visual field effects of blephaoptosis using automated static perimetry. Ophthalmology. 1993 May;100(5):651-8; discussion 658-9. doi: 10.1016/s0161-6420(93)31593-9. Accessed February 16, 2022.
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12. Rizk SS, Matarasso A. Lower eyelid blepharoplasty: Analysis of indications and the treatment of 100 patients. Plast Reconstr Surg. 2003 Mar;111(3):1299-306; discussion 1307-8. Plast Reconstr Surg. 2003 Mar;111(3):1299-306; discussion 1307-8. doi: 10.1097/01.PRS.0000047024.15224.7F. Accessed February 16, 2022.

APPENDIX

Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*