

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Blepharoplasty With or Without Levator Muscle Advancement
Policy Number	7.01.55
Category	Contract Clarification
Original Effective Date	06/27/02
Committee Approval Date	07/24/03, 08/26/04, 06/23/05, 04/27/06, 02/22/07, 12/13/07, 10/23/08, 06/28/12, 02/28/13, 04/24/14, 04/23/15, 04/28/16, 06/22/17, 04/26/18, 04/25/19, 04/23/20, 04/22/21, 04/21/22
Current Effective Date	03/23/23
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Archive Review Date	02/26/09, 02/25/10, 02/24/11
Product Disclaimer	<ul style="list-style-type: none"> If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, reconstructive, or functional, blepharoplasty, or functional levator muscle advancement combined with blepharoplasty, for the **upper eyelid** has been medically proven to be effective and, therefore, is considered **medically appropriate** for the following indications:
- A. **Ptosis:**
Documented upper eyelid margin approaching less than or equal to 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex (marginal reflex distance or MRD), shown by photographs in primary gaze (head and gaze straight ahead);
OR
- B. **Dermatochalasis:**
Severe, redundant skin resting upon the eyelashes in photographs in primary gaze and/or by photographs in lateral view showing eyelid tissue resting on or pushing down on the eyelashes;
AND
- C. Documented functional limitation to the patient's vision;
OR
- D. **Anophthalmia Socket:**
1. Improper fit of the eye prosthesis; **and**
2. Difficulty wearing the prosthesis caused by eyelid abnormality, with photographs showing the abnormality.
- II. Based upon our criteria and assessment of the peer-reviewed literature, reconstructive or functional blepharoplasty for the **lower eyelid** has been medically proven to be effective and, therefore, is considered **medically necessary** when:
- A. Vision is obstructed by the excess tissue;

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OR

B. Eyes are dry and irritated;

AND

C. There is documented functional limitation to the patient's vision;

OR

D. There are photographs and documentation of treatment of any eye irritation.

III. Based upon our criteria and assessment of the peer-reviewed literature, a revisional blepharoplasty has been medically proven to be effective and, therefore, is considered **medically appropriate** for a patient with functional impairment when the criteria stated in Policy Statement I or II are met.

IV. Based upon our criteria and assessment of the peer-reviewed literature, cosmetic blepharoplasty does not improve patient outcomes and, therefore, is considered **not medically necessary** when performed to improve a patient's appearance, in the absence of any signs and/or symptoms of functional abnormalities.

V. Based upon our criteria and assessment of the peer-reviewed literature, brow lift or browpexy, (e.g., repair of brow ptosis for laxity of the forehead muscles) has been medically proven to be effective and, therefore, is considered **medically appropriate** when the brow ptosis causes functional visual impairment that is documented by photographs (lateral view preferred) showing the eyebrow below the supraorbital rim and visual fields with a written interpretation.

Refer to Corporate Medical Policy #7.01.11 Cosmetic and Reconstructive Procedures.

POLICY GUIDELINES

I. Visual impairment must be clearly evidenced by the following documentation:

A. Visual field testing, accompanied by a physician's written interpretation. The documentation must show a peripheral visual field impairment within 30 degrees of fixation by perimetry, or the upper field must improve by at least 20 degrees with eyelid taped, compared to visual field with untaped lid; if visual field testing is unable to be performed, a written explanation with photographs must accompany the request; **AND**

B. Documentation of the marginal reflex distance (MRD), which is the number of millimeters from the corneal light reflex or center of the pupil to the upper lid margin, is necessary for ptosis evaluation. For dermatochalasis MRD is not necessary but may be sufficient; **AND**

C. Photographic documentation of the patient while looking in primary gaze, upward-gaze, downward-gaze, and lateral views, which must be consistent with the degree of visual field impairment described in the medical records or demonstrated by the MRD measurements;

AND EITHER:

D. Functional limitations, which may include:

1. significant interference with vision or superior or lateral visual field (e.g., difficulty seeing objects approaching from periphery); **or**
2. difficulty reading due to superior visual field loss; **or**
3. looking through the eyelashes or seeing the upper eyelid skin;

OR

E. Significant congenital or acquired deformities or deformities beyond normal variations and accompanied by functional deficits. These must be evidenced by photographs. In some cases, visual fields may also be required.

II. In cases of unilateral reconstruction, blepharoplasty of the opposite eyelid at the same time may be considered reconstructive blepharoplasty if:

A. The opposite eyelid also exhibits abnormalities; **and**

B. The opposite eyelid does not yet meet criteria for reconstructive blepharoplasty; **and**

C. Clinical evidence indicates that the opposite eyelid will soon meet criteria for reconstructive blepharoplasty.

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DESCRIPTION

Blepharoplasty is eyelid surgery performed to remove fat, usually along with excess skin, from the upper and lower eyelids.

A functional blepharoplasty is performed when the range of vision is narrowed due to excessive redundant skin in the eyelid (dermatochalasis). During this procedure, various amounts of excess skin and sometimes fat are removed from the upper eyelid, thus increasing vision range. A blepharoplasty may be performed alone or in conjunction with other facial surgery procedures, such as a face lift or browlift, or to address cosmetic issues; however, it will not remove crow's feet or other wrinkles, eliminate dark circles under eyes, or lift sagging eyebrows.

Pseudoptosis is a condition in which the upper-lid skin becomes redundant and lax to such an extent that it "hoods" the eye, blocking peripheral vision on upward-gaze or the upper visual field when looking straight ahead. Dermatochalasis and/or muscle laxity is corrected with a reconstructive upper-lid blepharoplasty that removes excess tissue and restores visual function.

Eyelid ptosis, or blepharoptosis, is when the upper eyelid descends from its normal position or drops to approach or cover the pupil in one or both eyes. This condition can be caused by weakness of the levator muscle or tendon that lifts the eyelid. Treatment when vision is impaired is called a levator muscle advancement and involves tightening the levator muscle to lift the eyelid. In very severe cases involving weakened levator muscles, the eyelid is attached under the eyebrow. This allows the forehead muscles to substitute for levator muscles in lifting the eyelid. A blepharoplasty may be performed along with levator muscle advancement when dermatochalasis is also present.

Cosmetic Blepharoplasty:

When blepharoplasty is performed to improve a patient's appearance, in the absence of any signs and/or symptoms of functional abnormalities, the procedure is considered cosmetic.

Reconstructive Blepharoplasty:

Reconstructive blepharoplasty is performed:

- I. to correct visual impairment caused by drooping of the eyelids (ptosis); or
- II. to correct severe redundant skin (dermatochalasis) resting upon the eyelashes; or
- III. to repair defects caused by trauma or tumor-ablative surgery; or
- IV. to treat periorbital sequelae of thyroid disease and nerve palsy; or
- V. to relieve the painful symptoms of blepharospasm. This may involve rearrangement or excision of the structures within the eyelids and/or tissues of the cheek, forehead, and nasal areas.

Signs and symptoms commonly found in association with ptosis, pseudoptosis, blepharochalasis, and/or dermatochalasis include, but are not limited to, the following:

- I. visual field impairment in primary or downward gaze (e.g., reading position); or
- II. lower than normal position of the eyelid relative to the pupil; or
- III. excess skin that hangs over the edge of the eyelid; or
- IV. chronic dermatitis due to redundant skin; or
- V. patients with anophthalmic socket experiencing prosthesis difficulties.

Primary essential (idiopathic) blepharospasm is a condition characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating. Treatment includes extended blepharoplasty with wide resection of the orbicularis oculi muscle complex.

Cranial nerve palsy is the partial or complete palsy of the facial (seventh cranial) nerve or the oculomotor (third cranial) nerve and can cause true ptosis or pseudoptosis from marked periorbital muscle paralysis. Symptoms such as exposure keratitis and cornea erosion (facial nerve) or visual restriction (oculomotor nerve) may occur. When lesions involving the temporal branch of the facial nerve are present, treatment consists of reconstructive blepharoplasty, with or without browlift. Third-nerve palsy may require frontalis fascial suspension to obtain an adequate eyelid.

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Thyroid disease symptoms may include unilateral or bilateral upper-eyelid retraction and proptosis (protruding eye). Frequently, medical therapy for the thyroid pathology will resolve these deformities, but occasionally, reconstructive blepharoplasty is necessary to prevent corneal exposure and erosion.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT Codes

Code	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 (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67999	Unlisted procedure, eyelids

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HCPCS Codes

Code	Description
No specific code	

ICD10 Codes

Code	Description
Several	

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REFERENCES

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*Key Article

KEY WORDS

Transconjunctival blepharoplasty, Transcutaneous blepharoplasty, Brow lift.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Article for Blepharoplasty. Please refer to the following website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52837&ver=15&ContrId=298&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=blepharoplasty&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAgAA&A&>