

# MEDICAL POLICY



<b>SUBJECT: BLEPHAROPLASTY WITH OR WITHOUT LEVATOR MUSCLE ADVANCEMENT</b>	<b>EFFECTIVE DATE: 06/27/02</b> <b>REVISED 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</b> <b>(ARCHIVED DATE: 12/11/08</b> <b>EDITED DATE: 02/26/09, 02/25/10, 02/24/11)</b> <b>PAGE: 1 OF: 4</b>
<b>POLICY NUMBER: 7.01.55</b> <b>CATEGORY: Cosmetic</b>	
<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>If a Medicare 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.</i></li></ul>	

## POLICY STATEMENT:

- I. Reconstructive, or functional, blepharoplasty or functional levator muscle advancement combined with blepharoplasty for the upper eyelid 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 the primary gaze (head and gaze straight ahead); OR
  - B. Dermatochalasis:

Severe redundant skin resting upon the eyelashes with photographs in straight gaze and/or 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. Reconstructive, or functional, blepharoplasty for the lower eyelid is considered **medically necessary** when:
  - A. Vision is obstructed by the excess tissue; 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. A revisional blepharoplasty is considered **medically appropriate** for a patient with functional impairment when the criteria stated in Policy Statement I or II are met.
- IV. Cosmetic blepharoplasty 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. Brow lift, or browpexy, (e.g., repair of brow ptosis for laxity of the forehead muscles) 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.

## POLICY GUIDELINES:

- I. Documentation of visual impairment must be clearly evidenced by:
  - A. Visual fields must be included and accompanied by a physician's written interpretation. 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

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- B. Measurement 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; AND
  - C. Photographic documentation of the patient while looking in primary gaze, upward-gaze, down-gaze, and lateral views is required which is consistent with the degree of visual field impairment described in the medical records or demonstrated by the MRD measurements; AND
  - D. Functional limitations 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, 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 the opposite eyelid will soon meet criteria for reconstructive blepharoplasty.

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

**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 which lifts the eyelid. Treatment when vision is impaired is called a levator muscle advancement and involves tightening the levator muscles to lift eyelids. 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 the 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:**

- I. To correct visual impairment caused by drooping of the eyelids(ptosis);
- II. To correct severe redundant skin (dermatochalasis) resting upon the eyelashes;

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- III. To repair defects caused by trauma or tumor-ablative surgery;
- IV. To treat periorbital sequelae of thyroid disease and nerve palsy; or
- V. When blepharoplasty is performed 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):

- I. Visual field impairment in primary or down 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 and for 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.

*Thyroid disease* - symptoms associated with thyroid disease can 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:**      Number              Description

*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.

<b><u>CPT:</u></b>	15820	Blepharoplasty, lower eyelid
	15821	with extensive herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	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	frontalis muscle technique with fascial sling (includes obtaining fascia)
	67903	(tarso) levator resection or advancement, internal approach
	67904	(tarso) levator resection or advancement, external approach
	67906	superior rectus technique with fascial sling (includes obtaining fascia)

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67908 conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)  
67909 Reduction of overcorrection of ptosis  
67999 Unlisted procedure, eyelids

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**HCPCS:** No specific code

**ICD10:** Several

**REFERENCES:**

\*American Society of Plastic Surgeons. Practice parameter for blepharoplasty. 2007 Mar [http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf] accessed 3/21/18.

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BlueCross BlueShield Association. Reconstructive/cosmetic services - archived. Medical Policy Reference Manual Policy #10.01.09. 2011 Dec 08.

Drolet BC and Sullivan PK. Evidence-based medicine: Blepharoplasty. *Plast Reconstr Surg* 2014 May;133(5):1195-205.

Jacobsen AG, et al. Functional benefits and patient satisfaction with upper blepharoplasty - evaluated by objective and subjective outcome measures. *Acta Ophthalmol*. 2017 Feb 15

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**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=gAAAABAAGAAA&>