

Department of Origin: Integrated Healthcare Services	Effective Date: 06/07/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document: Eyelid and Brow Surgery	Replaces Effective Clinical Policy Dated: 06/09/21
Reference #: MC/G001	Page: 1 of 6

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional or physical impairment* are not considered *cosmetic*.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I - IV

- I. *Blepharoplasty* for upper eyelid – must satisfy any of the following: A – C (15822,15823)
 - A. *Blepharochalasis, dermatochalasis, or pseudoptosis* – must satisfy all of the following: 1 and 2
[Note: If request is for both eyes, but only one eye meets medical necessity indications in 1 and 2, bilateral procedures can be allowed.]
 - 1. Photo (front and side) of untaped position of the eyelid, with the camera at eye level and the individual looking straight ahead (primary gaze), demonstrates either of the following: a or b
 - a. Redundant skin overhanging the upper eyelid margin and resting on the eyelashes; or
 - b. Significant dermatitis caused by the redundant skin overhanging the upper eyelid.
 - 2. Documented visual impairment – must satisfy any of the following: a - c
 - a. A visual field measurement demonstrates a difference between taped and un-taped of at least 12 degrees, or at least 30% of upper field vision. Test must be done by an optometrist or ophthalmologist and must include an interpretation of the test; or
 - b. Loss of central (ie, forward or mid-line) vision (loss of vision 20 degrees above fixation during primary [straight] gaze); or
 - c. A *margin reflex distance 1* (MRD[1]) of less than or equal to 2mm (see Attachment A).
 - B. The upper eyelid position contributes to difficulty tolerating prosthesis in an anophthalmia socket.
 - C. To treat periorbital sequelae of thyroid disease and nerve palsy, and other nerve palsy, eg, oculomotor nerve.

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- II. *Blepharoptosis* repair for upper eyelid *ptosis* – must satisfy any of the following: A – C (67901, 67902, 67903, 67904, 67906, 67908) (See Attachment B)
 - A. To improve function and/or decrease symptoms – must satisfy both of the following: 1- 2
 - 1. Photo of untaped position of the eyelid, with the camera at eye level and the individual looking straight ahead (primary gaze), documenting the abnormal eyelid position; and
 - 2. Documented visual impairment – any of the following: a - c
 - a. A visual field measurement demonstrates a difference between taped and un-taped of at least 12 degrees, or at least 30% of upper field vision. (Test must be done by an optometrist or ophthalmologist and must include an interpretation of the test); or
 - b. Loss of central vision (loss of vision 20 degrees above fixation with primary gaze); or
 - c. Documented *margin reflex distance* (MRD) of less than or equal to 2mm (see Attachment A).
 - B. Congenital defect in infants or young children causing functional impairment where repair will improve function and/or decrease symptoms (need photographs demonstrating defect).
 - C. The upper eyelid position contributes to difficulty tolerating prosthesis in an anophthalmia socket.
- III. Brow ptosis repair (lift) (alone) – must satisfy all of the following: A - C (67900)
 - A. Laxity of the forehead muscles must be causing functional visual defects; and
 - B. A visual field measurement demonstrates a difference between taped and un-taped of at least 12 degrees, or at least 30% of upper field vision. (Test must be done by an optometrist or ophthalmologist and must include an interpretation of the test); and
 - C. Photo of untaped position of brow demonstrating visual field limitation (if needed to confirm functional deficit).
- IV. Brow ptosis repair (lift) (CPT 67900) as an adjunct to upper eyelid blepharoplasty (15822, 15823) – must satisfy both of the following: A - B
 - A. The criteria for each separate service are met (as per above); and
 - B. A visual field measurement demonstrates a difference between taped and untaped of both of the following: 1 - 2
 - 1. At least 12 degrees, or at least 30% of upper field vision with the upper eyelid taped; and
 - 2. An additional 30% (or 12 degrees) or more improvement in total number of points seen with the eyelid and eyebrow taped up.

(Test must be done by an optometrist or ophthalmologist and must include an interpretation of the test)
- V. Requests for lower lid *blepharoplasty* will be assessed on a case-by-case basis (15820,15821).

EXCLUSIONS (not limited to):

Refer to member’s Certificate of Coverage or Summary Plan Description.

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DEFINITIONS:

Blepharochalasis:

Relaxation of the skin of the eyelid due to atrophy of the intercellular tissue

Blepharoplasty:

Surgical modification of the eyelid; excess tissue such as skin and fat are removed or repositioned, and surrounding muscles and tendons may be reinforced

Blepharoptosis or Ptosis:

Abnormally low position (drooping) of the upper eyelid which relates to the position of the eyelid margin with respect to the cornea and visual axis. It usually results from acquired or congenital abnormalities of the muscles (including the innervating nerves) of the eyelids.

Cosmetic:

Services and procedures that improve physical appearance but do not correct or improve a physiological function and are not medically necessary.

Dermatochalasis:

Excessive skin usually the result of the aging process with loss of elasticity.

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Margin Reflex Distance (MRD):

Distance between lid margin and midpoint of the pupil; normal MRD is 4-5mm

Pseudoptosis:

“False *ptosis*;” The eyelid margin is usually in an appropriate position with respect to the eyeball and visual axis. However, the amount of excessive skin is so great as to overhang the eyelid margins and create its own ptosis.

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury, sickness, or prior surgery* of the involved body part; or
2. A covered dependent child’s congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

BACKGROUND:

Lower lid blepharoplasty is generally considered cosmetic and requires physician review. Blepharoplasty performed to improve appearance in the absence of signs and/or symptoms of functional abnormalities is considered cosmetic and not eligible for coverage.

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Prior Authorization: Yes, per network provider agreement.

CODING:

CPT®

- 15820 Blepharoplasty; lower lid
- 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) open or endoscopic
- 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material
- 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)

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REFERENCES:

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2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/C002 Cosmetic Procedures/Treatments
4. Lee MS. Overview of ptosis. (Topic 5243 Version 14.0; last updated: 03/17/21) In: Wilterdink JL, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. www.uptodate.com. Accessed 03-14-22.
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8. Javadnia H, Rohrich RJ, Cho MJ. Endoscopic Temporal Brow Lift: Surgical Indications, Technique, and 10-Year Outcome Analysis. *Plast Reconstr Surg*. 2019 Dec;144(6):1305-1310.
9. Putterman AM. Margin Reflex Distance (MRD) 1, 2, and 3 [letter to the editor]. *Ophthal Plast Reconstr Surg*. 2012;28(4).

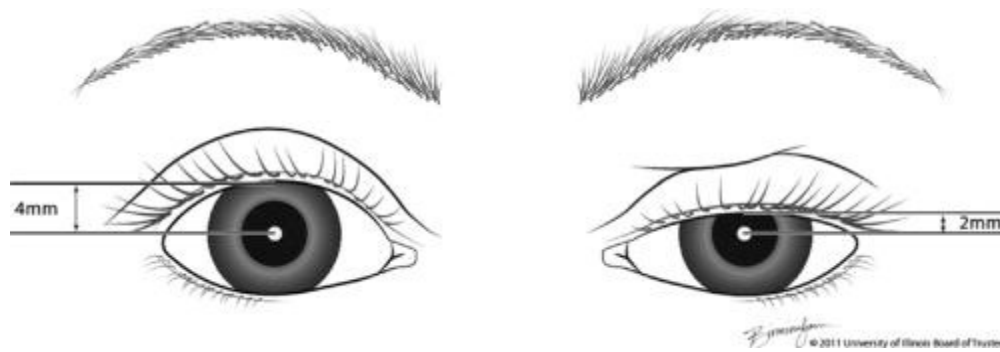
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Attachment A

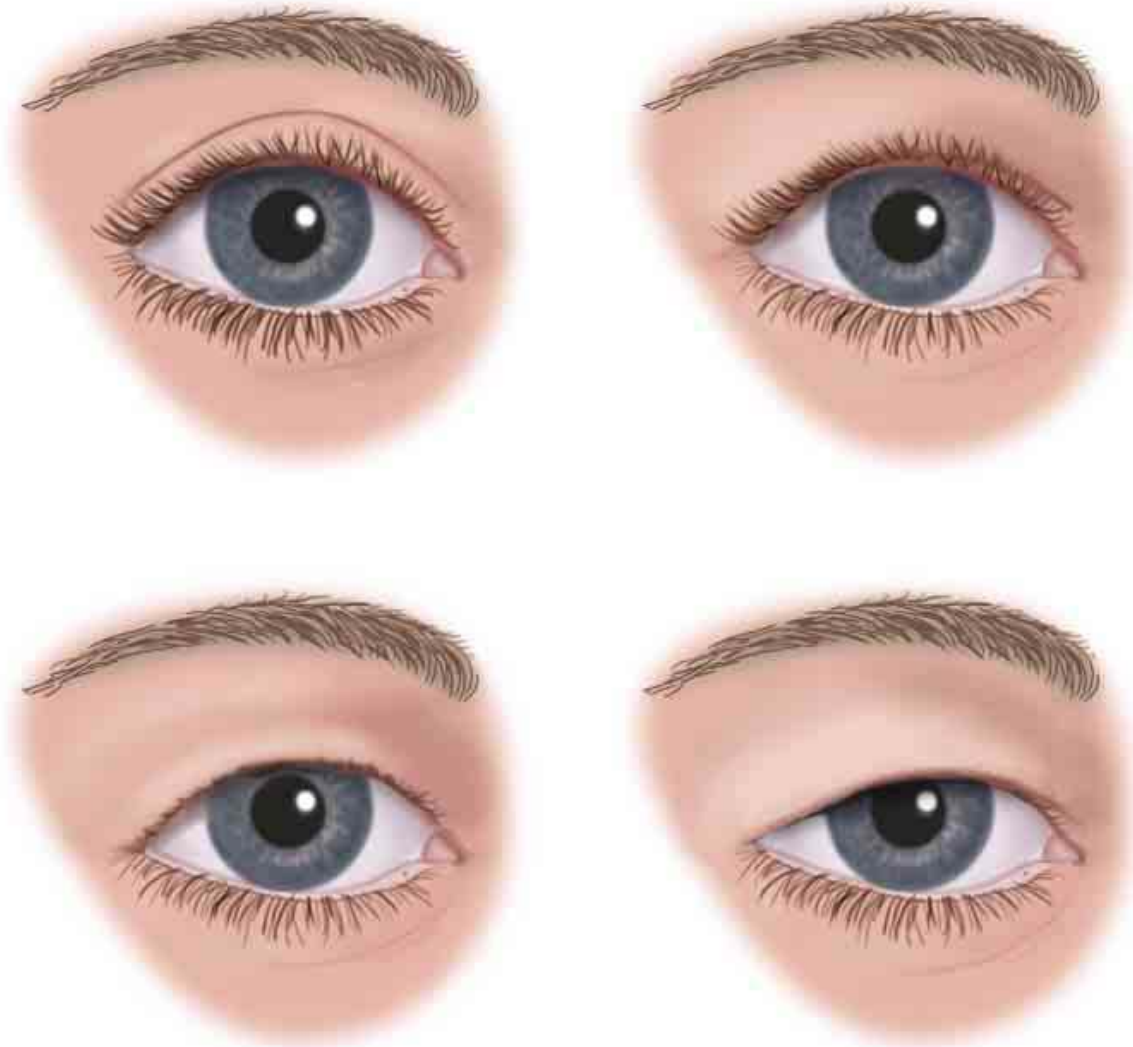
Margin Reflex Distance 1 (MRD1)



Retrieved from: Putterman AM. Margin Reflex Distance (MRD) 1, 2, and 3 [letter to the editor]. *Ophthal Plast Reconstr Surg.* 2012;28(4).

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Attachment B



Top Left: Normal (the upper eyelid skin is not touching the eyelashes).
 Top Right: Mild (the upper eyelid skin is touching the eyelashes).
 Bottom Left: Moderate (the upper eyelid skin is hanging over the eyelashes).
 Bottom Right: Severe (the upper eyelid skin is hanging over the eye).

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).