



BLEPHAROPTOSIS/BROW PTOSIS REPAIR

Effective Date: September 1, 2007

Review Dates: 1/93, 12/99, 10/01, 12/01, 2/02,
1/03, 4/03, 3/04, 3/05, 8/05, 2/06, 2/07, 7/07, 2/08,
2/09, 2/10

Date of Origin: July 7, 1989

Status: Current

I. DESCRIPTION

Blepharoplasty is performed for either functional or cosmetic purposes. The goal of functional reconstructive surgery is to restore normal structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors. The most common functional indication for blepharoplasty is a superior visual field defect secondary to redundant upper eyelid tissue (dermatochalasis) that overhangs the eyelid margin. The best candidates for eyelid surgery are men and women who are physically healthy, psychologically stable and realistic in their expectations. Most are 35 or older, but if droopy, baggy eyelids run in the family, surgery may be indicated at a younger age.

Symptoms related to ptosis or dermatochalasis include decreased visual fields (most commonly superior), symptoms of fatigue from keeping the eyes open, brow ache, or sensation of the upper lid skin resting on the lashes.

II. POLICY/CRITERIA

A. **Blepharoplasty** is a covered benefit only when necessary due to functional impairment (visual field obstruction) only when the indications below are met:

1. For patients in whom the **primary indication is visual field obstruction** **all** (a, b, & c) of the following criteria must be met:
 - a. Visual field obstruction by lid without taping, that limits upper field to within thirty (30) degrees of fixation and;
 - b. Visual field test with the eyelid taped shows improvement in the superior field of ten (10) degrees or more and;
 - c. A photograph of the patient looking straight ahead must be provided **OR**
 - d. If a patient meets these criteria (a, b,& c) in one eye only and a bilateral blepharoplasty is planned, the opposite eye must have visual field obstruction without taping that limits upper field to within forty (40) degrees of fixation for both eyes to be covered.



- e. If the **primary indication is dermatochalasis** then the above criteria also apply. In addition a lateral photograph showing skin touching the eyelashes must be provided.
 - 2. Potential indications for blepharoplasty include, but are not limited to, the following:
 - a. Mechanical
 - Blepharoconjunctivitis, or associated with true blepharoptosis
 - Dermatochalasis causing "pseudoptosis" with asthenopia
 - Disinsertion of the levator muscle
 - Ectropion or Entropion
 - Epiblepharon
 - b. Inflammatory
 - Blepharochalasis with documented visual impairment
 - Floppy eyelid syndrome
 - Graves' ophthalmopathy and other metabolic disorders
 - c. Traumatic
 - Following skin grafting for eyelid tissue or eyelid reconstruction
 - Orbital fracture
 - 3. Blepharoplasty is not a covered benefit for aesthetic or cosmetic purposes, (i.e. when the surgery is performed to reshape normal structures of the body in order to improve appearance).
- B. Brow Ptosis Repair — All of the following criteria must be met:
- 1. Visual field obstruction by brow without taping, that limits upper field to within thirty (30) degrees of fixation and;
 - 2. Visual field test with the brow taped shows improvement in the superior field of ten (10) degrees or more and;
 - 3. Photographs show the eyebrow below the supraorbital rim
- C. Lower Lid Blepharoplasty
- 1. Blepharoplasty of lower eyelids is not a covered benefit unless associated with ectropion, entropion or trichiasis.

III. MEDICAL NECESSITY REVIEW

- Required for Medicaid, fully-funded PPO and self-funded products including:
SF PPO, SF EPO, SF POS
- Not Required
- Not Applicable



IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity

171.0	Malignant neoplasm of connective and other soft tissue, Head, face, and neck
172.1	Malignant melanoma of skin, eyelid, including canthus
173.1	Other malignant neoplasm of skin, Eyelid, including canthus
173.3	Other malignant neoplasm of skin, Skin of other and unspecified parts of face
232.1	Carcinoma in situ of skin, eyelid, including canthus
232.3	Carcinoma in situ of skin, other and unspecified parts of face
333.81	Blepharospasm
351.9	Unspecified facial nerve disorder
368.13	Visual discomfort
368.40	Visual field defect, unspecified
368.44	Other localized visual field defect
374.01	Senile entropion
374.03	Spastic entropion
374.11	Senile ectropion
372.20	Unspecified blepharoconjunctivitis
374.21	Paralytic lagophthalmos
374.30	Unspecified ptosis of eyelid
374.31	Paralytic ptosis
374.32	Myogenic ptosis



374.33	Mechanical ptosis
374.34	Blepharochalasis
374.50	Unspecified degenerative disorder of eyelid
374.87	Dermatochalasis
374.89	Other disorders of eyelid
376.30	Unspecified exophthalmos
376.21	Thyrotoxic exophthalmos
376.22	Exophthalmic ophthalmoplegia
701.8	Other specified hypertrophic and atrophic condition of skin
701.9	Unspecified hypertrophic and atrophic condition of skin
709.2	Scar condition and fibrosis of skin
709.3	Degenerative skin disorder
743.61	Congenital ptosis of eyelid
743.62	Congenital deformity of eyelid
743.9	Congenital anomalies of eye, unspecified anomaly of eye
744.89	Other specified anomalies of face and neck
870.1	Laceration of eyelid, full-thickness, not involving lacrimal passages
870.2	Laceration of eyelid involving lacrimal passages
870.8	Other specified open wounds of ocular adnexa
871.1	Ocular laceration with prolapse or exposure of intraocular tissue
921.1	Contusion of eyelids and periocular area
940.0	Chemical burn of eyelids and periocular area
940.1	Other burns of eyelids and periocular area
941.32	Full-thickness skin loss [third degree NOS], eye (with other parts of face, head, and neck)
941.42	Deep necrosis of underlying tissues [deep third degree] without mention of loss of a body part, eye (with other parts of face, head, and neck)
941.52	Deep necrosis of underlying tissues [deep third degree] with loss of a body part eye (with other parts of face, head, and neck)
959.09	Injury of face and neck
V52.2	Fitting and adjustment of artificial eye

CPT/HCPCS Codes

The following procedures require prior authorization for PPO, Medicaid, and Self-funded products:

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



- 67902 Repair of blepharoptosis; frontalis muscle technique with 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

VI. REFERENCES

1. **Aetna Clinical Policy Bulletin # 0084 - Ptosis Surgery**
<http://www.aetna.com/cpb/data/CPBA0084.html>
2. **CIGNA Healthcare Coverage Position #0045 – Blepharoplasty, Blepharoptosis and Brow Lift**
http://www.cigna.com/health/provider/medical/procedural/coverage_positions/medical/#V
3. **The Regence Group – BlueCross/BlueShield - Surgery Section - Blepharoplasty and Brow Ptosis Repair Policy # 5**
<http://www.regence.com/trgmedpol/surgery/sur05.html>

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.