Name of Policy:
Blepharoplasty, Brow Lift and Ptosis Repair

Policy #: 064          Latest Review Date: February 2010
Category: Surgery          Policy Grade: D

Background/Definitions:
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
Description of Procedure or Service:
Blepharoplasty is a surgical procedure, which is performed to correct a drooping upper or lower eyelid many times caused by excess tissue. It may be performed to correct a visual field impairment or it may be performed for cosmetic purposes. Blepharoplasty is also performed to treat eyelid lesions/alterations due to inflammatory processes such as Grave’s disease, blepharochalasis and floppy eyelid syndrome. The appropriate procedure for repair of floppy eyelid syndrome may be an excision and repair of eyelid, involving lid margin, conjunctiva, canthus, or full thickness that may include skin graft or flap. Blepharoplasty may also be indicated in cases of trauma to the eyelids and orbit.

Ectropion and entropion are malpositions of the eyelid. Ectropion is eversion and downward pull of the lower eyelid away from the globe where it usually rests. Entropion is the turning in of the upper or lower margin of the eyelid. The most common type is senile or spastic entropion. Trichiasis is defined as the condition in which the lashes are turned inward against the cornea. It is associated with entropion.

Brow ptosis is most commonly an age-related change caused by redundancy of forehead skin creating obstruction of the vision and lash ptosis. Brow ptosis may cause visual impairment. Brow lift involves raising the eyebrows. It often accompanies other plastic surgical procedures of the face, including cosmetic procedures of the eyelids, lower face and neck. It is generally performed to correct signs of aging.

Blepharoptosis is redundancy of tissue from drooping of the eyelid due to paralysis or laxity of the muscles.

Policy:
Lower lid blepharoplasty (CPT 15820 & 15821) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage if there is documentation that horizontal lower eyelid laxity of medial and lateral canthus exists and has resulted in dacryostenosis and secondary infection. Documentation should include clinical notes and pre-operative photos. This code should not be used for ectropion or entropion repairs.

Upper eyelid blepharoplasty (CPT 15822 & 15823) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when all of the following conditions are met:
- Symptomatology must reflect a decrease in peripheral vision and/or upper field vision documented by clinical notes and visual field testing
- A crease of eyelid or eyelid tissue encroaching on eyelashes is present as documented by pre-operative photographs (full face with a centered light reflex and lateral photos)
- Documentation of visual fields with upper eyelid taped improvement to 25 degrees or better must be present. Visual fields showing untaped upper field vision at 25-30 degrees or better is interpreted as normal and therefore the procedure would be considered cosmetic.
Repair of brow ptosis (CPT 67900) (open and endoscopic) and blepharoptosis (CPT 67901 & 67902) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when all of the following conditions are met:

- Symptomatology must reflect a decrease in peripheral vision and/or upper field vision documented by clinical notes.
- Must meet visual field criteria for blepharoplasty:
  a. Visual fields with upper eyelid taped improvement to 25 degrees or better must be present.
  b. Visual fields showing untaped upper field vision at 25-30 degrees or better is interpreted as normal, and therefore cosmetic.

**Effective for dates of service on or after August 1, 2008:**

- Pre-operative photos document laxity of the forehead muscles causing functional visual impairment by showing the eyebrow below the supraorbital rim.

Ptosis repair (CPT 67903-67908) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when the following conditions are met:

- Pre-operative photos document that ptotic lid must cover at least ¼ of pupil or 1-2mm above the midline of the pupil.
- Must meet visual field criteria for blepharoplasty:
  a. Visual fields with upper eyelid taped improvement to 25 degrees or better must be present.
  b. Visual fields showing untaped upper field vision at 25-30 degrees or better is interpreted as normal, and therefore cosmetic.

One procedure will usually correct the visual fields. Special reconsideration will be needed with supporting documentation for severe cases that require more than one procedure.

Ectropion repairs (CPT 67914, 67916 & 67917) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when the following conditions are met:

- Treatable medical disease has been ruled out per the clinical notes.
- A true ectropion exists as documented by clinical notes and pre-operative photographs demonstrating the eversion and downward pull of the lower eyelid.

Entropion repairs (CPT 67921, 67923 & 67924) meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when the following condition is met:

- A true entropion exists as documented by clinical notes and pre-operative photographs demonstrate the inversion of the upper or lower lid margin and/or the presence of trichiasis.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*
Key Points:
The ocular region is the most important site of expression of human emotions and is the first part of the face to show signs of aging. Aging usually shows first at the periorbital and palpebral regions. Local, systemic and endocrine disorders as well as adverse life conditions may alter the appearance of the ocular region. Many times the surgical procedures to correct the signs of aging are performed for cosmetic purposes and may be accompanied by other plastic surgery procedures of the face.

Visual acuity, intraocular pressure, and the function of the intrinsic muscles must be assessed as part of the pre-operative evaluation to detect cases of unilateral blindness or other sight impairments.

Blepharoplasty, the correction of drooping upper or lower eyelids, is performed to counteract the effects of sun damage, heredity and gravity. Ptosis repairs (of the lids or brow) may be performed for folding and wrinkling of the skin due to a decrease in thickness and to a distention of the elastic fibers.

Patients experiencing a descent of the eyebrow and hooding of the upper part of the superior palpebral region may require a browlift. Brow lifts may be performed via incisions possibly from ear to ear or via endoscope. Many patients with significant functional dermatochalasis associated with brow ptosis are candidates for brow elevation procedures.

Floppy eyelid syndrome (FES) is a chronic papillary conjunctivitis characterized by a loose upper lid that readily everts on elevation and a soft rubbery tarsus. These patients are commonly misdiagnosed and treated unsuccessfully for a period of time. Appropriate treatment consists of stopping all medication to treat associated conditions. A shield is placed over the eyes at night or tape the lids shut. If palliative treatment fails, a horizontal shortening procedure or eyelid wedge resection may be indicated.

2006 Update
No new information has been located to alter the coverage statement on this policy.

August 2008 Update
Brow ptosis refers to sagging tissue of the eyebrows and/or forehead and may accentuate upper eyelid redundancy. As the brow descends below the supraorbital rim, additional skin is pushed over the upper eyelid, aggravating the functional deficits in the peripheral visual fields. Brow ptosis repair for laxity of the forehead muscles causing functional visual impairment is indicated when photographs show the eyebrow below the supraorbital rim, and there is documentation that visual field impairment cannot be corrected by reconstructive upper lid blepharoplasty as demonstrated by visual field testing. Photographs are taken from front and side view. It is also recommended that the patient’s brow be relaxed when assessing the eyebrow position.

February 2010 Update
There is no new information identified that would change the coverage statement on this policy.
**Key Words:**
Blepharoplasty, ptosis repair, blepharoptosis, brow lift, dermatochalasis, entropion, ectropion, floppy eyelid syndrome, FES

**Approved by Governing Bodies:**
Not applicable

**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
FEP contracts: Special benefit consideration may apply. Refer to member’s benefit plan.
FEP does not consider investigational if FDA approved. Will be reviewed for medical necessity
Pre-certification: Not applicable

**Coding:**
CPT codes:

- **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-forehand or coronal approach)
- **67901** Repair of blepharoptosis; frontalis muscle technique with suture or other material, (e.g., banked fascia) (Effective for dates of service on or after January 1, 2006)
- **67902** Repair of blepharoptosis; frontalis muscle technique with autologous (Effective for dates of service on or after January 1, 2006) 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)
- **67914** Repair of ectropion; suture
- **67916** Repair of ectropion; excision tarsal wedge
- **67917** Repair of ectropion; extensive (e.g. tarsal strip operations)
- **67921** Repair of entropion, suture
- **67923** Repair of entropion; excision tarsal wedge
67924  Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)

References:

Policy History:
Medical Policy Group, August 2002
Medical Policy Administration Committee, August 2002
Available for comment September 18-November 1, 2002
Medical Policy Group, February 2004
Medical Policy Group, June 2005 (1)
Medical Policy Group, September 2005
Medical Policy Administration Committee, September 2005
Available for comment September 20-November 3, 2005
Medical Policy Group, July 2006 (1)
Medical Policy Group, December 2006 (1)
Medical Policy Group, February 2007 (1)
Medical Policy Group, August 2008 (1)
Medical Policy Administration Committee, August 2008
Available for comment August 13-September 26, 2008
Medical Policy Group, February 2010 (1): No changes to Policy, Key Points updated
Medical Policy Group, October 2013 (1): Removed ICD-9 Diagnosis codes; no change to policy statement.

This medical policy is not an authorization, certification, explanation of benefits, or a contract.  Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered.  All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof.  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.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.