

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.074.PH
Last Review Date: 08/09/2018
Effective Date: 10/01/2018

MP.074.PH - Blepharoplasty

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Blepharoplasty and Blepharoptosis/Brow Ptosis Repairs** medically necessary when performed as functional/ reconstructive surgery to correct any of the following:

- Chronic, symptomatic dermatitis of pretarsal skin due to accumulated upper lid skin;
- Patients with anophthalmic socket who are experiencing prosthesis difficulties; or
- Impairment of vision due to dermatochalasis or blepharochalasis (excess skin associated with chronic recurrent eyelid edema that physically stretches the skin); or
- Accumulated, symptomatic skin which is weighing down on the upper lashes.

Blepharoptosis repair is covered as functional/reconstructive surgery to correct:

- Visual impairment due to droop or displacement of the upper lid.

Brow ptosis repair is covered when performed as functional/reconstructive surgery to correct any of the following:

- Brow malposition which prevents adequate correction of dermatochalasis, blepharochalasis or blepharoptosis.
- Visual impairment due to droop or displacement of the brow impairment.
- Following tumor ablative surgery.

Limitations

- Blepharoplasty, brow ptosis/ blepharoptosis repairs done for cosmetic purpose not meeting the guidelines of the functional visual impairment parameters previously listed will be denied.
- Lower lid blepharoplasty is not reimbursable when performed for cosmetic reasons.
- External ocular photography (92285) is not payable when used to support the need for blepharoplasty or blepharoptosis/brow ptosis repairs.

NOTE:

- When visual impairment is the indication for any of the above procedures, record documentation must include confirmation of superior visual field testing.

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- For all procedures - photographs must demonstrate eyelid abnormality.
- Documentation of specific ADLs (activities of daily living) affected.
- When the physician has determined that the patient requires a bilateral blepharoplasty or bilateral blepharoptosis/brow ptosis repair, it is expected that the procedures will be performed on the same date of service.

Background

Blepharoptosis is the drooping of the upper eyelid related to the position of the eyelid margin with respect to the visual axis

The American Society of Plastic Surgeons defines Blepharoplasty as a procedure that reconstructs eyelid deformities, improves abnormal function and/or enhances appearance of eyelids. . The procedure can be performed for functional or for aesthetic reasons (cosmetic blepharoplasty or reconstructive blepharoplasty). Functional blepharoplasty restores normalcy to an eyelid that has been altered by trauma, infection, inflammation, degeneration, neoplasia, or developmental errors. It usually involves the excision of skin and orbicularis muscle for a complaint of visual field impairment in primary gaze and/or down gaze (reading position). Visual field studies are used to determine the degree of visual obstruction. Photographs should also demonstrate the eyelid abnormality.

Blepharoptosis repair is performed to restore the eyelid margin to its normal anatomic position.

Brow ptosis repair is performed to restore the eyebrow tissues to their normal anatomic position.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid, with excessive skin weighing 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)

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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 (e.g., Fasanella-Servat type)

ICD-10 codes covered if selection criteria are met:

G24.5	Blepharospasm
G51.0-G51.9	Facial nerve disorders
H02.30-H02.36	Blepharochalasis (pseudoptosis)
H02.401-H02.439	Ptosis of eyelid
H02.511-H02.519	Other disorders affecting eyelid function
H02.831-H02.839	Dermatochalasis of eyelid
H02.841-H02.849	Edema of eyelid
H02.851-H02.859	Elephantiasis of eyelid
H02.861-H02.869	Hypertrichosis of eyelid
H02.871-H02.879	Vascular anomalies of eyelid
H02.89	Other specified disorders of eyelid
H16.211-H16.219	Exposure keratoconjunctivitis
H53.001-H53.039	Amblyopic ex anopsia
H53.40-H53.489	Visual field defects
Q10.0	Congenital ptosis
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
T85.79xS	Infections and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequel (prosthetic orbital implant)
Z90.01	Acquired absence of eye

References

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1. American Society of Plastic Surgeons. Practice Parameter for Blepharoplasty. March 2007. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>
2. Cahill KV, Bradley EA, Meyer DR, et al. Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery. A report by the American Academy of Ophthalmology. Ophthalmology. 2011; 118:2510-2517. http://ac.els-cdn.com/S0161642011008852/1-s2.0-S0161642011008852-main.pdf?_tid=7be17c1e-1b83-11e5-ba3f-00000aacb35d&acdnat=1435268903_427772a6a508d31b5f6eddfef0b43e85
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33944: Blepharoplasty. Effective Date: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33944&ver=12&Date=&DocID=L33944&bc=iAAAABAAAAA&A&>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination: Blepharoplasty, BLEPHAROPTOSIS and Brow Lift (L34528). Effective Date: 05/01/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34528&ver=19&Date=&DocID=L34528&bc=iAAAABAAAAA&A&>
5. Naik MN, Honavar SG, Das S et al. Blepharoplasty: An Overview. J Cutan Aesthet Surg. 2009 Jan-Jun; 2(1) 6-11. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2840922/>

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