MetroPlus Health

Policy and Procedure

Title: Blepharoplasty	**Division: Medical Management** **Department: Utilization Management**
Approval Date: 7/20/17	**LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP, Ultracare**
Effective Date: 7/20/17	**Policy Number: UM-MP203**
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Retired Date:	**Page 1 of 11**

1. POLICY DESCRIPTION:

Guideline for Blepharoplasty

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Term	Description
Blepharochalasis	Excessive skin on the eyelids due to chronic blepharedema, which physically stretches the skin.
Blepharoptosis	Drooping of the upper eyelid, which relates to the position of the eyelid margin with respect to the eyeball and visual axis.
Brow Ptosis	Drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may coexist with clinically significant dermatochalasis and/or lid
Blepharoplasty	Surgical removal of redundant skin, muscle and fatty tissue from the eyelids for the purpose of deformity reconstruction, functional improvement of
Cosmetic blepharoplasty	When blepharoplasty is performed to improve a patient's appearance in the absence of any signs or symptoms of
Reconstructive blepharoplasty	When blepharoplasty is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or relieve the painful symptoms of blepharospasm, the procedure should be considered reconstructive. This may involve rearrangement or excision of the structures with the eyelids and/or tissues of the cheek, forehead and nasal areas. Occasionally a graft
Dermatochalasis	Excessive skin on the eyelids as a result of loss of skin elasticity with aging.
Pseudoptosis or "false ptosis"	Excessive skin overhanging the eyelid margin and creating the appearance of true blepharoptosis, although the eyelid margin is usually in an appropriate position with

4. POLICY:

The goal of functional or reconstructive surgery is to restore normalcy to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors.

Members are eligible for coverage of blepharoplasty procedures and repair of blepharoptosis when performed as functional or reconstructive surgery to correct any of the following (list not meant to be all-inclusive):

a) Congenital ptosis with risk for amblyopia.
b) Ectropion and Entropion (visual fields not necessary).
c) Symptomatic dermatitis of pretarsal skin caused by redundant upper-lid skin.
d) Prosthesis difficulties in an anophthalmia socket.
e) Symptomatic redundant skin weighing down upper lashes.
f) Visual impairment with near or far vision due to dermatochalasis, blepharochalasis or blepharoptosis.
g) To relieve painful symptoms of blepharospasm
h) Epiblepharon
i) Lagophthalmos
j) Congenital lagophthalmos
k) Post-traumatic defects of the eyelid

Documented patient complaints justifying functional surgery that are commonly found in patients with ptosis, pseudoptosis or dermatochalasis include:

a) Significant interference with vision or superior or lateral visual field, (e.g., difficulty seeing objects approaching from the periphery);
b) Difficulty reading due to superior visual field loss; or,
c) Looking through the eyelashes or seeing the upper eyelid skin.

Documentation

Documentation must include history and physical with appropriate patient complaints, visual fields and photographs, as described below.

Photographic evidence: Must be in the form of prints, not slides, imprinted with the patient's name and date of visit. Photographs must be frontal (canthus-to-canthus), the head perpendicular to the plane of the camera, to demonstrate a skin rash or the position of the true lid margin or the pseudo-lid margin. The photos must be of sufficient clarity to show a light reflex on the cornea. If redundant skin coexists with true lid ptosis, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin. Oblique photos are only needed to demonstrate redundant skin weighing down upper eyelashes when this is the only indication for surgery.

Photographs must demonstrate ≥ 1 of the following:

a) The upper eyelid margin approaches to within 2.5 mm (¼ of the diameter of the visible iris) of the corneal light reflex.
b) The upper eyelid skin rests on the eyelashes.
c) The upper eyelid indicates the presence of dermatitis.
d) The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmia socket.

Visual fields: Must be recorded using either the Goldmann Perimeter (III 4-E test object; perimeter not accepted if hand- drawn) or a programmable perimeter (i.e., Humphrey or other computerized visual-field test equivalent to a screening field with a single-intensity strategy using a 10db stimulus) to test a superior (vertical) extent of 50–60 degrees above fixation, with targets presented at a minimum 4-degree vertical separation, starting at fixation, while using no wider than a 10-degree horizontal separation. Preferred programs on the Humphrey perimeter include the 36-point screening test and the 120–point, full-field screening test. Each eye should be tested with the upper eyelid at rest and repeated with the elevated eyelid to demonstrate an expected surgical improvement that meets or exceeds the criteria. The superior visual with the upper eyelid at rest should be restricted to within 30 degrees of fixation and there should be a minimum of 12 degrees of improvement in the superior visual field (vertical extent) with the upper eyelids taped.

5. LIMITATIONS/EXCLUSIONS:

The Plan does not consider blepharoplasty procedures performed solely for cosmetic reasons to be medically necessary.
The medical record must contain documented patient complaints and pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment of any of the above conditions. In addition, photographic documentation must demonstrate the clinical abnormality(ies) consistent with the member's subjective complaint(s) for conditions listed above.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
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 (eg,
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes
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
67908	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg, Fasanella-
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermo cauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

7. APPLICABLE DIAGNOSIS CODES:

Code	Description
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.011	Ulcerative blepharitis right upper eyelid

H01.012	Ulcerative blepharitis right lower eyelid
H01.013	Ulcerative blepharitis right eye, unspecified eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.016	Ulcerative blepharitis left eye, unspecified eyelid
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.003	Unspecified entropion of right eye, unspecified eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.006	Unspecified entropion of left eye, unspecified eyelid
H02.009	Unspecified entropion of unspecified eye, unspecified eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.013	Cicatricial entropion of right eye, unspecified eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.016	Cicatricial entropion of left eye, unspecified eyelid
H02.019	Cicatricial entropion of unspecified eye, unspecified eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.023	Mechanical entropion of right eye, unspecified eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.026	Mechanical entropion of left eye, unspecified eyelid
H02.029	Mechanical entropion of unspecified eye, unspecified eyelid

H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.033	Senile entropion of right eye, unspecified eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.036	Senile entropion of left eye, unspecified eyelid
H02.039	Senile entropion of unspecified eye, unspecified eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.043	Spastic entropion of right eye, unspecified eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.046	Spastic entropion of left eye, unspecified eyelid
H02.049	Spastic entropion of unspecified eye, unspecified eyelid
H02.051	Trichiasis without entropian right upper eyelid
H02.052	Trichiasis without entropian right lower eyelid
H02.053	Trichiasis without entropian right eye, unspecified eyelid
H02.054	Trichiasis without entropian left upper eyelid
H02.055	Trichiasis without entropian left lower eyelid
H02.056	Trichiasis without entropian left eye, unspecified eyelid
H02.059	Trichiasis without entropian unspecified eye, unspecified eyelid
H02.101	Unspecified ectropion of right upper eyelid
H02.102	Unspecified ectropion of right lower eyelid
H02.103	Unspecified ectropion of right eye, unspecified eyelid
H02.104	Unspecified ectropion of left upper eyelid
H02.105	Unspecified ectropion of left lower eyelid
H02.106	Unspecified ectropion of left eye, unspecified eyelid

H02.109	Unspecified ectropion of unspecified eye, unspecified eyelid
H02.111	Cicatricial ectropion of right upper eyelid
H02.112	Cicatricial ectropion of right lower eyelid
H02.113	Cicatricial ectropion of right eye, unspecified eyelid
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.116	Cicatricial ectropion of left eye, unspecified eyelid
H02.119	Cicatricial ectropion of unspecified eye, unspecified eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.123	Mechanical ectropion of right eye, unspecified eyelid
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.126	Mechanical ectropion of left eye, unspecified eyelid
H02.129	Mechanical ectropion of unspecified eye, unspecified eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.133	Senile ectropion of right eye, unspecified eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.136	Senile ectropion of left eye, unspecified eyelid
H02.139	Senile ectropion of unspecified eye, unspecified eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.143	Spastic ectropion of right eye, unspecified eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid

H02.146	Spastic ectropion of left eye, unspecified eyelid
H02.149	Spastic ectropion of unspecified eye, unspecified eyelid
H02.30	Blepharochalasis unspecified eye, unspecified eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.33	Blepharochalasis right eye, unspecified eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.36	Blepharochalasis left eye, unspecified eyelid
H02.401	Unspecified ptosis of right eyelid
H02.402	Unspecified ptosis of left eyelid
H02.403	Unspecified ptosis of bilateral eyelids
H02.409	Unspecified ptosis of unspecified eyelid
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid
H02.413	Mechanical ptosis of bilateral eyelids
H02.419	Mechanical ptosis of unspecified eyelid
H02.421	Myogenic ptosis of right eyelid
H02.422	Myogenic ptosis of left eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.429	Myogenic ptosis of unspecified eyelid
H02.431	Paralytic ptosis of right eyelid
H02.432	Paralytic ptosis of left eyelid
H02.433	Paralytic ptosis of bilateral eyelids
H02.439	Paralytic ptosis unspecified eyelid
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid

H02.523	Blepharophimosis right eye, unspecified eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid
H02.526	Blepharophimosis left eye, unspecified eyelid
H02.529	Blepharophimosis unspecified eye, unspecified lid
H02.831	Dermatochalasis of right upper eyelid
H02.832	Dermatochalasis of right lower eyelid
H02.833	Dermatochalasis of right eye, unspecified eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
H02.836	Dermatochalasis of left eye, unspecified eyelid
H02.839	Dermatochalasis of unspecified eye, unspecified eyelid
L11.8	Other specified acantholytic disorders
L11.9	Acantholytic disorder, unspecified
L57.4	Cutis laxa senilis
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
Z90.01	Acquired absence of eye

8. REFERENCES:

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. Accessed June 13, 2017.

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CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 20

Specialty-matched clinical peer review.

9. REVISION LOG:

REVISIONS	DATE
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Approved:	Date:	Approved:	Date:
Glendon Henry — Digitally signed by Glendon Henry Date: 2022.11.21 07:36:33 -05'00'		Sanjiv Shah MD — Digitally signed by Sanjiv Shah MD Date: 2022.11.21 12:35:42 -05'00'	
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Retired Date:	Page 11 of 11

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.