Blepharoplasty and Brow Ptosis Repair

Date of Origin: 05/1999  Last Review Date: 04/26/2023  Effective Date: 05/01/2023


Developed By: Medical Necessity Criteria Committee

I. Description
Eyelid surgery, known as blepharoplasty, is a surgical procedure performed on the upper and/or lower eyelid to remove excess fat, skin and muscle. Eyelid surgery may be performed for either functional/reconstructive purposes to improve the field of vision or for cosmetic purposes in the absence of visual field obstruction. Resection of the levator muscle of the upper eyelid is performed to repair blepharoptosis or drooping of the upper eyelid. A brow lift is another surgical procedure that may be performed to correct a functional impairment of vision. A brow lift repairs brow ptosis by tightening the muscular structures supporting the eyebrow. When performed to primarily improve appearance, these procedures are considered cosmetic.

II. Criteria: CWQI HCS-0007A
A. Moda Health will cover upper or lower eyelid blepharoplasty to plan limitations when the patient has 1 or more of the following conditions:
   a. Trichiasis (inversion of the eyelashes so that they rub against the cornea)
   b. Ectropion (eyelid turned outward) with evidence of corneal exposure such as exposure keratitis or corneal ulcer.
   c. Entropion (eyelid turned inward) with evidence of corneal exposure such as exposure keratitis or corneal abrasion.
   d. Eyelid position contributes to difficulty in tolerating a prosthesis in an ophthalmic socket
   e. The patient has undergone tumor ablative surgery of the eyelid
   f. Exposure keratitis due to 1 or more of the following
      i. Floppy lid syndrome
      ii. Inability to properly close eye due to Bell’s palsy or other neurologic disorder
      iii. Postoperative complication (e.g. absence of part of eyelid from previous surgery, tumor ablative surgery)

B. In the absence of one of the conditions listed above, Moda Health will cover upper eyelid blepharoplasty, levator resection, or brow ptosis repair to plan limitations when All of the following criteria are met:
   a. Patient meets 1 or more of the following:
i. With eyelids untaped, the superior visual field is less than 20 degrees and there is at least a 20-degree improvement when taped and visual fields should be consistent with photographs

ii. Margin reflex distance (MRD) of 2.0 mm or less (The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed).
   b. Documentation of patient complaint of subjective functional loss; and
   c. Photographs must support the submitted documentation. With the patient looking straight ahead, the photo shows the eyelid at or below the upper edge of the pupil; and
   d. Any related disease process, such as myasthenia gravis or a thyroid condition is documented as stable.

C. If applicable, the presence of Hering’s effect (related to equal innervation to both upper eyelids) defending bilateral surgery when only the more ptotic eye clearly meets the Minimal Residue Disease (MRD) criteria (if lifting the more ptotic lid with tape causes the less ptotic lid to drop downward and meet the strict criteria), the less ptotic lid is also a candidate for surgery corrections.

D. Moda Health considers surgical correction of congenital ptosis medically necessary to allow proper visual development and prevent amblyopia in infants and children with moderate to severe ptosis interfering with vision. Surgery is considered cosmetic if performed to correct mild ptosis that is only of cosmetic concern and not affecting vision. Photographs must show that the skin or upper eyelid margin obstructs a portion of the pupil.

E. Blepharoplasty of the lower lids to remove excessive skin is considered cosmetic and is not covered. Blepharoplasty that is performed to primarily improve appearance is considered cosmetic and is not covered.

III. Information Submitted with the Prior Authorization Request:
   1. Chart notes from the requesting provider
   2. Visual fields (with lids taped and untapped)
      a. Goldman III 4E Visual Field or equivalent
      b. Humphreys Visual Field if done with a full field screen
   3. Preoperative photographs-frontal at eye level and patient in primary position of gaze with pupil edge visible.

IV. CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15822</td>
<td>Blepharoplasty, upper eyelid;</td>
</tr>
<tr>
<td>15823</td>
<td>Blepharoplasty, upper eyelid; with excessive skin weighting down lid</td>
</tr>
<tr>
<td>67900</td>
<td>Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>67901</td>
<td>Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)</td>
</tr>
<tr>
<td>67902</td>
<td>Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)</td>
</tr>
<tr>
<td>67903</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach</td>
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<tr>
<td>67904</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, external approach</td>
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<tr>
<td>67906</td>
<td>Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)</td>
</tr>
<tr>
<td>67908</td>
<td>Repair of blepharoptosis; conjunctivo-tarso-Muller’s muscle-levator resection (eg, Fasanella-Servat type)</td>
</tr>
<tr>
<td>67911</td>
<td>Correction of lid retraction</td>
</tr>
<tr>
<td>67914</td>
<td>Repair of ectropion; suture</td>
</tr>
<tr>
<td>67915</td>
<td>Repair of ectropion; thermocauterization</td>
</tr>
<tr>
<td>67916</td>
<td>Repair of ectropion; excision tarsal wedge</td>
</tr>
<tr>
<td>67917</td>
<td>Repair of ectropion; extensive (eg, tarsal strip operations)</td>
</tr>
<tr>
<td>67921</td>
<td>Repair of entropion; suture</td>
</tr>
<tr>
<td>67922</td>
<td>Repair of entropion; thermocauterization</td>
</tr>
<tr>
<td>67923</td>
<td>Repair of entropion; excision tarsal wedge</td>
</tr>
<tr>
<td>67924</td>
<td>Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)</td>
</tr>
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V. CPT or HCPC codes NOT covered:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid</td>
</tr>
<tr>
<td>15821</td>
<td>Blepharoplasty, lower eyelid with extensive herniated fat pad</td>
</tr>
<tr>
<td>15824</td>
<td>Rhytidectomy; forehead</td>
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</tbody>
</table>

VI. Annual Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>03/2013</td>
<td>Annual Review: Added table with review date, revisions, and effective date.</td>
<td>04/03/2013</td>
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<tr>
<td>04/2014</td>
<td>Annual Review: Added visual fields should be consistent with photos</td>
<td>04/03/2014</td>
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<tr>
<td>04/2015</td>
<td>Annual Review: Added MRD to criteria to match CMS guidelines.</td>
<td>04/01/2015</td>
</tr>
<tr>
<td>08/2015</td>
<td>Changed MRD from 2.5 to 2.0 due to new CMS LCD change- Added ICD-10 Codes</td>
<td>08/26/2015</td>
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<tr>
<td>08/2016</td>
<td>Annual Review: No change to criteria, removed ICD9 codes</td>
<td>08/31/2016</td>
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<td>08/2017</td>
<td>Annual Review: No change</td>
<td>08/23/2017</td>
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<tr>
<td>04/2019</td>
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<td>05/01/2019</td>
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<tr>
<td>04/2020</td>
<td>Annual Review: Updated non-covered code-15824. No content changes</td>
<td>05/01/2020</td>
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<td>04/2022</td>
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<td>05/01/2022</td>
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<td>05/2023</td>
<td>Annual Review: No changes</td>
<td>05/01/2023</td>
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</table>
VII. References

19. Centers for Medicare & Medicaid Services; Wisconsin Physicians Service Insurance Corporation (05901); LCD L29973 MAC-Part A Blepharoplasty, Blepharoptosis and Brow Lift; Effective 7/16/2009; Revision: 5/1/2015; Updated 5/29/2015
22. Physician Advisors

Appendix 1 – Applicable ICD 10 codes:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>E05.00</td>
<td>Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm</td>
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<tr>
<td>E05.01</td>
<td>Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm</td>
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<tr>
<td>G24.5</td>
<td>Blepharospasm</td>
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<tr>
<td>H02.009</td>
<td>Unspecified entropion of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H02.019</td>
<td>Cicatricial entropion of unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.029</td>
<td>Mechanical entropion of unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.039</td>
<td>Senile entropion of unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.049</td>
<td>Spastic entropion of unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.059</td>
<td>Trichiasis without entropian unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.109</td>
<td>Unspecified ectropion of unspecified eye, unspecified eyelid</td>
</tr>
<tr>
<td>H02.119</td>
<td>Cicatricial ectropion of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H02.129</td>
<td>Mechanical ectropion of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H02.139</td>
<td>Senile ectropion of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H02.149</td>
<td>Spastic ectropion of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H02.36</td>
<td>Blepharochalasis left eye, unspecified eyelid</td>
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<tr>
<td>H02.409</td>
<td>Unspecified ptosis of unspecified eyelid</td>
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<tr>
<td>H02.419</td>
<td>Mechanical ptosis of unspecified eyelid</td>
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<tr>
<td>H02.429</td>
<td>Myogenic ptosis of unspecified eyelid</td>
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<tr>
<td>H02.439</td>
<td>Paralytic ptosis unspecified eyelid</td>
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<tr>
<td>H02.839</td>
<td>Dermatochalasis of unspecified eye, unspecified eyelid</td>
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<tr>
<td>H04.209</td>
<td>Unspecified epiphora, unspecified lacrimal gland</td>
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<tr>
<td>H04.219</td>
<td>Epiphora due to excess lacrimation, unspecified lacrimal gland</td>
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<tr>
<td>H05.89</td>
<td>Other disorders of orbit</td>
</tr>
<tr>
<td>H16.219</td>
<td>Exposure keratoconjunctivitis, unspecified eye</td>
</tr>
<tr>
<td>H49.00</td>
<td>Third [oculomotor] nerve palsy, unspecified eye</td>
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<tr>
<td>H53.009</td>
<td>Unspecified amblyopia, unspecified eye</td>
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<tr>
<td>H53.019</td>
<td>Deprivation amblyopia, unspecified eye</td>
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<tr>
<td>H53.029</td>
<td>Refractive amblyopia, unspecified eye</td>
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<tr>
<td>H53.039</td>
<td>Strabismic amblyopia, unspecified eye</td>
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<tr>
<td>Q10.1</td>
<td>Congenital ectropion</td>
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<td>Q10.2</td>
<td>Congenital entropion</td>
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<tr>
<td>Q10.3</td>
<td>Other congenital malformations of eyelid</td>
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<tr>
<td>Q11.1</td>
<td>Other anophthalmos</td>
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<tr>
<td>Q18.8</td>
<td>Other specified congenital malformations of face and neck</td>
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<tr>
<td>S00.10XA</td>
<td>Contusion of unspecified eyelid and periocular area, initial encounter</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>----------</td>
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</tr>
<tr>
<td>S05.00XA</td>
<td>Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter</td>
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<tr>
<td>S05.10XA</td>
<td>Contusion of eyeball and orbital tissues, unspecified eye, initial encounter</td>
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<tr>
<td>T85.81XA</td>
<td>Embolism due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
<td>T85.82XA</td>
<td>Fibrosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
<td>T85.83XA</td>
<td>Hemorrhage due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
<td>T85.84XA</td>
<td>Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<td>T85.85XA</td>
<td>Stenosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<td>T85.86XA</td>
<td>Thrombosis due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
<td>T85.89XA</td>
<td>Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter</td>
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<tr>
<td>Z90.01</td>
<td>Acquired absence of eye</td>
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**Appendix 2 – Centers for Medicare and Medicaid Services (CMS)**

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: [http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx](http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx). Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

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<tr>
<th>Jurisdiction(s): 5, 8</th>
<th>NCD/LCD Document(s):</th>
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<tr>
<td></td>
<td>Noridian Local Coverage Determination (LCD) Blepharoplasty Eyelid Surgery, and Brow Lift L36286</td>
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<td><a href="https://med.noridianmedicare.com/documents/10546/6990983/Blepharoplasty+Eyelid+Surgery+and+Brow+Lift+LCD/61353f20-a2dc-420b-9a70-542dd57db939">https://med.noridianmedicare.com/documents/10546/6990983/Blepharoplasty+Eyelid+Surgery+and+Brow+Lift+LCD/61353f20-a2dc-420b-9a70-542dd57db939</a></td>
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<thead>
<tr>
<th>NCD/LCD Document(s):</th>
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</table>

**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<table>
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<th>Applicable State/US Territory</th>
<th>Contractor</th>
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<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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