Blepharoplasty/Ptosis Surgery

MPM 2.7

Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description

In common usage, the term "blepharoplasty" refers to an operation in which redundant tissues (skin, muscle or fat) are excised from an eyelid. A blepharoplasty may be performed for either functional or cosmetic purposes. The most common functional indication for blepharoplasty is a superior visual field defect secondary to dermatochalasis. Dermatochalasis may co-exist with either blepharoptosis or brow ptosis. Other indications for blepharoplasty or brow ptosis repair include the treatment for the sequelae of severe inflammatory disorders of the orbit or eyelids, blepharochalasis, trauma, or repair of defects causing corneal or conjunctival irritation.

Coverage Determination

Benefit Certification is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Criteria for coverage of blepharoplasty and/or ptosis surgery:

A. All blepharoplasty/ptosis surgery requests must be reviewed by the medical director;

AND

B. **One** of the following indications must be met:
   1. A diagnosis of blepharoptosis, blepharochalasis, dermatochalasis, brow ptosis **or** pseudoptosis.
   2. Prosthesis difficulties in an anophthalmic socket.
   3. Blepharospasm that is refractory to medical management, and painful.
   4. Periorbital sequelae of thyroid disease.
   5. Periorbital sequelae of nerve palsy.
   6. Corneal or conjunctival injury due to ectropion, entropion or trichiases.
   7. Upper eyelid defect caused by trauma, tumor or ablative surgery.
   8. Congenital ptosis in children with moderate to severe ptosis.
   9. Symptomatic redundant skin weighing down on upper lashes.

AND

C. Decreased vision in the upper visual field must be demonstrated by photographs and/or visual field testing. When photographs are not consistent with visual field readings, the request will be based on photographs and the visual fields will not be considered.

The following criteria apply:

1. PHOTOGRAPHS:

   - Eye photos are **mandatory** and must be submitted electronically (Health Services staff will contact requesting provider with an e-mail address). Photographs must be clear frontal views, in color, with the head perpendicular to the planes of the camera (not tilted) to demonstrate 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, indicating a fully or partially obstructed pupil.

   - If **brow ptosis** exists, or if **redundant skin** coexists with the **true lid ptosis**, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin (needed if both CPT codes 15822-15823 is required and planned in addition to 67900-67908).

   - Frontal oblique photos are needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery.

   - When both a blepharoplasty and a ptosis repair are planned, each condition must be individually documented. This may require two sets of photographs, which should demonstrate the effect of drooping of redundant skin (and its correction by taping) and the actual presence of blepharoptosis, blepharochalasis or dermatochalasis.

   - For brow ptosis repair, photos must show the **natural** eyebrow below the supraorbital rim. Two sets of photographs, one demonstrating correction by taping, are required**.**

AND

2. VISUAL FIELDS:

   - Kinetic studies for visual field testing, preferably computerized, support photographic evidence of decreased vision in the upper visual field. An example of a computerized visual field analyzer is the Zeiss Humphrey Field Analyzer II. Visual field testing is not necessary in the following circumstances:

- Patients with an anophthalmic socket experiencing difficulty with their prosthesis
- Patients with blepharospasm that is refractory to medical management
- Individuals who are unable to cooperate with the testing. Documentation of the condition preventing cooperation is required.

- Each eye should be tested using kinetic studies, with the upper eyelid at rest, and repeated with the lid elevated by taping of the lid to demonstrate potential correction by the proposed procedure(s). The visual field testing should document an improvement of at least 12° in the 90° meridian, utilizing the “predicted” and “measured” values of the “up” dimension.

OR

- The overall superior visual field is improved by 20% or more. The kinetic visual field analysis components of “predicted” (which refers to after taping, not “normal expected”) and “measured” will be utilized to calculate the percent improvement of the overall superior visual field. **See attached worksheet for details on how visual analysis will be calculated.**

D. When one eyelid meets criteria, but the opposite eyelid does not, blepharoplasty of the opposite eyelid will be considered reconstructive if the following criteria are met:

1. The opposite eye also exhibits abnormalities, as documented by photographs, **and**
2. Visual field testing demonstrates that the visual field is improved at least 8° in the 90° meridian by mechanically raising/taping the eyelid.

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E. Lower eyelid blepharoplasty **may be medically necessary** for the following indications. Photographic requirements, as stated in C1, continue to apply.

1. Massive lower lid edema secondary to system corticosteroid therapy, myxedema, Grave’s disease, nephritic syndrome or other metabolic or inflammatory disorders.

2. Entropion in which extra roll of pretarsal skin and orbicularis muscle deflects the eyelashes against the cornea.

Exclusions

Cosmetic surgery performed primarily to improve appearance and self-esteem is not a covered benefit.

Medical Terms

Term	Definition
Blepharoplasty:	Eyelid surgery to correct, repair or remove excess tissue. Blepharoplasty may improve abnormal function, reconstruct defects or enhance appearance. It can be either reconstructive or cosmetic. The goal of reconstructive surgery is to restore normal function to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors.
Blepharoptosis:	Also known as “ptosis.” Drooping of an upper eyelid, due to paralysis. Causes of ptosis include a congenital developmental problem, aging, muscle diseases, nerve damage or trauma.
Blepharochalasis:	Relaxation of the skin of the eyelid, due to atrophy of the intercellular tissue.
Brow Ptosis:	Laxity of the forehead muscles which may result in functional visual impairment.
Brow Ptosis Repair:	Also known as brow lift. Surgery to lift the level of the brow, which contributes to the droop of the upper eyelids.
Dermatochalasis:	Aging change of the eyelids, generally due to the effects of gravity, loss of elastic tissue and weakening of the connective tissues of the eyelid.
Ectropion:	The turning out of the eyelid (usually the lower eyelid) so that the inner surface is exposed, usually caused by the aging process and the weakening of the connective tissue of the eyelid.
Entropion:	The turning in of the edges of the eyelid (usually the lower eyelid) so that the lashes rub against the eye surface. Entropion can be a congenital condition.
Pseudoptosis:	“False ptosis” – the eyelid margin is usually in an appropriate position with respect to the eyeball and visual axis; however, the amount of excessive skin is so great it overhangs the eyelid margin and creates its own ptosis.
Ptosis Repair:	Eyelid surgery to lift the level of the eyelid.

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list. These CPT codes may potentially be considered as cosmetic and thus not covered unless requests are accompanied by appropriate documentation to support the indications noted above.

CPT Codes	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
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67096	Repair of blepharoptosis; superior rectus technique with fascial sling
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (including obtaining fascia)
67908	Repair of blepharoptosis; conjunctive-tarso-Muller's muscle-levator resection
67909	Reduction of overcorrection of ptosis

ICD-9© Diagnosis Codes	Description
240.0 – 242.91	Goiter and thyrotoxicosis
333.81	Blepharospasm
351.0 – 351.9	Facial nerve disorders
368.00 – 368.03	Amblyopia ex anopsia
368.40 – 368.47	Visual field defects
373.30 – 373.33	Ptosis of eyelid

ICD-9© Diagnosis Codes	Description
374.34	Blepharochalasis (pseudoptosis)
374.87	Dermatochalasis
374.89	Other disorders of eyelid
743.00	Clinical anophthalmos, unspecified
743.61	Congenital ptosis of eyelids
743.63	Other specified congenital anomalies of eyelid
996.69	Infection, inflammatory reaction due to other internal prosthetic device (prosthetic orbital implant)
V45.78	Acquired absence of eye

Reviewed by:

1. Thomas Carlow, MD, Eye Associates of New Mexico, September, 2004, November 2005
2. Dennis Sandoval, MD, Eye Facial Surgery of New Mexico, PC, September 2004, November 2005, July 2006, September 2007
3. Richard Allen, MD, Eye Associates of New Mexico, October 2007
4. Randolph E. Black, MD, Southwest Eye Care Specialists. October 2009.

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2. Medicare Part B Local Coverage Determination, Oklahoma/New Mexico *Plastic Surgery Procedures of the Eye,* February 15, 2005
3. Milliman Care Guidelines, Ambulatory Care, 13th Edition, 2009. Blepharoplasty, Canthoplasty, or Related Procedure (Eye Conditions). Last update: 02-05-09.
4. American Society of Plastic and Reconstructive Surgeons, Position Paper, Blepharoplasty, Recommended Criteria for Third-Party Payer Coverage, March 2007
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6. Emedicine from Web MD, Blepharoplasty, Upper Lid Ptosis Surgery, June 26, 2005. Article last updated 01-30-08. Accessed on the Internet 10-29-09: http://www.emedicine.com/
7. Erb, Melanie H. MD, et al, Effect of Unilateral Blepharoptosis Repair on Contralateral Eyelid Position. Ophthal Plast Reconstr Surg, Vol. 20, No. 6, 2004.

Approval Signatures:

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet criteria guidelines, additional information supporting medical necessity is welcome and medical directors may use them in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

Kinetic Visual Field Analysis for Blepharoplasty

Worksheet for PHP Health Services

Member Name and/or Number ____

RIGHT EYE

	Normal Expected	Measured	Predicted	Difference
Temp	**85°**			
UpTemp	**55°**			
Up	**45°**			
UpNasal	**55°**			
Nasal	**60°**			
Potential	**300°**			

LEFT EYE

	Normal Expected	Measured	Predicted	Difference
Temp	**85°**			
UpTemp	**55°**			
Up	**45°**			
UpNasal	**55°**			
Nasal	**60°**			
Potential	**300°**			

The "measured" values indicate the eyelid at rest. The "predicted" values indicate the eyelid taped.

To calculate the degree of improvement anticipated after blepharoplasty:

- Utilize the "Up" row.
- Subtract the "measured" degrees from the "predicted" degrees – the "difference" is how much the visual field will improve with blepharoplasty.

To meet PHP criteria, improvement must be 12° or more.

If improvement is not 12° or more, then calculate the percentage of the overall superior visual field improvement.

To calculate the percentage of the overall superior visual field improvement:

- Utilize "Potential", which is the sum of *Temp, Up Temp, Up, Up Nasal* and *Nasal*
- Subtract the "measured" degree from the "predicted" degree, to calculate the "difference." This gives the degree of improvement.
- Divide the degree of improvement by the "measured" degree.
- This number will give you a percent improvement of the overall superior visual field.
- Here's an equation stating the same process:

  "Predicted" minus "measured" = degree of improvement
  Degree of improvement divided by "measured" = % improvement of superior visual field

TO MEET PHP criteria, the percent of overall superior visual field improvement must be 20% or greater.