

OHCA Guideline

Medical Procedure Class:	Blepharoplasty, Brow Ptosis Repair, Blepharoptosis Repair, and Lid Retraction Correction
Initial Implementation Date:	11/01/2012
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Effective Date:	11/18/2019
Next Review/Revision Date:	11/14/2022
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Amblyopia – A decrease in vision, typically in one eye, that results from the brain suppressing input from the affected eye due to unequal visual signals from each eye leading to poor development of visual acuity in the affected eye.</p> <p>Blepharochalasis – A condition of the eyelid consisting of recurrent eyelid edema associated with thinning and stretching of the involved skin, often resulting in eyelid skin redundancy.</p> <p>Blepharoplasty – Plastic surgery on an eyelid, especially to remove fatty or excess tissue.</p> <p>Blepharoptosis – A drooping or abnormal relaxation of the upper eyelid.</p> <p>Blepharospasm – An involuntary twitch of the eyelid muscles.</p> <p>Canthus – Either of the angles formed by the meeting of the upper and lower eyelids.</p> <p>Cosmetic Blepharoplasty – Blepharoplasty performed to improve appearance in the absence of any signs or symptoms of functional abnormalities.</p> <p>Dacryostenosis – A narrowing of the lacrimal duct.</p> <p>Dermatochalasis – A redundancy and laxity of the eyelid skin and muscle.</p> <p>Ectropion – An abnormal turning out of the eyelid.</p> <p>Entropion – An inward turning of the border of the eyelid against the eyeball.</p> <p>Epiphora – An excessive watering of the eyes.</p> <p>Keratoconjunctivitis – An inflammation of the cornea and conjunctiva.</p> <p>Lagophthalmos – An inability to close the eyelids completely.</p> <p>Margin Reflex Distance 1 (MRD-1) – The vertical distance measured between the upper eyelid margin and the corneal light reflex.</p> <p>Margin Reflex Distance 2 (MRD-2) – The distance between the center of the pupillary light reflex and the lower eyelid margin.</p> <p>Ptosis – A drooping of the upper eyelid.</p> <p>Reconstructive Blepharoplasty – Blepharoplasty performed to correct visual impairment.</p> <p>Trichiasis – An inward turning of the eyelashes, touching the cornea or conjunctiva.</p> <p>Visual Field – The total area in which objects can be seen in the peripheral vision when the eyes are focused on a central point.</p> <p>Visual Field Testing – A measurement of how much vision is in each eye</p>	

CPT Codes Covered Requiring Prior Authorization (PA)

15820-15821 – Blepharoplasty, lower eyelid

15822-15823 – Blepharoplasty, upper eyelid

67900 – Repair of brow ptosis

67901-67908 – Repair of blepharoptosis

67909 – Reduction of overcorrection of ptosis

67911 – Correction of lid retraction

*Please see CPT codebook for full definition of codes

Approval Criteria

I. GENERAL

A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the OAC 317:30-3-1.

B. Documentation requirements include:

1. Documentation to support an indication(s) from section **II.A-F** below.
2. Submitted photographs must be frontal, canthus to canthus, with the head perpendicular to the plane of the camera (not tilted). All photographs, slides, or videos must be of sufficient clarity to show a light reflex on the cornea.

II. INDICATIONS

A. Upper Eyelid Blepharoplasty

- Considered medically indicated with **ONE** of the following:

1. Inability to tolerate a prosthesis in an anophthalmic socket; **OR**
2. To relieve painful blepharospasms or hemifacial spasm after failed conservative treatment; **OR**
3. To repair defects predisposing to corneal or conjunctival irritation, such as corneal exposure, ectropion, entropion, or pseudo-trichiasis; to repair functional defects caused by trauma, tumor, or previously covered surgical procedure where visual field testing confirms impairment; **OR**
4. For chronic dermatitis due to redundant skin after failed conservative treatment; **OR**
5. Individual is nine years old or younger and the documentation **and** photographs indicate the procedure is intended to relieve obstruction of central vision severe enough to produce occlusion amblyopia; **OR**
6. Functional visual impairment, where visual field is limited to 20 degrees or less superiorly, or 15 degrees or less laterally; **AND ALL OF THE FOLLOWING:**

- a. Photographs document obvious dermatochalasis/blepharochalasis, ptosis or brow ptosis, compatible with visual field determinations; **AND**
- b. MRD-1 of 2.5 mm or less; **AND**
- c. Taping of the upper eyelid tissue results in correction of the defect and normal visual field; **AND**
- d. Stability of any related disease, such as myasthenia gravis, thyroid disorders, etc.

B. Lower Eyelid Blepharoplasty

- Considered medically indicated with **ONE** of the following:
 1. Documentation supports horizontal lower eyelid laxity of medial and lateral canthus resulting in dacryostenosis and infection; and documentation supports significant lower eyelid edema; **OR**
 2. Documentation reveals that eyeglasses rest upon the lower eyelid tissues and cause lower eyelid ectropion as a result of the weight of the eyeglasses and weight of the tissue, regardless of eyeglass style; **OR**
 3. Poor eyelid tone (with or without entropion or ectropion) causes dysfunction of the "lacrima pump", lid retraction, and/or exposure keratoconjunctivitis that often results in epiphora.

C. Repair of Brow Ptosis

- Considered medically indicated with **ALL** of the following:
 1. Functional visual impairment, where visual field is limited to 20 degrees or less superiorly, or 15 degrees or less laterally; **AND**
 2. Photographs document brow droop, with the brow at rest showing eyebrow is below the superior orbital rim; taped brow must document upper eyelid margin and excess skin no longer obscure the upper iris; **AND**
 3. Documented interference with driving, reading, or other activities of daily living due to the eyelid position; **AND**
 4. Taping of the upper eyelid tissue results in correction of the defect and normal visual field.

** If the patient's only complaint is obstruction of vision when reading, two photographs are obtained to demonstrate the eyelid position in primary gaze (straight ahead) and downgaze (visual axis and camera lens coaxial).

D. Repair of Blepharoptosis

- Considered medically indicated with **ALL** of the following:
 1. Functional visual impairment, when visual field is limited to 20 degrees or less superiorly, or 15 degrees or less laterally; **AND**
 2. Photographs document brow droop, and the upper eyelid margin obscures at least $\frac{1}{4}$ of the diameter of the visible upper iris; taped brow must document upper eyelid margin and excess skin no longer obscure the upper iris; **AND**
 3. MRD-1 of 2.5 mm or less; **AND**
 4. Documented interference with driving, reading, or other activities of daily living due to the eyelid position; **AND**

5. Taping of the upper eyelid tissue results in correction of the defect and normal visual field.

** If the patient's only complaint is obstruction of vision when reading, two photographs are obtained to demonstrate the eyelid position in primary gaze (straight ahead) and downgaze (visual axis and camera lens coaxial).

E. Reduction of Overcorrection of Ptosis

- Considered medically indicated with **ALL** of the following:
 1. Functional impairment; **AND**
 2. Photographs document upper eyelid ascends past its ideal position; **AND**
 3. Previous medically indicated blepharoptosis surgical procedure.

F. Correction of Lid Retraction (upper OR lower eyelid)

- Considered medically indicated with **ALL** of the following:
 1. Functional impairment; **AND**
 2. Stability of any related disease, such as myasthenia gravis, thyroid disorders, etc.; **AND**
 3. Presence of **ONE** of the following:
 - a. Exposure keratoconjunctivitis; **OR**
 - b. Lagophthalmos; **OR**
 - c. Eyelid retraction of the eyelid; **OR**
 - d. Congenital deformity of the eyelid.

Additional Information

- If both blepharoplasty and brow ptosis repair are planned, each procedure requires separate review.
- Photographs submitted must be frontal, canthus to canthus, with the head perpendicular to the plane of the camera (not tilted). The photographs, slides, or videos must be of sufficient clarity to show a light reflex on the cornea.
- Visual field testing *may not* be required in the presence of conditions where individuals are unable to cooperate with testing, such as mental retardation or severe neurological disease. Documentation of the condition preventing cooperation is required.
- Requests for blepharoplasty, brow ptosis repair, blepharoptosis repair, and/or lid retraction correction outside of this guideline will be referred for medical director review.

References

- American Society of Ophthalmic Plastic and Reconstructive Surgery. (2015). *White paper on functional blepharoplasty, blepharoptosis, and brow ptosis repair*. Retrieved from <https://www.asoprs.org/assets/docs/1%20%20FINAL%20ASOPRS%20White%20Paper%20January%202015.pdf>
- Bodnar, Z.M., Neimkin, M., & Holds, J.B. (2016). Automated ptosis measurements from facial photographs. *JAMA Ophthalmology*, 134(2), 146-150. Doi: 10.1001/jamaophthalmol.2015.4614
- Cahill, K.V., Bradley, E.A., Meyer, D.R., Custer, P.L., Holck, D.E., Marcet, M.M., & Mawn, L.A.(2011). Functional indications for upper eyelid ptosis and blepharoplasty surgery: A report by the American Academy of Ophthalmology. *Ophthalmology*, 118(12), 2510-2517. Doi: 10.1016/j.ophtha.2011.09.029
- Centers for Medicare & Medicaid Services. (2019). *Local coverage determination (LCD): Surgery: Blepharoplasty (L35004)*. Retrieved from <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35004&ver=15&articleId=57618&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=Oklahoma&CptHcpcsCode=15822&bc=gAAAACAAgAAA&>
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- U.S. National Library of Medicine. (2019). Visual field. *MedlinePlus*. Retrieved from <https://medlineplus.gov/ency/article/003879.htm>