Blepharoplasty and Ptosis Repair

Policy Number: 7.01.505  Last Review: 4/2020

Policy
Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for blepharoplasty and ptosis repair when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered
Upper eyelid blepharoplasty (CPT 15822 & 15823) may be considered medically necessary to correct prosthesis difficulties in an anophthalmia socket.

Upper eyelid blepharoplasty (CPT 15822 & 15823), repair of brow ptosis (CPT 67900) and blepharoptosis (CPT 67901 & 67902) may be considered medically necessary when ALL the following conditions are met:

- Documented patient complaints of interference with vision or visual field, difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or chronic blepharitis
- Photographs of good quality, demonstrating one or more of the following potential characteristics:
  - The upper eyelid margin is within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex.
  - The upper eyelid skin rests on the eyelashes
  - The upper eyelid indicates the presence of dermatitis (blepharitis)
- Visual fields recorded to demonstrate a minimum 12 degree or 30% loss of upper field of vision with upper lid skin and/or lid margin in repose.
- Visual fields recorded to demonstrate potential correction by the proposed procedure (by taping the lid) to a normal visual field. A normal visual field is defined as follows:
  - The distance from the apparent center of the pupil (visual axis) to the upper lid is called the marginal reflex distance (MRD). 2.5 mm or more is considered normal.
  - The normal dimensions of the visual field span 90 degrees temporally, 60 degrees nasally and superiorly, and 70 degrees inferiorly.

Note: When the physician has determined that the patient requires a bilateral blepharoplasty, bilateral blepharoptosis repair or a bilateral brow ptosis repair, it is expected that the procedures will be performed on the same date of
service. Bilateral procedures performed on different dates of service require
the submission of medical record documentation to support the medical
necessity of performing these procedures on different dates of service.

Ptosis repair (CPT 67903, 67904, 67906, 67908, 67909) may be considered
medically necessary when the following conditions are met:
- Documentation that a treatable cause has been ruled out;
- Pre-operative photos document that the ptotic lid covers at least ¼ of pupil or
  1-2mm above the midline of the pupil; and
- Visual field criteria for blepharoplasty are met.

Ectropion repairs (CPT 67914, 67916 & 67917) may be considered
medically necessary when all of the following conditions are met:
- Treatable medical disease has been ruled out per the clinical notes; and
- A true ectropion exists as documented by clinical notes and pre-operative
  photographs demonstrating the eversion and downward pull of the lower eyelid;
  and
- Excess tearing (epiphora) and/or keratoconjunctivitis are present.

Entropion repairs (CPT 67921, 67922, 67923 & 67924) may be considered
medically necessary when the following condition is met:
- A true entropion exists as documented by clinical notes and pre-operative
  photographs demonstrate the inversion of the upper or lower lid margin with
  trichiasis which is causing irritation of the cornea or conjunctiva

When Policy Topic is not covered
Requests not meeting the criteria above will be considered cosmetic.

Blepharoplasty of the lower eyelid (CPT 15820, 15821) is considered
cosmetic because excess tissue beneath the eye rarely obstructs vision.

Considerations
If both a blepharoplasty and a ptosis repair are planned, both must be individually
documented.

For pediatric patients, visual fields should be done if the child is old enough to
perform the test. For younger children, photographs and office notes only should
be submitted. Photographs should document head and brow position in addition to
lid position.

Description of Procedure or Service
Blepharoplasty is a surgical procedure, which is performed to correct a drooping
upper or lower eyelid many times caused by excess tissue that interferes with the
normal visual field. The measurement most involved in the decision for
blepharoplasty is the degree of loss in the nasal/superior measurement. It may be
performed to correct visual field impairment or it may be performed for cosmetic
purposes. Blepharoplasty is also performed to treat eyelid lesions/alterations due
to inflammatory processes such as Grave’s disease, blepharochalasis (excessive skin of the eyelid, usually associated with a disease process that stretches the skin) and floppy eyelid syndrome, also known as dermatochalasis (excessive skin usually the result of the aging process causing loss of elasticity). Blepharoplasty may also be indicated in cases of trauma to the eyelids and orbit.

Ectropion and entropion are malpositions of the eyelid. Ectropion is eversion and downward pull of the lower eyelid away from the globe where it usually rests. Entropion is the turning in of the upper or lower margin of the eyelid. The most common type is senile or spastic entropion. Trichiasis is defined as the condition in which the lashes are turned inward against the cornea. It is associated with entropion.

Brow ptosis is most commonly an age-related change caused by redundancy of forehead skin creating obstruction of the vision and lash ptosis. Brow ptosis may cause visual impairment. Brow lift involves raising the eyebrows. It often accompanies other plastic surgical procedures of the face, including cosmetic procedures of the eyelids, lower face and neck. It is generally performed to correct signs of aging.

Blepharoptosis is redundancy of tissue from drooping of the eyelid due to paralysis or laxity of the muscles.

**Rationale**

There is extensive evidence that a decrease in upper eyelid position, or blepharoptosis, produces visual field impairment. This includes theoretical, experimental and clinical correlations of ptosis severity and field impairment. Further, research has shown that patients’ functional status is reduced by blepharoptosis, and surgical repair results in a measurable increase in health-related quality of life. This study showed that there was an increase in functional index score after ptosis repair, and that lower preoperative upper eyelid position and superior visual field were associated with greater change in functional index after surgery. Interestingly, in this same study, the patients’ self-reported preoperative functional impairment was most strongly correlated with the subsequent degree of post-surgical functional improvement.

To quantify visual field impairment, AMA guidelines suggest the use of an III/4 e isopter on a Goldmann perimeter (the gold standard). If automated static perimetry is used, a 10-dB threshold (Humphrey analyzer) is recommended. Quantitative experimental studies have demonstrated a progressive decrease in superior visual field proportional to the severity of ptosis.

The area of normal upper-eyelid position is debated and appears to be dependent on age, and standards may vary from area to area. The criteria often center on where the upper eyelid position is relative to the visual axis. It is measured with a ruler placed next to the frontal plane of the face from the eyelid margin to the mid-pupil or corneal light reflex distance, which approximates the visual axis. The
The ophthalmic community generally agrees that the normal upper eyelid margin rests > 2.5 mm above the mid-pupil.

References
3. Friedland JA, Jacobsen Wm, TerKonda S. Safety and efficacy of combined upper blepharoplasties and open coronal browlift: A consecutive series of 600 patients.

Billing Coding/Physician Documentation Information

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, banked fascia)
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 (eg, Fasanella-Servat type)
67909  Reduction of overcorrection of Ptosis
67914  Repair of entropion; suture
67915  Repair of entropion; thermocauterization
67916  Repair of entropion; excision tarsal wedge
67917  Repair of entropion; 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)
**Additional Policy Key Words**

N/A

**Policy Implementation/Update Information**

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<tr>
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<tr>
<td>5/1/01</td>
<td>New policy.</td>
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<tr>
<td>5/1/02</td>
<td>Policy statement revised on criteria for the upper eyelid margin changing from within 2.5mm to within 2 mm.</td>
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<tr>
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<td>Policy statement revised on criteria for the upper eyelid margin changing from within 2mm to within 2.5 mm.</td>
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<tr>
<td>5/1/04</td>
<td>Policy statement revised to remove visual fields as a requirement for entropion or ectropion repair.</td>
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<td>5/1/05</td>
<td>Policy revised to address blepharoplasty, ptosis, ectropian and entropian repairs individually.</td>
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<td>Policy statement revised to change language in the photo requirements from “all” to “one or more.” This change is effective 11/10/2009.</td>
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<tr>
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<td>Policy statements regarding ectropian and entropian repairs revised to identify functional impairment requirements.</td>
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