

Policy Name	Clinical Policy – Eyelid and Brow Surgery
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Company Entities Supported (Select All that Apply) <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS and Definitions	
Blepharoptosis	Abnormal low-lying upper eyelid margin with the eye in primary gaze.
Blepharoplasty	Lower or upper eyelid repair
Brow ptosis	Brow ptosis is decent of the brow and brow fat pad and typically occurs with advancing age or prior trauma
Dermatochalasis	Skin redundancy of the upper lid; occurs with brow ptosis
Ectropian	Ectropion is an outward turning of the eyelid margin.
Entropian	Entropion is an inward turning of the eyelid margin
MRD	Margin Reflex Distance

PURPOSE

To provide the medical necessity criteria to support the indication(s) for eyelid and eyebrow surgery and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Blepharoplasty, blepharoptosis repair, and brow lift procedures are medically necessary for functional indications. Since these procedures are performed for both cosmetic and functional purposes, medical necessity must be evaluated fully by the treating physician.

Eyelid malposition procedures are medically necessary for functional indications to correct abnormal positions of the eyelids. These procedures are performed for functional purposes affecting the quality of vision, symptoms, or as preventive of secondary damage to the eye.

B. Medically Necessary

Blepharoplasty, blepharoptosis, brow ptosis repair, and eyelid malposition repair may be considered medically necessary when performed for the following functional indications.

1. Upper eyelid blepharoplasty may be considered medically necessary when:
 - a. The patient complains of functional impairment that affects their ability to carry out specific activities of daily living (e.g., reading, watching television, driving, and/or meeting occupational, vocational, and recreational activities); and,
 - b. The examination documents redundant upper eyelid skin of such sufficient severity as to explain the patient described functional impairment; and,
 - c. External Photographs are required to document the medical necessity for blepharoplasty repair, as follows:
 - i. The photographs must be full face with a) the patient looking straight ahead and b) oblique photographs if needed to demonstrate anatomic defect upon which the functional impairment is based; and,
 - ii. Photographs with the patient looking up or down are not acceptable and
 - iii. Photographs of individual eyes are not acceptable; and,
 - iv. The photographs must be of sufficient quality to allow assessment of the pupillary axis, temporal hooding and demonstrate a margin reflex distance (MRD) of less than 2mm with normalized frontalis input
2. Repair of brow ptosis is considered medically necessary for the following functional indications:
 - a. The patient complains of functional impairment that affects their ability to carry out specific activities of daily living (e.g., reading, watching television, driving, and/or meeting occupational, vocational, and recreational activities); and,
 - b. The examination documents brow ptosis of such sufficient severity as to explain the patient described functional impairment; and,
 - c. If brow ptosis repair is requested concurrently with blepharoplasty or blepharoptosis repair, the documentation supports that brow ptosis repair may additionally be

- indicated when blepharoplasty or blepharoptosis repair by themselves would be inadequate to correct the eyelid changes resulting in functional impairment; and,
- d. External Photographs are required to document the medical necessity for brow ptosis repair, as follows:
 - i. The photographs must be full face with:
 - a) the patient looking straight ahead; and,
 - b) oblique photographs, if needed, to demonstrate anatomic defect upon which the functional impairment is based; and,
 - ii. Photographs with the patient looking up or down are not acceptable; and,
 - iii. Photographs of individual eyes are not acceptable; and,
 - iv. The photographs must be of sufficient quality to allow assessment of the pupillary axis, temporal hooding and demonstrate a margin reflex distance (MRD) of less than 2mm with normalized frontalis input.
3. Blepharoptosis (ptosis) repair may be considered medically necessary when:
- a. The patient complains of functional impairment that affects their ability to conduct specific activities of daily living (e.g., reading, watching television, driving, and/or meeting occupational, vocational, and recreational activities); and,
 - b. The examination documents blepharoptosis of such sufficient severity as to explain the functional impairment; and,
 - c. External Photographs are required to document the medical necessity for blepharoptosis repair, as follows:
 - i. The photographs must be full face with a) the patient looking straight ahead and b) oblique photographs if needed to demonstrate anatomic defect upon which the functional impairment is based; and,
 - ii. Photographs with the patient looking up or down are not acceptable and
 - iii. Photographs of individual eyes are not acceptable; and,
 - iv. The photographs must be of sufficient quality to allow assessment of the pupillary axis, temporal hooding and demonstrate a margin reflex distance (MRD) of less than 2mm with normalized frontalis input.
4. Eyelid malposition procedures may be medically necessary for functional indications to correct abnormal positions of the eyelids. These procedures are performed for functional purposes affecting the quality of vision, symptoms, or as preventive of secondary damage to the eye.
- a. Entropion repair may be medically necessary when:
 - i. The examination documents abnormal upper or lower eyelid position such that the eyelid margin is abnormally rotated towards the eye; and
 - ii. Symptoms may include pain, foreign body sensation, dryness, tearing, eye redness, decreased vision; and,

- iii. The examination documents abnormal upper or lower eyelid position such that the eyelid margin is abnormally rotated away from the eye; and
 - iv. Symptoms may include pain, foreign body sensation, dryness, tearing, eye redness, decreased vision; and
 - v. Additional findings may include keratopathy (corneal staining, scratches, scar), conjunctival injection, conjunctival chemosis, corneal/conjunctival infection, eyelid conjunctival injection or thickening, facial nerve paralysis.
- b. Ectropion repair may be medically necessary when:
- i. The examination documents abnormal upper or lower eyelid position such that the eyelid margin is abnormally rotated away from the eye.
 - ii. Symptoms may include pain, foreign body sensation, dryness, tearing, eye redness, decreased vision.
 - iii. Additional findings may include keratopathy (corneal staining, scratches, scar), conjunctival injection, conjunctival chemosis, corneal/conjunctival infection, eyelid conjunctival injection or thickening, facial nerve paralysis.
- c. Eyelid malposition repair may be medically necessary when performed for the following functional indications and the documentation demonstrates:
- i. Difficulties in prosthetic fit due to eyelid dysfunction; or,
 - ii. Ongoing corneal exposure; or,
 - iii. Blepharospasm or related variants of facial dystonia; or,
 - iv. Injury or trauma resulting in dysfunction of the eyelids.
- d. Adjunct or concurrent procedures may be necessary to fully repair the eyelid abnormality. These include full thickness skin graft, adjacent tissue transfer, and myofascial flap.
5. For all the above conditions, if the patient is 9 years old or younger, medical necessity may include risk of amblyopia, which must be supported with documentation.

C. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it. Documentation requires at a minimum all the following items noted below. For any retrospective review, a full operative report is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable.

1. Eye exam with description of medical necessity for surgery and absence of contraindications for the surgery.
2. Notation in the chief complaint and/or patient history of functional impairment in specific activities of daily living directly attributable to malposition of eyelids and/or brow.

3. Frontal photographs document obvious dermatochalasis, eyelid margin ptosis, or brow ptosis. Requirements for external photographs are included in each respective procedure's medical necessity section above.
4. Oblique photos and/or lateral photos may be needed to demonstrate redundant skin on the upper eyelashes when this is the principle indication for surgery.
5. Formal visual field testing is not needed to establish medical necessity,
6. A detailed operative report that incorporates the Indications and procedure description should be available upon request.

E. Procedural Detail

CPT Codes	
15769	Grafting of autologous soft tissue, harvested by excision
15820	Blepharoplasty; lower eyelid
15821	Blepharoplasty; lower eyelid w/ excessive herniated fat pad
15822	Blepharoplasty; upper eyelid
15823	Blepharoplasty; upper eyelid w/ excessive skin weighting down lid
67900	Repair of brow ptosis
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	Repair of blepharoptosis; frontalis muscle techniques 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
67906	Repair of blepharoptosis; superior rectus technique with fascial sling
67908	Repair of blepharoptosis; conjunctivo-tarso-Müller's muscle-levator resection
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction

67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive

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RELATED POLICIES AND PROCEDURES	
1321	Eyelid Lesion Removal

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
07/10/2017	Initial Policy	07/10/2017
01/23/2018	Annual review; no criteria changes	01/23/2018
12/13/2018	Annual review; no criteria changes	01/01/2019
12/18/2019	Annual review; addition of CMS required code 92285	01/01/2020
10/28/2020	Annual review; addition of criteria for ptotic lids and removal of requirement for a service related ocular photo.	03/01/2021
10/06/2021	Addition of CPT code 67901; addition of indication for patients who are 9 years old or younger.	04/01/2022
04/06/2022	Combine CPT groups of reconstructive and cosmetic procedures. Deletion of lower eyelid blepharoplasty as a non-medically necessary procedure.	07/01/2022
01/04/2023	Remove requirement to provide preop and post op exam/surgery reports.	04/01/2023
09/20/2023	Administrative review for CMS 2024 final rule Medicare Part C equity: no changes.	n/a
01/03/2024	Added indications for ectropion and entropion repair.	04/01/2024

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