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| <b>Policy Name</b>                   | Clinical Policy – Eyelid and Brow Surgery |
| <b>Policy Number</b>                 | 1301.00                                   |
| <b>Department</b>                    | Clinical Product & Development            |
| <b>Subcategory</b>                   | Medical Management                        |
| <b>Original Approval Date</b>        | 07/10/2017                                |
| <b>Current MPC/CCO Approval Date</b> | 01/08/2025                                |
| <b>Current Effective Date</b>        | 04/01/2025                                |

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| <b>Company Entities Supported (Select All that Apply)</b><br><input checked="" type="checkbox"/> Superior Vision Benefit Management<br><input checked="" type="checkbox"/> Superior Vision Services<br><input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc.<br><input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas<br><input checked="" type="checkbox"/> Davis Vision<br>(Collectively referred to as 'Versant Health' or 'the Company') |
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| <b>ACRONYMS and Definitions</b> |   |
|---------------------------------|---|
| Blepharoptosis                  | Abnormal low-lying upper eyelid margin with the eye in primary gaze.  |
| Blepharoplasty                  | Lower or upper eyelid repair  |
| Brow ptosis                     | Brow ptosis is descent of the brow and brow fat pad and typically occurs with advancing age or prior trauma |
| Dermatochalasis                 | Skin redundancy of the upper lid; may occur 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  |

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| <b>PURPOSE</b> |
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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 may be 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. The patient expresses symptoms such as 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. 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; and,
    - ii. The patient expresses symptoms which may include pain, foreign body sensation, dryness, tearing, eye redness, decreased vision; and,
    - 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, skin substitutes, 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.

#### D. Procedural Detail

| <b>CPT Codes</b> |   |
|------------------|---|
| 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  |

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| 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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| <b>RELATED POLICIES AND PROCEDURES</b> |                       |
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| 1321                                   | Eyelid Lesion Removal |

| <b>DOCUMENT HISTORY</b>     |   |                              |
|-----------------------------|---|------------------------------|
| <b><i>Approval Date</i></b> | <b><i>Revision</i></b>  | <b><i>Effective Date</i></b> |
| 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                   |
| 01/08/2025                  | Added grafting with skin substitutes as an allowable concurrent surgery.  | 04/01/2025                   |

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