



Manual: IU Health Plans
Department: Utilization Management
Medical Policy #MP006
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Health Plans

Medicare Advantage XX Commercial

Blepharoplasty, Blepharoptosis, and Brow Lift Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for blepharoplasty, blepharoptosis, and brow lift.

II. Scope

This policy applies to all IU Health Plans and Utilization Management staff having decision-making responsibilities where authorization is required for Fully insured and Team Member Commercial Plans

III. Exceptions

1. Blepharoplasty, brow ptosis/ blepharoptosis repairs done for cosmetic purpose not meeting the guidelines of the functional visual impairment parameters previously listed will be denied.
2. Lower lid blepharoplasty is not reimbursable when performed for cosmetic reasons.
3. External ocular photography (92285) is not payable when used to support the need for blepharoplasty or blepharoptosis/brow ptosis repairs.

IV. Definitions

Blepharoptosis- the drooping of the upper eyelid related to the position of the eyelid margin with respect to the visual axis

Blepharoplasty- a procedure on the eyelid or eyelids to improve or correct functional deformity or deficit. The procedure can also be performed to improve or change the aesthetic appearance of the eyes.

Cosmetic Blepharoplasty is performed to improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities.

Reconstructive Blepharoplasty is performed to restore function by transforming abnormal eyelid structures to a more normal state.

Blepharochalasis- a rare condition due to inflammation of the eyelids. During and after the periodic episodes, the eyelids can swell and stretch asymmetrically. The disease tends to occur more during adolescence or young adulthood and less frequently

during adulthood. (American Society of Plastic Surgeons.

Dermatochalasis- a common condition of aging characterized by deficient elastic fibers of the skin. Skin redundancy and/or muscle laxity involving the eyelids can obstruct the visual field and thus impair vision.

Ptosis or blepharoptosis- a weakness or dysfunction of the eyelid elevating/retractor muscle or muscle complex. This will lead to an eyelid droop that can impair or obstruct the visual field.

V. Policy Statements

IU Health Plans considers **Blepharoplasty and Blepharoptosis/Brow Ptosis Repairs** medically necessary when performed as functional reconstructive surgery when **ALL** of the following criteria are met:

1. Examples of functional conditions include but are not limited to **ONE** of the below:
 - a. Chronic, symptomatic dermatitis of pretarsal skin due to accumulated upper lid skin
 - b. Patients with anophthalmic socket who are experiencing prosthesis difficulties
 - c. Impairment of vision due to dermatochalasis or blepharochalasis (excess skin associated with chronic recurrent eyelid edema that physically stretches the skin)
 - d. Accumulated, symptomatic skin which is weighing down on the upper lashes.
 - e. Blepharoptosis repair is covered as functional/reconstructive surgery to correct a visual impairment due to droop or displacement of the upper lid.
 - f. Brow ptosis repair is covered when performed as functional/reconstructive surgery to correct any of the following:
 - g. Brow malposition which prevents adequate correction of dermatochalasis, blepharochalasis or blepharoptosis
 - h. Visual impairment due to droop or displacement of the brow impairment
 - i. Following tumor ablative surgery
 - j. Documented facial nerve injury
2. Documentation in medical records should include patient complaints and findings such as:
 - a. Interference with the visual field related to eyelid drooping
 - b. Chronic eyelid dermatitis
 - c. Difficulty wearing artificial eye prosthesis
 - d. Margin reflex distance of 2.0 mm or less (the margin reflex distance is a measurement of the corneal light reflex to the upper eyelid margin with the brows relaxed)
 - e. A palpebral fissure height on down-gaze of 1 mm or less (The down-gaze palpebral fissure height is measured with the patient fixating on an object in down-gaze with the ipsilateral brow relaxed and the contralateral lid elevated)
 - f. Visual field differences of:
 1. less than or equal to 20 degrees or more
 2. 30% superior visual field difference before and after manual elevation of the eyelids or brow
 - g. Primary essential idiopathic blepharospasm symptoms

3. Requests must include **ALL** of the following:
 - a. When visual impairment is the indication for any of the above procedures, record documentation must include confirmation of superior visual field testing
 - b. For **all** procedures - photographs must clearly demonstrate eyelid abnormality- front or side at level of pupil of eye
 - c. Documentation of specific ADLs (activities of daily living) affected
 - d. When the physician has determined that the patient requires a bilateral blepharoplasty or bilateral blepharoptosis/brow ptosis repair, it is expected that the procedures will be performed on the same date of service
 - e. Brow ptosis repair is covered when performed as functional/reconstructive surgery to correct any of the following:
 - i. Other causes such as BOTOX treatments within past 6 months have been eliminated
 - ii. There is a functional complaint related to brow ptosis
 - iii. Specific procedure is indicated

Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes | |
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| Code | Description |
| CPT Codes | |
| 15820 | Blepharoplasty, lower lid |
| 15821 | Blepharoplasty, lower lid; with extensive herniated fat pad |
| 15822 | Blepharoplasty, upper eyelid |
| 15823 | Blepharoplasty, upper eyelid, with excessive skin weighing 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 (e.g., 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 (e.g., Fasanella-Servat type) |
| 67914 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids- suture repair |

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| 67915 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids-thermo-cauterization |
| 67916 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids-tarsal wedge excision |
| 67917 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids-extensive repair ectropion |
| 67921 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids-entropion |
| 67922 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids entropion thermocauterization |
| 67923 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids entropion tarsal wedge excision |
| 67924 | Under Repair (Brow Ptosis, Blepharoptosis, Lid retraction, Ectropion, Entropion) procedures on the eyelids-extensive entropion repair |
| 67950 | Under Reconstruction Procedures on the eyelids-canthoplasty |

VI. Procedures

None

VII. References/Citations

1. American Society of Plastic Surgeons. (2020) *ASPS Recommended Insurance Coverage Criteria for Third Party Payers, Blepharoplasty*. [ASPS Recommended Insurance Coverage Criteria for Third-Party Payers | Blepharoplasty \(plasticsurgery.org\)](https://www.plasticsurgery.org/insurance/coverage-criteria/blepharoplasty)
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Blepharoplasty, Blepharoptosis and Brow Lift (L34528). Contractor-Wisconsin Physician Service Insurance Company. Revision Effective Date 12/28/2023 [LCD - Blepharoplasty, Blepharoptosis and Brow Lift \(L34528\) \(cms.gov\)](https://www.cms.gov/lcds/lcd-listing-2023-12)

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.