

Medical Policy

Blepharoplasty, Ptosis Repair, and Related Eyelid Surgery

Policy Number: 1004

Policy History			
Approve Date:	1/14/2014	Effective Date:	1/14/2014
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Preauthorization	
All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.

Policy

Indications of Coverage

WEA Trust considers blepharoplasty, ptosis repair, and related eyelid and eyebrow surgery medically necessary when the following criteria are met. Procedures performed primarily to improve appearance with little to no improvement in functional impairment or repair of a malformed body part are not medically necessary.

- I. Blepharoplasty is considered medical necessary for treatment of functional or physical impairment directly related to the abnormality of the eyelid(s) for ANY of the following indications:
 - A. To correct chronic dermatitis due to excess skin (dermatochalasis) OR
 - B. To correct prosthesis difficulties in the anophthalmia socket OR
 - C. To repair defects predisposing to corneal or conjunctival irritation:
 - i. Entropion (eyelid turned inward)
 - ii. Pseudotrachiasis (inward misdirection of eyelashes caused by entropion)
 - iii. Ectropion (eyelid turned outward)
 - iv. Corneal exposure OR
 - D. To correct functional deformity due to:
 - i. Trauma
 - ii. Thyroid Disease
 - iii. Tumor
 - iv. Cranial nerve palsy (pseudoptosis) OR
 - E. To relieve painful symptoms of blepharospasm OR
 - F. To correct visual impairment caused by blepharochalasis when ALL of the following criteria are met:
 - i. A high quality photograph in straight gaze shows the distance from the upper eyelid margin is less than 2 mm of the mid pupil or the eyelid skin rests on the eyelashes AND
 - ii. Visual field testing showing a visual field constriction below 20 degrees.

- G. Blepharochalasis beneath the eye rarely causes visual impairment. Lower eyelid blepharoplasty is rarely medically necessary for this indication.
- II. Ptosis (blepharoptosis) repair for laxity of the muscles of the upper eyelid is considered medically necessary when photographs in straight gaze show the distance from the upper eyelid margin is within 2.5 mm of the mid pupil (1/4 of the diameter of the visible iris) of the corneal light reflex (marginal reflex distance or MRD).
- III. Congenital ptosis repair is medically necessary for moderate to severe ptosis interfering with vision in infants and children. Surgical repair of the condition will allow proper visual development and prevent amblyopia.
- IV. Brow ptosis repair (brow lift) is most often a cosmetic procedure and is not medically necessary for that indication. Brow ptosis repair for laxity of forehead muscles is considered medically necessary only when it causes vision obstruction and high quality photographs show the eyebrow below the supraorbital rim.
- V. Canthoplasty, alone or as part of blepharoplasty, is considered medically necessary when the sagging eyelid causes vision to be obstructed.

Blepharoplasty, ptosis repair, and other related procedures done for aesthetic purposes to improve the appearance of sagging skin and tired appearance are not medically necessary.

For these procedures to be deemed medically necessary, high quality photographs in the straight gaze must accompany service request and should be consistent with the degree of visual field impairment described in the medical records and demonstrated by the MRD measurements.

Background

Blepharoplasty is a surgical procedure that removes fat deposits, excess tissue, and/or muscle from the eyelids. It can involve the upper or lower lid, as well as the medial and lateral margins. Blepharoplasty and related surgery of the eyelid are considered medically necessary if the procedure is done to correct a functional impairment or vision problem as defined by the medical policy.

Blepharochalasis is loose and sagging skin of the upper eyelid in which the fold of skin hangs down over the eye, often concealing the tarsal margin when the eye is open. In severe cases, excess fat and skin sit on the upper eyelid and obstruct vision. Blepharochalasis may cause pseudoptosis (false ptosis) in which the patient has normal muscular function of the eyelid but the bagging skin above the eye overhangs the eyelid margin, resembling ptosis. Excess skin around the eye may also cause the eyelashes to turn in and irritate the eye or turn out and cause exposure keratitis. The functional and vision defects of blepharochalasis can be corrected with blepharoplasty. Ptosis (blepharoptosis) is the drooping of the upper eyelid due to abnormal neurological or muscular function. Ptosis can be congenital or, more commonly, acquired. Causes of ptosis include, but are not limited to, age-related weakening of the levator muscles, diabetes, injury, tumors, inflammation, and aneurysms. The degree of drooping can range from slight to complete closure of the affected eyelid. Drooping can obstruct vision and cause positional head changes. Children born with congenital ptosis usually tilt their head back in an attempt to help see under the obstruction. Adults with ptosis often experience a loss of their visual field because the upper portion of the eye is covered; as a result, they may attempt to lift the eyelid by raising their eyebrows.

Brow ptosis refers to sagging tissue of the eyebrows and/or forehead. In severe cases, the field of vision is obstructed.

Canthoplasty (inferior or lateral retinacular suspension) refers to tightening the supporting muscles and ligaments of the outer corner of the eyelid. It is medically necessary when drooping of the corner of the eyelid interferes with

vision.

Visual field testing measures central and peripheral vision while the eye is focused on a central point. WEA Trust requires a 64-point visual field test to be done. To demonstrate medical necessity of blepharoplasty for correction of visual impairment caused by blepharochalasis the visual field must improve by 20 degrees with tape, and visual obstruction must be within 30 degrees of point of fixation.

Visual field testing requires a minimal amount of time for most healthy patients, but it may be moderately tiring or stressful for ill or elderly patients. Visual field testing is also very difficult for younger children or patients with mental disabilities or developmental delay, such as Down's syndrome.

References

The above policy is based on the following references:

Milliman Care Guidelines:

1. ACG: A-0195 (AC)