

Subject: Blepharoplasty/Ptosis Surgery

Medical Policy #: 2.7

Status: Reviewed

Original Effective Date: 10/27/2004

Last Review Date: 01-25-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

In common usage, the term "blepharoplasty" refers to an operation in which redundant tissues (skin, muscle or fat) are excised from an eyelid. A blepharoplasty may be performed for either functional or cosmetic purposes. The most common functional indication for blepharoplasty is a superior visual field defect secondary to dermatochalasis. Dermatochalasis may co-exist with either blepharoptosis or brow ptosis. Other indications for blepharoplasty or brow ptosis repair include the treatment for the sequelae of severe inflammatory disorders of the orbit or eyelids, blepharochalasia, trauma, or repair of defects causing corneal or conjunctival irritation.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Upon submission of Prior Authorization request, please provide supporting documentation (medical records or clinic notes) that supports criteria outlined in the LCDs with your request.

Presbyterian follows CMS LCD [L35004](#) and related article ([A57618](#)) for blepharoplasty procedures and repair of blepharoptosis for Medicare, Medicaid and Commercial, when performed for the following functional indications mentioned in LCD (L35004). All other uses would be considered cosmetic.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description:
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 (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)

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

CPT Codes	Description:
67908	Repair of blepharoptosis; conjunctivo-tarso-muller's muscle-levator resection (e.g., fasanella-servat type)

CPT Codes	In addition to CPT codes listed above, the LCD (L35004) and LCA (A57618) also includes the following CPT codes:
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 (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)

ICD-10 CODE	<ul style="list-style-type: none"> For listed covered diagnosis for LCD L35004, see related article (A57618)
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Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD

Senior Medical Director: David Yu MD

Date Approved: 01-25-2023

References

1. CMS, Novitas Solutions, Inc., Local Coverage Determination, Surgery: Blepharoplasty (L35004), Revision Date 03/21/2021, R#4. Related Article (A57618), Revision date 10/28/2021, R3. [Cited 11/10/2022].
2. CMS, Wisconsin Physicians Service Insurance Corporation, Local Coverage Determination (LCD): Blepharoplasty, Blepharoptosis and Brow Lift, (L34528), Revision Date 04/28/2022, R#15. Related Local Coverage Article, (A56908), Revision date 04/28/2022, R3. [Cited 11/10/2022]

Publication History

- 01-28-15: Changed to Novitas LCD L32715
- 10-19-15: Changed to Novitas LCD L35004. Addition of ICD 10 codes, removal of ICD 9 codes and change in LCD number. No other changes. Effective 10-1-2015.
- 01-27-16: Annual Review. Accessed Novitas. No change to L35004.
- 03-22-17: Annual Review. Accessed L35004. No Changes.
- 11-20-19: Annual review. Updated continued use of LCD L35004 and added new LCD L34528 (both applicable to NM region). Added three main points from each of the LCDs without further defining the criteria. Updated the policy with CPT/ICD-10-CM.
- 01-27-21: Annual review. Reviewed by PHP Medical Policy Committee on 12/18/2020. No change. Continue to follow LCD L35004/L34528 and MCG: L35004R003 and MCG: L34528R013 for all LOB. Removed the listed ICD-10 codes in the Table and replaced to see LCA (A56908) and (A57618). Will continue PA for CPT: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906 and 67908 for all LOB
- 01-26-22: Annual review. Reviewed by PHP Medical Policy Committee on 11/19/2021 and 12/10/2021. No change. Continue to follow Novitas, LCD L35004/ A57618 and Wisconsin Physicians LCD L34528/ A56908. Removed references regarding MCG (LCD L35004R003 and L34528R013), will only follow straight CMS LCDs from Novitas and Wisconsin for New Mexico. LCA A57618 recent revision added the following CPT

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codes: 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924 which are added to the policy. Agree with the recent revision by LCD L34528 for the discontinuation of photographs/visual field requirements. Continue PA requirement for 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, even though the benchmark report is in good standing. Continue no PA requirement for: 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924.

01-25-23

Annual review. Reviewed by PHP Medical Policy Committee on 11/11/2022. There has been a change to only follow one LCD. Removed WPS (LCD L34528/LCA A56908). but continue to follow only the Novitas LCD L35004/LCA A57618, the coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. Continue PA requirement for 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, and 67909. Continue no PA requirement for: 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, and 67924.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Kinetic Visual Field Analysis for Blepharoplasty
Worksheet for PHP Health Services

Member Name and/or Number _____

RIGHT EYE

	<u>Normal Expected</u>	<u>Measured</u>	<u>Predicted</u>	<u>Difference</u>
Temp	85° _____	_____	_____	_____
UpTemp	55° _____	_____	_____	_____
Up	45° _____	_____	_____	_____
UpNasal	55° _____	_____	_____	_____
Nasal	60° _____	_____	_____	_____
Potential	300° _____	_____	_____	_____

LEFT EYE

	<u>Normal Expected</u>	<u>Measured</u>	<u>Predicted</u>	<u>Difference</u>
Temp	85° _____	_____	_____	_____
UpTemp	55° _____	_____	_____	_____
Up	45° _____	_____	_____	_____
UpNasal	55° _____	_____	_____	_____
Nasal	60° _____	_____	_____	_____
Potential	300° _____	_____	_____	_____

The “measured” values indicate the eyelid at rest. The “predicted” values indicate the eyelid taped.

To calculate the degree of improvement anticipated after blepharoplasty:

- Utilize the “Up” row.
- Subtract the “measured” degrees from the “predicted” degrees – the “difference” is how much the visual field will improve with blepharoplasty.

To meet PHP criteria, improvement must be 12° or more.

If improvement is not 12° or more, then calculate the percentage of the overall superior visual field improvement.

To calculate the percentage of the overall superior visual field improvement:

- Utilize “Potential”, which is the sum of *Temp, Up Temp, Up, Up Nasal* and *Nasal*
- Subtract the “measured” degree from the “predicted” degree, to calculate the “difference.” This gives the degree of improvement.
- Divide the degree of improvement by the “measured” degree.
- This number will give you a percent improvement of the overall superior visual field.
- Here’s an equation stating the same process:
“Predicted” minus “measured” = degree of improvement
Degree of improvement divided by “measured” = % improvement of superior visual field

TO MEET PHP criteria, the percent of overall superior visual field improvement must be 20% or greater.