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## Medical Policy



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**Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.**

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**\*Current Policy Effective Date: 5/1/21**  
(See policy history boxes for previous effective dates)

### **Title: Blepharoplasty and Repair of Brow Ptosis**

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#### **Description/Background**

Blepharoptosis, also referred to as ptosis, is defined as an abnormal low-lying upper eyelid margin with the eye in primary gaze. It may result from trauma, masses, or congenital or acquired abnormalities of the levator or Muller neuromuscular complexes causing a vision defect due to excessive tissue, skin, fat or muscle obstructing the field of vision.

Blepharoplasty is a surgical procedure involving incisions along the natural creases of the upper eyelid and just below the eyelashes for the lower eyelids. These incisions may be made with a traditional scalpel or a laser. The excess skin, muscle and fat are removed as necessary to restore normal vision.

Conditions that are amenable to blepharoplasty may include:

- Dermatochalasis: excessive skin and loss of elasticity, which is usually the result of the aging process
- Blepharochalasis: excessive skin associated with chronic blepharedema (swelling of the lid) which physically stretches the skin
- Blepharoptosis: drooping of the upper eyelid which relates to the position of the eyelid margin with respect to the eyeball, as in congenital blepharoptosis
- Secondary blepharoptosis: the eyelid margin is usually in an appropriate position with respect to the eyeball and visual axis; however, the amount of excessive skin is so great as to overhang the eyelid margin and create its own ptosis

Note: Blepharoplasty may also be necessary to correct difficulty with a prosthesis in an anophthalmic socket.

Brow ptosis is a condition in which redundancy of tissues of the brow may result in visual obstruction or in chronic dermatitis due to intertriginous contact of the redundant skin. Most

often a condition of aging, brow ptosis can also be the result of a seventh nerve palsy and facial asymmetry. Repair of brow ptosis, a brow lift, can be performed alone or in conjunction with blepharoplasty. Often, blepharoplasty alone may not correct the defect and may be inadequate without the addition of a brow lift.

The operative procedures are considered restorative and not cosmetic when there is chronic eyelid dermatitis or visual impairment. In the absence of any of these criteria and with any lower lid reconstruction, the procedures are considered cosmetic.

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## Regulatory Status

N/A

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## Medical Policy Statement

Blepharoplasty procedures of the upper eyelid and repair of brow ptosis are safe and effective restorative procedures when performed to correct:

- Visual impairment due to dermatochalasis, blepharochalasis or blepharoptosis
- Symptomatic redundant skin weighing down on upper lashes
- Prosthetic difficulties in an anophthalmic socket
- Blepharospasm unresponsive to conservative treatment

Blepharoplasties of the lower lid are considered primarily cosmetic in nature. This service is usually performed to improve appearance or self-esteem, not to treat a specific disease state or improve function.

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## Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

### Inclusions:

#### **Criteria for blepharoplasty:**

Blepharoplasty is considered reconstructive and not cosmetic when one of the following criteria are met:

- Visual field measurement is obtainable:
  - There is a difference of 12 degrees or more or at least 30 percent superior visual field difference is demonstrated between visual field testing before and after manual elevation of the upper eyelids **AND**
  - The medical record should include visual field testing reports in both taped and untaped positions. Photographs should be maintained as part of the medical record, including photographs demonstrating the head held in an erect position with eyes open and focused straight ahead. Views should reveal the full-face anterior position, as well as the right and left lateral views with straightforward gaze. **OR**
- Visual field measurement is not obtainable:
  - Infants/children whose blepharoptosis is severe enough to cause a functional visual impairment **AND**

- While it may not be possible to obtain visual field measurements, documentation and photographs reflective of the lid obstruction should be maintained as part of the medical record.

Blepharoplasty may be indicated to relieve eye symptoms associated with blepharospasm when other treatments have failed or are contraindicated (i.e., an injection of Botulinum Toxin A)

**Criteria for repair of brow ptosis (browplasty) and blepharoptosis:**

This procedure is considered reconstructive and not cosmetic if all of the criteria are met:

- There is a difference of 12 degrees or more or at least 30 percent superior visual field difference is demonstrated between visual field testing before and after manual elevation of the upper eyelids.
- The medical record should include visual field testing reports in both taped and untaped positions. Photographs should be maintained as part of the medical record. Views should reveal the full-face anterior position, as well as the right and left lateral views with straightforward gaze.

Clinical review of these procedures is usually required. Providers should consult the plan to determine whether photographs should be forwarded with the request. Photos should be maintained in the record in the event they are requested for later review.

**Exclusions:**

- Lower lid blepharoplasty is considered cosmetic.
- Blepharoplasty / ptosis repair or brow lift surgery to improve the appearance when no functional impairment exists is considered cosmetic.

**CPT/HCPCS Level II Codes** *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

**Established codes:**

15822	15823	67900	67901	67902	67903
67904	67906	67908			

**Other codes (investigational, not medically necessary, etc.):**

15820	15821
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**Rationale**

Blepharoptosis of the upper eyelids may result in a loss of visual field which can cause poor vision or fatigue from trying to hold the eyelids up. Congenital blepharoptosis in children is most commonly due to poor ocular muscle development, and surgical correction is necessary in the majority of patients. Repair of upper lid defects that cause visual loss is restorative.

Ophthalmologists evaluate ptosis by assessing time of onset, variability, and the presence/absence of double vision. In children, it is important to note eyelid position, vision

assessment, refraction and head position. A drooping eyelid (ptosis) that blocks vision can cause delayed vision development or lead to significant issues such as (1) chin-up head position, which is the child's attempt to move the pupil out from under the eyelid in order to improve vision (2) Amblyopia which occurs when the vision in one eye is reduced and the nerve pathways between the brain and an eye aren't properly stimulated; causing the brain to favor the other eye. Symptoms include a wandering eye, visual impairment, peripheral vision issues, and/or poor depth perception and (3) Astigmatism which can result if the pressure on the front of the eye causes distortion and refractive error. If the ptosis is mild and does not interfere with visual development treatment may not be warranted. For more advanced cases, treatment may consist of close observation, treatment with glasses or even surgery.

It is important to monitor children regularly for vision abnormalities. When treating ptosis with eyelid surgery, it should be done as soon as there are signs of interference with visual development. In severe cases, ptosis surgery may be necessary on very young patients, but it is safest to wait until a child is at least one or two years of age to perform the procedure. The younger the child, the more complicated ptosis surgery becomes. Although general anesthesia is required in a child to maintain the immobility needed during the procedure, it creates a barrier. Proper eyelid placement must be assessed at some point in the procedure. In an adult, suture tightness is evaluated through adult participation (i.e., looking up and down). In a child, this process converts to an educated guess as they are not able to partake while under general anesthesia.

Herniated fat pads or laxity of the lower eyelid do not interfere with vision, therefore surgery to repair the lower eyelid is considered cosmetic.

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## **Government Regulations**

### **National:**

National Medicare does not have a policy on blepharoplasty.

### **Local:**

"Blepharoplasty, Blepharoptosis and Brow Lift" (L34528) Effective Date 10/1/15; Revision Date 04/30/20

### **Coverage Indications, Limitations, and/or Medical Necessity**

Blepharoplasty, blepharoptosis and lid reconstruction may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance. They may be either functional/reconstructive or cosmetic. Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis should be considered functional/reconstructive in nature when the upper lid position or overhanging skin or brow is sufficiently low to produce functional complaints, usually related to visual field impairment whether in primary gaze or down-gaze reading position. Upper blepharoplasty may also be indicated for chronic dermatitis due to redundant skin. Another indication for blepharoptosis surgery is patients with an anophthalmic socket experiencing ptosis or prosthesis difficulties. Brow ptosis (i.e., descent or droop of the eyebrows) can also produce or contribute to functional impairment.

The criteria in section A (patient signs and symptoms), section B (photographs), and section C (visual field) below must be documented to demonstrate medical necessity.

A. Documentation in the medical records must include patient complaints and findings

secondary to eyelid or brow malposition such as:

1. Interference with vision or visual field, related to activities such as, difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue.
2. Chronic eyelid dermatitis due to redundant skin.
3. Difficulty wearing prosthesis, artificial eye.
4. Margin reflex distance (MRD) of 2.5 mm or less.  
(The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed.)
5. 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.)
6. The presence of Herring's effect meeting one of the above two (#4 or 5) criteria.  
(Herring's law is one of equal innervation to both upper eyelids and is considered in the documentation to perform bilateral ptosis in which the position of one upper eyelid has marginal criteria and the other eyelid has good supportive documentation for ptosis surgery. In these cases, the surgeon can lift the more ptotic lid with tape or instillation of Phenylephrine drops into the superior fornix. If the less ptotic lid then drops downward according to Herring's law to the point of an MRD of 2.5 mm or less or a down-gaze MRD of 1.5 or less or a palpebral fissure width on down-gaze of 1 mm or less, then the less ptotic lid would be considered for surgical correction.)

B. Photographs and medical record documentation must demonstrate at least one of the following: (Digital or film photographs are acceptable.)

1. For Blepharoptosis Repair: Photographs of both eyelids in the frontal, straight-ahead position and/or down-gaze should be taken as appropriate.
2. For Blepharoplasty Repair: Frontal photos are needed to demonstrate redundant skin on the upper eyelids.
  - a. Upper eyelid skin resting on the eyelashes or over eyelid margin
  - b. Upper eyelid dermatitis secondary to redundant skin
  - c. Dermatochalasis
3. For Brow Ptosis Repair: Photographs should document medical necessity for brow ptosis repair (drooping of brows). Frontal photographs are necessary.
4. For a combination of any of the above procedures (blepharoptosis repair, blepharoplasty repair and brow ptosis repair): the medical necessity criteria for each procedure must be met and the additional criteria of lateral and full-face photographs with attempts at brow elevation and upward gaze (i.e., with the brow relaxed) must also be met.

C. Visual fields

1. The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids.
2. Visually significant brow ptosis may be documented by visual field testing with the brow elevated demonstrating a difference of 12° or more or 30% superior visual field difference.
3. Visual fields need to meet accepted quality standards, whether they are performed by the Goldmann perimeter technique or by use of a standardized automated perimetry technique.

4. Visual fields are not necessary for patients with an anophthalmic socket who is experiencing ptosis of difficulty with their prosthesis.
5. For a combination of any of the above procedures (blepharoptosis repair, blepharoplasty repair and brow ptosis repair): the medical necessity criteria for each procedure must be met and the additional criteria of the visual field testing demonstrates visual impairment that cannot be addressed by one procedure alone, must also be met.

D. Relief of eye symptoms associated with blepharospasm. Primary essential idiopathic blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated (i.e., an injection of Botulinum Toxin A,) an extended blepharoplasty with wide resection of the orbicularis oculi muscle complex may be necessary. (See Botulinum Toxin Type A and Type B, L34635)

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

## Related Policies

Cosmetic and Reconstructive Surgery

## References

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2. American Association for Pediatric Ophthalmology and Strabismus, "Ptosis," (2016) retrieved December 2, 2019 from: <https://aapos.org/browse/glossary/entry?GlossaryKey=c05fd26c-28b0-41a5-8099-5290a85b03b8>.
3. Bhattacharjee, K., Misra, DK., et al. "Updates on upper eyelid blepharoplasty," *Indian J Opth*, 2017 Jul;65(7):551-558. PMID 28724810
4. Bosniak, Stephen, MD, "Reconstructive Upper Lid Blepharoplasty," *Ophthalmology Clinics of North America*, Vol. 18, 2005, pp. 279-289.
5. Hahn, S., Holds, J.B., et al. "Upper Lid Blepharoplasty," *Facial Plast Surg Clin North Am*, 2016 May;24(2):119-27. PMID 27105797
6. Jordan, D., "Ptosis in Children," *Insight, A Quarterly Report*, Vol 6 Issue 4
7. Pereira, L.S., et al., "Levator Superioris Muscle Function in Involutional Blepharoptosis," *American Journal of Ophthalmology*, Vol. 145, 2008, pp. 1095-1098.
8. Shorr, N., MD, et al., "What's new in ophthalmic surgery," *Journal of the American College of Surgeons*, Vol. 193, No. 5, November 2001,
9. Suh, D.W., et al, "Congenital Ptosis Clinical Presentation," December 3, 2013.
10. Wisconsin Physicians Services (WPS), "Blepharoplasty, Blepharoptosis and Brow Lift," *WPS Local Medical Review Policy, OPHTH-022, LCD ID 34528, Revision Effective Date 4/30/20*.
11. Zelinsky, K., MD and Levine, M.R., MD, "Evaluation and Management of Congenital Ptosis," *Ocular Surgery News U.S. Edition*, June 15, 2006.

*The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 11/24/20, the date the research was completed.*

### Joint BCBSM/BCN Medical Policy History

<b>Policy Effective Date</b>	<b>BCBSM Signature Date</b>	<b>BCN Signature Date</b>	<b>Comments</b>
4/16/02	4/16/02	4/16/02	Joint medical policy established
4/30/03	4/30/03	5/15/03	Routine maintenance, criteria updated
9/7/04	9/7/04	9/28/04	Routine maintenance, criteria updated
11/15/05	11/15/05	11/9/05	Routine maintenance
3/1/07	12/28/06	1/12/07	Routine maintenance
3/1/08	12/11/07	11/18/07	Routine maintenance
3/1/09	12/9/08	3/1/09	Wording clarified on criteria; changed to "absence of" a light reflex. Did not require re-presentation at JUMP.
3/1/09	12/9/08	3/30/09	Criteria clarified and changed; removed bullet in criteria about light reflex.
1/1/11	10/12/10	12/1/10	Verbiage modified on inclusionary criteria for better clarity.
5/1/12	2/21/12	2/21/12	Routine maintenance
11/1/13	8/22/13	8/27/13	Routine maintenance
3/1/15	12/9/14	12/29/14	Routine maintenance; added congenital ptosis treatment for children as an indication; added inclusion of blepharospasm unresponsive to conservative treatment; removed language referencing photograph requirement.
5/1/16	2/16/16	2/16/16	Routine maintenance
5/1/17	2/21/17	2/21/17	Routine maintenance
5/1/18	2/20/18	2/20/18	Routine maintenance
5/1/19	2/19/19		Routine maintenance
5/1/20	2/18/20		Routine maintenance
5/1/21	2/16/21		Routine maintenance

Next Review Date: 1<sup>st</sup> Qtr, 2022



### Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 10/12/99	Revised: 3/4/01
BCBSM: N/A	Revised: N/A

**BLUE CARE NETWORK BENEFIT COVERAGE**  
**POLICY: BLEPHAROPLASTY AND REPAIR OF BROW PTOSIS**

**I. Coverage Determination:**

<b>Commercial HMO (includes Self-Funded groups unless otherwise specified)</b>	Covered; criteria apply.
<b>BCNA (Medicare Advantage)</b>	Refer to the Medicare information under the Government Regulations section of this policy.
<b>BCN65 (Medicare Complementary)</b>	Coinsurance covered if primary Medicare covers the service.

**II. Administrative Guidelines:**

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.