



Medicare Part C Medical Coverage Policy

Reconstructive Eyelid Surgery

Origination: July 7, 1989
Review Date: June 22, 2023
Next Review: June 2025

******This policy applies to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services. ******

DESCRIPTION OF PROCEDURE

Blepharoplasty, Blepharoptosis repair, Eyelid reconstruction, and Brow Ptosis repair to improve abnormal function are considered reconstructive surgery.

- Blepharoplasty is a procedure that removes redundant eyelid skin and associated excess soft tissue. Causes can be from Dermatochalasis (excess skin), Chronic Dermatitis or Thyroid disease that causes “stretching of the skin” and difficulty fitting glasses, Essential Blepharospasm with failed treatment or Anophthalmic socket. It can be performed in one or both eyes and can be applied to the upper eyelids, lower eyelids, or both.
- Ptosis repair refers to several different surgical procedures, each of which can be employed to correct persistent drooping of one or both eyelids from causes other than redundant soft tissue, which can be acquired or secondary, e.g., trauma, third nerve palsy, inflammation, prior surgery, etc.
- Eyelid reconstruction is undertaken to restore normal eyelid anatomy and eyelid function which has been altered by trauma, tumor-ablation surgery to treat periorbital sequelae of thyroid disease and nerve palsy, relieve painful blepharospasm, or tumor resection.
- Repair of Brow Ptosis is a procedure that restores normal position to a sagging brow.
- Lower eyelid surgery may be considered reconstructive when there is functional visual impairment as documented by preoperative frontal photographs. (Examples include diseases associated with ectropion, entropion, trichiasis, or epiblepharon, lower eyelid edema or poor eyelid tone).

POLICY STATEMENT

Coverage will be provided for reconstructive eyelid surgery when it is determined to be medically necessary when the medical criteria and guidelines shown below are met.

BENEFIT APPLICATION

Please refer to the member's individual Evidence of Coverage (EOC) for benefit determination. Coverage will be approved according to the EOC limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

INDICATIONS FOR COVERAGE

Blepharoplasty, Blepharoptosis Repair, and brow lift are eyelid surgeries to improve function. Criteria A and B must be documented as stated below:

A. Physical Complaints:

1. A functional deficit or disturbance secondary to eyelid and/or brow abnormalities must be documented. For example:
 - i. Interference with vision or visual field that impacts an activity of daily living (such as difficulty reading or driving), looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue
 - ii. Difficulty fitting spectacles
 - iii. Debilitating eye irritation
 - iv. Difficulty fitting or wearing a prosthesis
 - v. Blepharospasm with failed prior treatment

AND

B. Color photos are required to support upper eyelid surgery as medically necessary. Photographs should correlate with reported signs and symptoms for the procedure requested and the head must be parallel to the camera and not tilted.

1. Further documentation (as stated below) should show that the eye being considered shows signs consistent with functional deficit abnormality.
 - i. Upper Blepharoplasty: Redundant eyelid tissue touching the eyelashes or hanging over the eyelid margin **and/or** erythema, edema, crusting **or** a difference of at least 12 degrees between the resting field and the field performed with manual elevation of

- the eyelid margin. Photos of both eyelids in both frontal and lateral positions should demonstrate subject complaints in criteria A. Blepharoptosis: Photos in the frontal position should show a marginal reflex distance (MRD) of 2.0 mm or less. If the eyelid obstructs the pupil, there is a clear-cut indication for surgery. (See Special Notes)
- ii. Brow Ptosis: Frontal photo determining criteria A and a 2nd photo documenting Blepharochalasis, improvement with manual elevation of brow(s).
 - iii. Prosthetic –Related Surgeries: Photographs should demonstrate abnormalities.

WHEN COVERAGE WILL NOT BE APPROVED

Blepharoplasty, ptosis repair or brow ptosis repair performed for cosmetic purposes will not be eligible for coverage.

When a non-covered cosmetic procedure is performed in the same operative session as a covered surgical procedure, benefits will be provided for the covered procedure only.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee that it will be reimbursed.

Applicable codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909 67911, 67950.

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

SPECIAL NOTES

All reconstructive eyelid surgery procedures require prior approval. Appropriate high-quality photographs taken prior to examination must be submitted. These should be consistent with the symptoms and physical findings documented in the medical record.

For reference in Blepharoptosis, the colored part of the eye is about 11 mm in diameter, so the distance between the light reflex and the lid would need to be about one fifth that distance or less for the MRD to be 2.0 mm or less.

GLOSSARY OF MEDICAL TERMS

1. *Margin Reflex Distance (MRD)*: the distance in millimeters from the corneal light reflex to the eyelid margin with brows relaxed, typically measured along the midpupillary line with the member in primary gaze (straight ahead gaze). The normal MRD is 4.0 to 4.5mm (includes the upper and lower lid margins). Values below normal suggest ptosis, while values above normal suggest upper eyelid retraction. (Not required but may be submitted)

2. *Ptosis*: a sagging or prolapse of an organ or part, especially a drooping of the upper eyelid.

References:

1. Medicare Local Coverage Determination for Blepharoplasty, Eyelid Surgery and Brow Lift – Palmetto GBA Part A/b (L34411). Effective date 10/01/2015; Accessed via www.cms.gov on 05/23/2023.

Policy Implementation/Update Information:

Revision Date: June 24, 1996; November 3, 2003; December 8, 2004;

November 30, 2006: Added chronic headaches indication and removed orbital fractures. Visual field limitation quantitatively defined <24 degrees and extended by 15 degrees by raising the brow tissue by using either a Goldmann Perimeter or programmable automated testing method. Added section on Brow Ptosis Repair. Added frontal and lateral photographs taken prior to examination must be submitted. Added definitions for MRD and Ptosis. Revised codes per CMS policy and Current Procedural Terminology (CPT) 2006 (15822, 15823, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912).

June 17, 2009: New online policy format; no criteria changes made. December 21, 2011-no criteria changes made.

Revision Date: November 13, 2013; updated policy to mirror LCD; updated codes.

Revision Date: July 15, 2015; Annual Review, no CMS updates to criteria, minor edits for consistency with LCD. October 29, 2015 updated LCD due to ICD-10 update only.

Revision Date: June 15, 2016; Indications For Coverage Item B updated by adding the word "Color" per LCD update per CMS Notification.

Revision Date: June 21, 2017; LCD L33765 retired and replaced with L34411, updated References to reflect this change.

Indications for coverage: B) 1) ii. Removed "Reviewers should review for the accepted average of 11mm to assess measurements in the photographs. If the patient's iris deviates from this by 0.5mm, the reason should be clearly documented in the record." Added "(See Special Notes)". Special Notes: Added: "For reference in Blepharoptosis, the colored part of the eye is about 11 mm in diameter, so the distance between the light reflex and the lid would need to be about one fifth that distance or less for the MRD to be 2.0 mm or less." Added 67950 to coding section per committee approval.

Revision Date: October 17, 2018; Removed "upper" from Indications for Coverage A) 1. To ensure consistency with LCD.

Revision Date: July 15, 2020; No CMS Updates. Minor Revisions Only.

Revision Date: June 16, 2021; CMS Update; Addition of Indications for Coverage B. 1. i. "or a difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin."

Revision Date: June 22, 2023; No CMS Updates; Annual Review; Minor Revisions only

Approval Dates:

Medical Coverage Policy Committee: June 22, 2023

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