

## Blepharoptosis Repair

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<a href="#">Effective Date</a>	10/1991
<a href="#">Next Review Date</a>	4/15/2024
<a href="#">Coverage Policy</a>	Surgical 211
<a href="#">Version</a>	4

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### Purpose:

This policy addresses Blepharoptosis Repair.

- Visual Fields submitted using manual or non-automated methodology are not suitable for medical necessity determinations.
- Any requested repairs of the non-affected eye to maintain good vision must be approved by a Medical Director.

### Description & Definitions:

**Blepharoptosis repair** is the surgical procedure to correct drooping of the upper eyelids.

Procedures that correct the anatomy without improving or restoring physiologic function are considered Cosmetic Procedures.

**Reconstructive: Blepharoptosis repair** procedures which are intended to correct a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or congenital defect are considered reconstructive in nature.

### Criteria:

Blepharoptosis repair is considered medically necessary for **1 or more** of the following:

- **Adult** with **1 or more** of the following:
  - Documentation of **ALL** of the following:
    - Ptosis of lid or dermatochalasis as documented by **1 or more** of the following:
      - Congenital ptosis with amblyopia
      - Margin reflex distance 1 (MRD1) less than or equal to 2 mm in central gaze
      - Margin reflex distance 1 (MRD1) less than or equal to 2 mm in down gaze with impairment of reading
    - Individual complains of interference with vision or visual field-related activities (e.g., difficulty reading or driving due to eyelid position)
    - Upper eyelid margin is less than 2.5 mm from the corneal light reflex

- Eye level photographs documenting the abnormal lid position
- Visual field testing performed using automated methodology demonstrating **ALL** of the following:
  - Superior visual field reduced to 25 degrees or less as measured from the central fixation point
  - Taping of the redundant eyelid tissue results in a correction of the defect and restoration of normal central visual field
  - Photographs demonstrate excess tissue is at or below the superior curvature of the pupil and is corrected with taping
  - Visual fields demonstrate that the corresponding 25 degrees or more of impairment is improved in repeat testing of at least 50% with taping excess skin
- Facial nerve palsy with marked periorbital laxity and redundancy
- Thyroid disease not responsive to medical management
- **Child** with **ALL** of the following:
  - Child is 9 years of age or younger
  - Blepharoptosis repair to relieve obstruction of central vision severe enough to produce occlusion amblyopia
- **Individual with anophthalmic socket** (no eyeball) with **ALL** of the following:
  - Provider documents anaophthalmic condition
  - Provider documents individual experiencing difficulties wearing an ocular prosthesis caused by eyelid mal-position
  - High quality photographs documenting the eyelid mal-position submitted

**Blepharoptosis repair** is considered **not medically necessary** for any use other than those indicated in clinical criteria.

## Coding:

Medically necessary with criteria:

Coding	Description
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, 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 (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67304	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

## Revised Dates:

- 2020: June
- 2019: November
- 2016: January, February
- 2015: May, October
- 2013: June
- 2009: June
- 2008: August
- 2005: September
- 2003: October

## Reviewed Dates:

- 2023: April
- 2022: April
- 2021: May
- 2018: July, November
- 2017: November
- 2016: June
- 2015: June
- 2014: June
- 2012: June
- 2011: June
- 2010: June
- 2004: October

## Effective Date:

- October 1991

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2023). Retrieved Feb 27, 2023, from HAYES:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Blepharoplasty%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%2522>

(2023). Retrieved Feb 27, 2023, from DMAS: <https://www.dmas.virginia.gov/>

Blepharoplasty. (2023). Retrieved Feb 28, 2023, from Mayo Clinic: <https://www.mayoclinic.org/tests-procedures/blepharoplasty/about/pac-20385174>

Eyelid Surgery - Blepharoplasty. (2023). Retrieved Feb 27, 2023, from American Society of Plastic Surgeons: <https://www.plasticsurgery.org/cosmetic-procedures/eyelid-surgery>

Local Coverage Determination (LCD) Blepharoplasty, Eyelid Surgery, and Brow Lift - L34411. (2021, May 20). Retrieved Feb 27, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34411&ver=46>

### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Blepharoptosis Repair, SHP Surgical 13, eyelid margin, blepharospasm, Visual field testing, vision, Facial nerve palsy, periorbital laxity, thyroid disease, eyeball, anophthalmic socket, eyelid dermatitis, prosthesis, Surgical 211