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SHP Blepharoplasty

AUTH: SHP Surgical 13 v3 (AC)

MCG Health
Ambulatory Care
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Coverage

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Visual Fields submitted using manual or non-automated methodology are not suitable for medical necessity determinations.

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Any requested repairs of the non-affected eye to maintain good vision must be approved by an Optima Medical Director.

Description of Item or Service

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Blepharoplasty is the surgical removal of redundant skin, muscle, and fatty tissue from the upper and/or lower eyelids.

Ectropion is out-turning of the eyelids.

Entropion is inward turning of eyelids.

Canthoplasty is drooping of the outer corner of the eyelid.

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

Reconstructive: Blepharoplasty 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.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of blepharoplasty for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Blepharoplasty, canthoplasty, or related procedures is considered medically necessary for **1 or more** of the following:
 - Individual has Optima Commercial Plan or Optima Virginia Medicaid Plan and **1 or more** of the following :
 - Adult individual with **1 or more** of the following:
 - Individual with visual deficits and **ALL** of the following:
 - Preoperative ophthalmologic examination has been performed
 - Documented complaint of interference with vision or visual field-related activities (e.g., difficulty reading or driving due to upper eyelid skin drooping, looking through the eyelashes or seeing the upper eyelid skin)
 - Clear photograph documentation at eye level with the individual looking straight ahead and **1 or more** of the following:
 - Redundant skin overhanging the upper eyelid margin and resting on eyelashes
 - Significant dermatitis on the upper eyelid caused by the excess tissue
 - Visual field testing performed using automated methodology with **ALL** of the following:
 - Taping of the redundant eyelid tissue results in a correction of the defect and restoration of normal central visual field
 - Individual with indications of **1 or more** of the following: Individual with indications of
 - Blepharospasm
 - Periorbital sequelae of thyroid disease and nerve palsy
 - Entropion
 - Ectropion with evidence of corneal exposure such as exposure keratitis or corneal ulcer (Entropion, when local measures fail to control symptoms such as eye pain or corneal abrasion)
 - Entropion, when local measures fail to control symptoms such as eye pain or corneal abrasion
 - Pseudotrachiasis
 - Corneal exposure
 - Exposure keratitis due to **1 or more** of the following:
 - Eyelid laxity
 - Inability to properly close eye due to Bell palsy or other disorder
 - Postoperative complication (eg, absence of part of eyelid from previous surgery)

- Individual with anophthalmic socket (no eyeball) with **ALL** of the following:
 - Provider documents anophthalmic condition
 - Provider documents individual experiencing difficulties wearing an ocular prosthesis caused by eyelid mal-position
 - High quality photographs documenting the eyelid mal-position submitted
- Individual is a child with **ALL** of the following:
 - Child is 9 years of age or younger
 - Blepharoplasty to relieve obstruction of central vision severe enough to produce occlusion amblyopia as determined by a physician
- Individual has Optima Medicare Plan with **ALL** of the following:
 - Upper eyelid surgery as indicated by **1 or more** of the following:
 - Upper blepharoplasty (removal of upper eyelid skin) and/or repair of blepharoptosis (drooping of upper eyelid which relates to position of eyelid margin with respect to the eyeball and visual axis), and upper lid position or overhanging skin is sufficiently low to produce functional deficit related to visual field impairment or brow fatigue
 - Upper blepharoplasty (removal of upper eyelid skin), and **1 or more** of the following:
 - Dermatochalasis: excess skin with loss of elasticity that is usually result of aging process
 - Chronic dermatitis due to blepharochalasis (excess skin associated with chronic recurrent eyelid edema that physically stretches skin) due to severe allergy or thyroid eye disease
 - Significant/extreme difficulty fitting spectacles due to excessive eyelid tissue
 - Primary essential idiopathic blepharospasm (uncontrollable spasms of periorbital muscles) that is debilitating for which all other treatments have failed or are contraindicated
 - Anophthalmic socket with ptosis contributing to difficulty fitting a prosthesis
 - Individual has a functional deficit or disturbance secondary to eyelid and/or brow abnormalities as documented by **1 or more** of the following:
 - 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
 - Difficulty fitting spectacles
 - Debilitating eyelid irritation
 - Difficulty fitting or wearing a prosthesis when associated with an anophthalmic, microphthalmic, or enophthalmic socket. Photographic documentation demonstrating abnormalities as they relate to the abnormal upper and/or lower eyelid position related to prosthesis wear are required
 - Blepharospasm: In such cases a description of the debility and a history of failed prior treatment is required
 - Documentation shows that the eye being considered for surgery has physical signs consistent with the functional deficit or abnormality as documented by **1 or more** of the following:
 - Redundant eyelid tissue touching the eyelashes or hanging over the eyelid margin resulting in pseudoptosis where the "pseudo" margin produces a central "pseudo-MRD" of 2.0 mm or less
 - Redundant eyelid tissue predominantly medially or laterally clearly obscures the line of sight in corresponding gaze
 - A difference of at least 12 degrees between the resting field and the field performed with manual elevation of the eyelid margin
 - Erythema, edema, crusting, etc. of redundant eyelid tissue
 - Photographic documentation with **ALL** of the following:
 - Color photographs
 - The "physical signs" must be clearly represented in photographs of the structures of interest and the photographs must be of sufficient size and detail as to make those structures easily recognizable. The patient's head must be parallel to the camera and not tilted, so as not to distort the appearance of any relevant finding (e.g., a downward head tilt might artificially reduce the apparent measurement of a MRD)
 - Photographs must be identified with the individual's name and the date
 - Photographs of both eyelids in both frontal (straight ahead) and lateral (from the side) positions demonstrate the physical signs to match documentation
- Individual has Optima Medicare Plan and request is for **ALL** of the following:
 - Other eyelid surgery, as indicated by **ALL** of the following:
 - Functional impairment present and documented by preoperative frontal and lateral photographs
 - Reconstructive surgery needed, as indicated by **1 or more** of the following:
 - Ectropion, entropion, or epiblepharon repair for corneal and/or conjunctival injury
 - Disease due to ectropion, entropion, trichiasis, or epiblepharon
 - Poor eyelid tone (with or without entropion) that causes lid retraction and exposure keratoconjunctivitis and often, epiphora
 - Lower eyelid edema due to metabolic or inflammatory disorder when edema is causing persistent visual impairment (eg, secondary to systemic corticosteroid therapy, myxedema, Grave's disease, nephrotic syndrome) and is unresponsive to documented conservative medical management
 - Individual has a functional deficit or disturbance secondary to eyelid and/or brow abnormalities as documented by **1 or more** of the following:
 - 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
 - Difficulty fitting spectacles
 - Debilitating eyelid irritation
 - Difficulty fitting or wearing a prosthesis when associated with an anophthalmic, microphthalmic, or enophthalmic socket. Photographic documentation demonstrating abnormalities as they relate to the abnormal upper and/or lower eyelid position related to prosthesis wear are required
 - Blepharospasm: In such cases a description of the debility and a history of failed prior treatment is required
 - Documentation shows that the eye being considered for surgery has physical signs consistent with the functional deficit or abnormality as documented by **ALL** of the following:
 - Documented physical findings of the anatomic defect.
 - Photographic documentation with **ALL** of the following:
 - Color photographs
 - The "physical signs" must be clearly represented in photographs of the structures of interest and the photographs must be of sufficient size and detail as to make those structures easily recognizable. The patient's head must be parallel to the camera and not tilted, so as not to distort the appearance of any relevant finding (e.g., a downward head tilt might artificially reduce the apparent measurement of a MRD)
 - Photographs must be identified with the individual's name and the date
 - Photographic documentation clearly demonstrating the anatomic defect

Document History

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- Revised Dates:
 - 2022: April
 - 2020: June
 - 2019: November
 - 2016: January, February
 - 2015: May, October
 - 2013: June
 - 2009: June
 - 2008: August
 - 2005: September
 - 2003: October
- Reviewed Dates:
 - 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

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 15820 - Blepharoplasty, lower eyelid;
 - CPT 15821 - Blepharoplasty, lower eyelid; with extensive herniated fat pad
 - CPT 15822 - Blepharoplasty, upper eyelid;
 - CPT 15823 - Blepharoplasty, upper eyelid; with excessive skin weighting down lid
 - CPT 67916 - Repair of ectropion; excision tarsal wedge
 - CPT 67917 - Repair of ectropion; extensive (eg, tarsal strip operations)
 - CPT 67923 - Repair of entropion; excision tarsal wedge
 - CPT 67924 - Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fasciarepairs operation)
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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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Codes

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