

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Brow Lift

AUTH: SHP Surgical 212 v3 (AC)

MCG Health
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Coverage

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

Pre-certification by the Plan is required.

Description of Item or Service

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Brow lift is a surgical procedure to lift the eyebrows by removing excessive or loose skin from the forehead.

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

Reconstructive: Brow lift 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 brow lift for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Brow lift is considered medically necessary for **1 or more** of the following:
 - Individual has Optima Commercial Plan or Optima Virginia Medicaid Plan with **ALL** of the following :
 - Brow ptosis with complaints of interference with vision or visual field related activities (e.g., difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin)
 - Photographs show the eyebrow below the supraorbital rim
 - Individual has Optima Medicare insurance plan with **ALL** of the following:
 - Individual has diagnosis of brow ptosis that contributes to functional visual field impairment
 - 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
 - One frontal (straight ahead) photograph should document drooping of a brow or brows and the appropriate other match criteria required in Section A. If the goal of the procedure is improvement of Blepharochalasis, a second photograph should document such improvement by manual elevation of brow(s). If a single frontal photograph that includes the brow(s) would render other structures too small to evaluate, additional (overlapping to the degree possible) photos should be taken of needed structures to ensure all required criteria can be reasonably demonstrated and evaluated.

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 67900 - Repair of brow ptosis (supraorbital, mid-forehead or coronal approach)
- 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).

(2022). Retrieved Apr 5, 2022, from EncoderPro: <https://www.encoderpro.com>

(2022). Retrieved Apr 5, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Apr 5, 2022, from Hayes: <https://evidence.hayesinc.com/search>

(2022). Retrieved Apr 6, 2022, from CMS.gov: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

(2022). Retrieved Apr 6, 2022, from AIM Specialty Health: https://guidelines.aimspecialtyhealth.com/?utm_source=AIMCorp&utm_medium=main_banner

(2022). Retrieved Apr 6, 2022, from Avalon: <https://www.avalonhcs.com/policies-optimahealth/>

(2022). Retrieved Apr 6, 2022, from NCCN Guidelines: https://www.nccn.org/guidelines/category_1

(2022). Retrieved Apr 7, 2022, from DynaMed: <https://www.dynamed.com/results?q=Brow+lift&lang=en>

(2022). Retrieved Apr 7, 2022, from UpToDate: https://www.uptodate.com/contents/search?search=brow%20lift&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

(2022). Retrieved Apr 7, 2022, from American Academy of Ophthalmology (AAO): https://www.aao.org/search/results?q=brow%20lifts&realmName=_UREALM_&wt=json&rows=10&start=0

Local Coverage Determination (LCD) Blepharoplasty, Eyelid Surgery, and Brow Lift - L34411. (2021, May 20). Retrieved Apr 6, 2022, from CMS LCD: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34411&ver=46&keyword=Blepharoplasty&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&t>

Physician-Practitioner Manual: Radical or Modified Radical Mastectomy. (2022, Apr 6). Retrieved Apr 6, 2022, from DMAS Provider Manuals: <https://vamedicaid.dmas.virginia.gov/manuals/physician-practitioner>

White Paper on Functional Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair. (2015, Jan). Retrieved Apr 7, 2022, from American Society of Ophthalmic Plastic & Reconstructive Surgery (ASOPRS): <https://asoprs.memberclicks.net/assets/docs/1%20-%20FINAL%20ASOPRS%20White%20Paper%20January%202015.pdf>

Codes

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