

Blepharoplasty

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Coverage Policy Surgical 13
Version 4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Blepharoplasty.

- 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:

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

Canthoplasty is drooping of the outer corner of the eyelid.

Ectropion is the out-turning of the eyelids.

Entropion is the inward turning of eyelids.

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.

Criteria:

Blepharoplasty, canthoplasty, or related procedures is considered medically necessary for **1 or more of the following**:

- Adult individual with **1 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 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 of the following**:
 - 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
 - Pseudotrichiasis
 - 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

Blepharoplasty, canthoplasty, or related procedures is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fasciarepairs operation)

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

Revised Dates:

- 2023: July
- 2022: April
- 2020: June
- 2019: November
- 2016: January, February
- 2015: May, October
- 2013: June
- 2009: June
- 2008: August
- 2005: September
- 2003: October

Reviewed Dates:

- 2023: 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:

Including but not limited to: 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:%2>

(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>

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

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