

## Blepharoptosis Repair

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<a href="#">Effective Date</a>	10/1991
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<a href="#">Coverage Policy</a>	Surgical 13
<a href="#">Version</a>	5

**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 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 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:
  - 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
  - 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

**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:

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:%2522B%2522page%2522:0,%2522size%2522:50%252D,%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>

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### 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:

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