

Brow Lift

Table of Content

Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

Effective Date 10/1991
Next Review Date 4/15/2024
Coverage Policy Surgical 212
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 Brow Lift surgery.

- Any requested repairs of the non-affected eye to maintain good vision must be approved by a Sentara Health Plan Medical Director.

Description & Definitions:

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

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.

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

Criteria:

Brow lift is considered medically necessary for **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.

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

Coding:

Medically necessary with criteria:

Coding	Description
--------	-------------

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

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

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:

- 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).

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

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Brow%2520lift%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%25>

(2023). Retrieved Feb 27, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

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

(2023). Retrieved Feb 28, 2023, from UpToDate:

https://www.uptodate.com/contents/search?search=Brow%20lift&sp=0&searchType=PLAIN_TEXT&source=USE_R_INPUT&searchControl=TOP_PULLDOWN&searchOffset=11&autoComplete=false&language=en&max=10&index=&autoCompleteTerm=

Brow Lift Surgery - Forehead Lift. (2023). Retrieved Feb 27, 2023, from American Society of Plastic Surgeons: <https://www.plasticsurgery.org/cosmetic-procedures/brow-lift>

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>

Brow Lift Guide. (2023). Retrieved Feb 28, 2023, from American Board of Cosmetic Surgery: <https://www.americanboardcosmeticsurgery.org/procedure-learning-center/face/brow-lift-guide/>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically 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, Blepharoptosis, and Brow Lift, Surgical 13, eyelid margin, blepharospasm, Visual field testing, vision, Facial nerve palsy, periorbital laxity, thyroid disease, eyeball, anophthalmic socket, blepharospasm, eyelid dermatitis, prosthesis, Herring's law, Surgical 212