

Brow Lift

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Effective Date 10/1991

Next Review Date 4/15/2024

Coverage Policy Surgical 212

Version 4

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 Brow Lift surgery.

- 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:

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:

| Medicary necessary with criteria: | | |
|-----------------------------------|--|--|
| Coding | Description | |
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | |

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| 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:

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&ind ex=&autoCompleteTerm=

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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?lcdld=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: *

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, 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

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