Blepharoplasty

POLICY

Blepharoplasty (CPT 15822 & 15823) and blepharoptosis repair (CPT 67901 & 67902) are surgical procedures, which are performed to correct a drooping upper or lower eyelid many times caused by excess tissue that interferes with the normal visual field. The measurement most involved in the decision for blepharoplasty is the degree of loss in the nasal/superior measurement. Blepharoplasty is also performed to treat eyelid lesions/alterations due to inflammatory processes such as Grave’s disease, blepharochalasis (excessive skin of the eyelid, usually associated with a disease process that stretches the skin) and floppy eyelid syndrome, also known as dermatochalasis. Blepharoplasty may also be indicated in cases of trauma to the eyelids and orbit.

Ectropion (CPT 67914, 67916 & 67917) and entropion repair (CPT 67921, 67922, 67923 & 67924) are performed for malpositions of the eyelid. Ectropion is eversion and downward pull of the lower eyelid away from the globe where it usually rests. Entropion is the turning in of the upper or lower margin of the eyelid. The most common type is senile or spastic entropion. Trichiasis is defined as the condition in which the lashes are turned inward against the cornea. It is associated with entropion.

Brow ptosis repair (CPT 67901 & 67902) is performed because of age-related change caused by redundancy of forehead skin creating obstruction of the vision and lash ptosis. Brow ptosis may cause visual impairment. Brow lift involves raising the eyebrows.

Criteria:

Blepharoplasty is considered medically necessary for any of the following indications:

- To correct prosthesis difficulties in an anophthalmic socket; or
- To remove excess tissue of the upper eyelid causing functional visual impairment when the following criteria are met:
  - Photographs must be taken with the eyes not dilated or squinting. Photos are to be taken at eye level and depicting a frontal view. Photos must be of sufficient quality to show the light reflex on the cornea, and demonstrate the lid margins in relation to the pupil
    - Redundant eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eye lashes; or
    - The eyelid at or below the upper edge of the pupil with the upper eyelid margin is within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light and
    - Documented superior visual field constriction to less than 20 degrees that is consistent with photographic documentation of the condition
  - To repair defects predisposing to corneal or conjunctival irritation:
    - Corneal exposure
    - Ectropion
    - Entropion
• Pseudotrichiasis or
  o To relieve painful symptoms of blepharospasm; or
  o To treat peri-orbital sequelae of thyroid disease and nerve palsy, and peri-orbital sequelae of other nerve palsy or
• Ptosis (blepharoptosis) repair for laxity of the muscles of the upper eyelid causing functional visual impairment when the following criteria are met:
  o Documentation of a visual field test without the eyelid or brow taped showing points of visual loss inside the twenty-five degree circle of the superior field, that is corrected when taped and shows improvement in the superior field with no visual loss inside the forty degree circle of the superior field; and
  o Photographs in straight gaze show the margin reflex difference (distance from the upper lid margin to the reflected corneal light reflex at normal gaze) of 2 mm or less with the eyes in a straight gaze; and
  o Photographs of the individual looking straight ahead demonstrating:
    • The eyelid at or below the upper edge of the pupil; or
    • Redundant eyelid tissue overhanging the upper eyelid margin and/or resting on the eyelashes.
• Brow ptosis repair for laxity of the forehead muscles causing functional visual impairment when the following criteria are met:
  o Photographs show the eyebrow below the supra-orbital rim; and
  o Documentation of a visual field test without the brow taped, shows points of visual loss inside the twenty-five degree circle of the superior field that is corrected when taped, and shows improvement in the superior field with no visual loss inside the forty degree circle of the superior field; and
  o Brow ptosis is causing a functional impairment of upper/outer visual fields with documented interference with vision or visual field related activities such as difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin.

• Eyelid ectropion or entropion repair is considered medically necessary for corneal or conjunctival injury due to ectropion, entropion or trichiasis.

• Canthoplasty is considered medically necessary as part of a medically necessary blepharoplasty procedure to correct eyelids that sag so much that they pull down the upper eyelid so that vision is obstructed, or for a medically necessary blepharoplasty to correct entropion or ectropion.
RATIONALE

Blepharoplasty refers to surgery to remove excess skin and fatty tissue around the eyes. Blepharochalasis is a term used to refer to skin dermatochalasis above the eyes, so that a fold of skin hangs down, often concealing the tarsal margin when the eye is open. In severe cases, excess skin and fat above the eyes can sit on the upper eyelid and may obstruct the superior field of vision. Blepharochalasis may cause pseudoptosis where the patient has a normal ability to elevate the eyelid, but bagging skin above the eye overhangs the eyelid margin, resembling ptosis. In some cases, excess skin around the eye may cause the eyelashes to turn in and to irritate the eye, or turn outward, resulting in exposure keratitis.

Surgical removal of these overhanging skin folds may improve the function of the upper eyelid and restore peripheral vision. Blepharoplasty is also performed for cosmetic reasons to improve a sagging. This procedure can be considered medically necessary if photographs in straight gaze should show sagging tissue above the eyes that is resting on or pushing down on the eyelashes.

Blepharoplasty to remove excess tissue either above or below the eyes may also be medically necessary and covered to correct prosthesis difficulties in an anophthalmic socket, to repair defects caused by trauma or tumor-ablative surgery, to correct an entropion (inward turned eyelid) or ectropion (outward turned eyelid), to treat peri-orbital sequelae of thyroid disease and nerve palsy, and to relieve painful blepharospasm.

Ptosis (also called blepharoptosis) is the term for drooping of one or both upper eyelids. This may occur in varying degrees from slight drooping to complete closure of the involved eyelid. In the most severe cases, the drooping can obstruct the visual field and cause positional head changes. The primary symptom of ptosis is a drooping eyelid. Adults will notice a loss of visual field because the upper portion of the eye is covered. Children who are born with a ptosis usually tilt their head back in an effort to see under the obstruction. Some people raise their eyebrows in order to lift the lid slightly and therefore may appear to be frowning. Diagnosis of ptosis is usually made by observing the drooping eyelid. Ptosis is usually treated surgically. Surgery can generally be done on an outpatient basis under local anesthetic. For minor drooping, a small amount of the eyelid tissue can be removed. For more pronounced ptosis the approach is to surgically shorten the levator muscle or connect the lid to the muscles of the eyebrow. Or, the aponeurosis can be re-attached to the tarsal plate if it had separated. Correcting the ptosis is usually done only after determining the cause of the condition.

Brow ptosis surgery is usually performed under local anesthesia as an outpatient procedure. Excess skin and muscle is excised and the deep tissues are sutured together. Brow ptosis repair for laxity of the forehead muscles causing functional visual impairment is covered when photographs show the eyebrow below the supra-orbital rim.

Often brow ptosis coexists with eyelid ptosis and dermatochalasis; in these cases, ptosis surgery and blepharoplasty may be performed at the time of the brow ptosis surgery. The medical necessity of each
surgical procedure may need to be demonstrated with separate photographs: 1 photograph should show the eyebrow below the supra-orbital rim, a 2nd photograph with the sagging forehead lifted up in order to see the sagging tissue above the eye resting on the eyelashes, and then a 3rd with the sagging tissue lifted off of the eyelid in order to see the persistent lid lag (ptosis).

Canthoplasty, also known as inferior retinacula suspension or lateral retinacula suspension, involves tightening the muscles or ligaments that provide support to the outer corner of the eyelid. This procedure may be medically necessary where drooping of the outer corner of the eyelid interferes with vision. Visual field testing is required to determine medical necessity testing the central 24 degrees or 30 percent of the visual field is most commonly used. Visual field testing alone is not sufficient to determine the presence of excess upper eyelid skin, upper eyelid ptosis, or brow ptosis. A patient could cause a visual field defect by lowering their lids during the test. Photographs that document eyelids crossing the pupils provide additional support for the need of surgery. If visual field tests are performed, the tests should show loss of 2/3 or greater of a visual field in the upper or temporal areas documented by computerized visual field studies, with visual field restored by taping or holding up the upper lid.

References


