

## Blepharoplasty/Ptosis Repair

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### Administrative Process

**Blepharoplasty /ptosis repair** requires prior approval.

**Entropion and ectropion repair** do not require prior approval.

### Definitions

Aging, a weakened muscle, surgical trauma, or even a birth defect may cause the appearance of excess skin on eyelids.

**Blepharoplasty and Ptosis Repair** are surgeries done to improve the appearance of the eyelid, repair a defect which causes excess tearing/irritation to the eye, or because the eyelid interferes with the members vision.

**Blepharochalasis** is relaxation of the upper eyelid skin, usually due to a history of lid edema/swelling.

**Blepharoptosis** is a drooping of the upper eyelid skin, or ptosis. Can be due to paralysis.

**Dermatochalasis** refers to a loose or slack upper eyelid skin, most often related to aging.

**Mechanical ptosis, or Pseudoptosis**, refers to a condition in which the eyelid skin is redundant and weighs the lid down creating a ptotic-like condition.

**Ptosis** is sagging of the upper eyelid, causing the eyelid margin to droop down and narrow the space between the upper and lower lids. Paralysis or a weakened muscle can cause ptosis.

**MRD** stands for Marginal Reflex Distance, which is a measurement used to help define ptosis.

#### Procedure Codes:

CPT® codes: 15820-15823, 67901-67908, 67930, 6793

**Entropion** means the inversion or turning inward of the border of the eyelid against the eyeball.

**Ectropion** means the eversion or turning outward of the border of the eyelid against the eyeball. Common with aging this condition can interfere with the normal tearing process in the eye.

### Coverage

Blepharoplasty / Ptosis Repair is generally not covered except as per the indications listed below.

Each eye, and/or eye procedure, will be evaluated separately for coverage.

**Entropion and ectropion repair** are not related to blepharoplasty / ptosis repair. They are considered medically necessary & covered. These procedures do not require prior approval.

### Indications that are covered

1. We will expect submission of all of the following documentation to support a request for coverage:
  - a. Standard upper/peripheral visual fields, which clearly document visual impairment of 30 degrees or below, and include both unsupported and supported (taped) views to show the potential improvement that could be expected with a medically necessary lid correction surgery are necessary.
  - b. Physician notes including the following:
    - 1) Diagnosis, and
    - 2) Description of the medical need for surgery, and
    - 3) Lid position related to the pupil/an MRD of 2.0mm or less, and
    - 4) The name of the planned procedure.
  - c. Straight gaze photograph(s) clearly depicting the eyes, eyelids, and/or any functional problem help to support the medical need for surgery.
    - 1) We expect photos to demonstrate that the eyelid margin is within 2 mm's of pupil midline.
    - 2) If photos are not available for submission, then visual fields and physicians documentation must very clearly demonstrate medical need (See criteria 1a and 1b above).

2. Congenital ptosis would be covered for infants/young children whose ptosis is severe enough to cause a functional visual impairment. While it may not be possible to obtain visual fields in children of this age, photographs documenting the lid obstruction are requested.
3. Repair of eyelids related to prosthesis difficulties in an anophthalmic socket is covered.

#### **Indications that are not covered**

1. Requests for upper eyelid repair that do not meet the above criteria will be considered cosmetic, and not eligible for coverage.
2. Blepharoplasty / Ptosis Repair would not be covered for patient's whose visual fields do not show improvement from unsupported to supported (taped) views.
3. Lower Lid Blepharoplasty is considered cosmetic and is generally not covered.

#### **Products**

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

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