

**ENVOLVE VISION BENEFITS, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Blepharoplasty, Ptosis and Canthoplasty
PAGE: 1 of 8	REFERENCE NUMBER: OC.UM.CP.0007
EFFECTIVE DATE: 01/01/2017	REPLACES DOCUMENT: 118-UM-R6
RETIRED:	REVIEWED: 10/25/2017
SPECIALIST REVIEW: Yes	REVISED: 11/7/2016
PRODUCT TYPE:	COMMITTEE APPROVAL: 01/09/2018

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:

Medical necessity determination of eyelid procedures for treatment of dermatochalasis and ptosis.

DESCRIPTION:

Ptosis is a downward displacement of the upper eyelid margin due to congenital defect, inflammation, nerve disorder, traumatic deformity, myogenic, mechanical or age related degenerative changes of the eyelid and supporting structures. Dermatochalasis is excessive eyelid skin, usually the result of the aging process with loss of elasticity. Dermatochalasis may also result from specific disorders, such as thyroid eye disease, floppy eyelid syndrome, blepharochalasis syndrome, trauma, or any condition that causes stretching of the upper eyelid skin.

Canthoplasty, also known as inferior retinacular suspension or lateral retinacular suspension, involves tightening the muscles or ligaments that

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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.

POLICY/CRITERIA:

Selected procedures require pre-authorization for selected health plans as these procedures are also commonly used for cosmetic surgery. Envolve Vision Benefits, Inc. (Envolve Vision) will make the determination of medical necessity after review of the appropriate photographs, medical records and statements of medical necessity from the requesting provider.

Upper eyelid blepharoplasty is a surgical procedure performed to remove redundant upper eyelid skin and/or excessive fat in patients with dermatochalasis. Patients who are candidates for blepharoplasty are patients whose dermatochalasis causes interference with vision or visual field, related to daily activities such as, difficulty reading, driving, watching television, or using a computer due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue. Patients might describe the need to manually elevate their eyelid to see and also might experience a brow ache or headache from constant brow elevation, adopt a compensatory chin elevation, or bump their head on overhead objects.

Patients with ptosis or dermatochalasis may also complain of seeing their own lashes or feeling them irritating their cornea. Elevation of the lid via neosynephrine does not substantially improve these patients, as the skin remains redundant and overhanging. Patients who have normal lid margin position but severe dermatochalasis are candidates for blepharoplasty alone. Patients who undergo upper lid ptosis are not automatically candidates for simultaneous blepharoplasty simply because a small amount of skin is removed as part of the procedure.

Repair of brow ptosis (67900) may be considered medically necessary when documentation demonstrates brow ptosis to the extent it contributes to skin fold overlap and/or blepharoptosis meeting the criteria outlined below for upper eyelid blepharoplasty and/or ptosis surgery. Blepharoptosis (ptosis) repair (67901-67904; 67906; 67908-67909) is a surgical procedure performed to elevate the upper eyelid margin in patients with congenital or acquired ptosis

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and can be accomplished by procedures such as external levator resection or advancement, posterior approach Muller's muscle and conjunctival resection, or frontalis suspension. Envolve Vision does not allow separate payment for a blepharoptosis procedure (CPT 67901-67908) and blepharoplasty procedure (CPT 15822, 15823) on the ipsilateral upper eyelid, in accordance with NCCI edits and CMS payment policy.

Canthoplasty (67950) is considered medically necessary as part of a blepharoplasty procedure to correct eyelids that sag so much that they pull down the upper eyelid so that vision is obstructed.

Documentation Requirements:

- Visual obstruction defined by **peripheral visual field testing** consistent with a minimum of 12 degrees or 30% loss of upper field of vision
- Photographs must be submitted and should be consistent with the degree of visual field impairment described in the medical records and demonstrated by the formal visual field testing.
- Clinical notes documenting **patient complaints** of visual impairment secondary to abnormal eyelid or brow position resulting in limitation of daily activities such as reading, driving, and difficulty seeing objects approaching from the periphery, or redundant upper eyelid skin resulting in looking through the eyelashes or seeing the upper eyelid skin.
- For repair of blepharoptosis, good quality **frontal photograph** documenting **an MRD of 2 mm or less** with the gaze in primary position. The following photographs may be included as needed if helpful:
 - Oblique or lateral photographs further demonstrating overhanging excess skin as well as lash ptosis due to mechanical displacement by the overhanging skin fold.
 - Frontal photograph with the patient looking in down-gaze *documenting those cases in which the ptosis is worse in the down gaze position.*
 - Photograph with the *brows elevated or taped up to a normal position to document the effect of brow ptosis* when both eyelid ptosis repair and brow ptosis repair are planned.

Lower eyelid blepharoplasties (15820 & 15821) are always cosmetic and never approved as medically necessary.

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Envolve Vision approves upper lid surgical repair on a case-by-case basis and the required documentation noted above is required at the time of the pre-authorization request:

AUTHORIZATION PROTOCOLS:

Selected procedures require pre-authorization for selected health plans. Services that do not require pre-authorization are subject to retrospective medical record review. Medical records must clearly document the medical necessity of the procedure(s).

Review will include the following:

- Evaluation of the upper eyelids in relation to the pupils as depicted in the photographs
- Evaluation of clinical notes
- Evaluation of visual field tests
- Request for consultation as needed

Professional services provided by duly licensed eye care providers must be within the scope of licensure as defined by applicable State guidelines and Local Coverage Determinations.

DEFINITIONS:

Dermatochalasis: excess skin with loss of elasticity that is usually the result of the aging process

Blepharochalasis: excess skin associated with chronic recurrent eyelid edema that physically stretches the skin.

Blepharoptosis: drooping of the upper eyelid related to the position of the eyelid margin with respect to the eyeball and visual axis.

Pseudoptosis (“false ptosis”): For the purposes of this policy, the specific circumstance where the eyelid margin is in an appropriate anatomic position with respect to the eyeball and visual axis but the amount of excessive skin from

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dermatochalasis or blepharochalasis is so great as to overhang the eyelid margin so as to become a “pseudo” lid margin.

Brow ptosis: drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid that may cause mechanical blepharoptosis and/or dermatochalasis

REFERENCES:

American Medical Association (AMA), Current Procedural Terminology (CPT®), Current Edition

Wisconsin Physicians Service Insurance Corporation Local Coverage Determination L34528 Blepharoplasty, Kansas, Effective 10/1/2017

Noridian Healthcare Solutions, LLC Local Coverage Determination L34194 Blepharoplasty, Northern California, Effective 10/1/2015

Palmetto Government Benefits Administrators Local Coverage Determination L34411 Blepharoplasty, South Carolina, Effective 10/1/2017

CGS Administrators LLC Local Coverage Determination L33944, Ohio, Effective 10/1/2015

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) White Paper, November 24, 2014

CODING IMPLICATIONS:

The following codes for treatment and procedures are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Please refer to your State contract or applicable National and Local Coverage Determination for exact coverage implications.

Envolve Vision follows National Correct Coding Initiative (CCI) guidelines in processing claims for these services. If a claim is denied based upon CCI edits, an appeal must be submitted to Envolve Vision with a letter signed by the provider indicating the necessity of performing multiple services at the same

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encounter and the medical records clearly stating what additional information will be gleaned and how these multiple images will positively impact the patient's care.

CPT Code	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
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of Blepharoptosis; frontalis muscle technique with suture or other material (eg banked fascia)
67902	Repair of Blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of Blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of Blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle levator resection (eg Fasanella-Servat type)
67909	Repair of Blepharoptosis; conjunctivo-taro-Muller's muscle levator resection (eg Fasanella-Servat type)
67911	Correction of lid retraction
67950	Canthoplasty (reconstruction of canthus)

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The following diagnoses are considered for medical necessity of blepharoplasty, ptosis and/or canthoplasty:

ICD-10 Code	ICD-10 Code Description
H02.431	Paralytic ptosis of right eyelid
H02.432	Paralytic ptosis of left eyelid
H02.433	Paralytic ptosis of bilateral eyelids
H02.421	Myogenic ptosis of right eyelid
H02.422	Myogenic ptosis of left eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.831	Dermatochalasis of right upper eyelid
H02.832	Dermatochalasis of right lower eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid

REVIEW/REVISION LOG

Revision:	Date
Annual review, updated references	01/2018
Remove unspecified diagnoses and Remove Attachment A	12/2016
Revised medical necessity and documentation guidelines for blepharoptosis repair.	10/2016
Revised medical necessity and documentation guidelines for all procedures addressed in policy.	07/2016

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Update diagnoses to ICD-10, update references to current guidelines, update diagnoses for medical indications, rebrand to new corporate name	12/2015
Addition of CPT and diagnosis codes, update to authorization procedures, change policy name	07/2015
Rewrite of policy guidelines to accept standards of American Society of Ophthalmic Plastic and Reconstructive Surgery White Paper, update of references, addition of Attachment A with ICD9/ICD10 code crosswalk	12/2014
Converted SOP to new format, changed Reference Number to comply with new SOP numbering policy.	08/2012
Update to diagnoses that are considered for blepharoplasty/ptosis procedures	02/2011
Annual review/revision	02/2006
Update of visual field information for pre-certification; removal of references to the neosynephrine test; policy renumbered	02/2005
Annual review/revision	02/2004
Annual review/revision	02/2003