



MEDICAL POLICY

Date reviewed: 03/15/02, 07/02/04, 07/28/06, 11/16/07, 02/15/08, 01/23/09

Subject: Blepharoplasty, Blepharoptosis, and Brow Lift

Description: Blepharoplasty is performed to improve vision impaired by excessive skin, fat or muscle causing drooping of the upper eyelids. Brow ptosis repair is performed to improve vision where redundant or paretic brow tissue contributes to visual impairment. It may be performed as a separate procedure or in conjunction with blepharoplasty or blepharoptosis. Blepharoptosis repair is performed to improve vision impaired by paresis of the levator muscles of the eyelid. All of these procedures can be either functional or cosmetic in nature.

Indications of Coverage:

The procedures are considered medically necessary when all of the following are documented:

Patient complaints and physical findings secondary to eyelid or brow malposition such as (one of the following):

Interference with vision or visual field, related to activities such as, difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue

Chronic eyelid dermatitis due to redundant skin

Difficulty wearing ocular prosthesis

Margin reflex distance (MRD) of 2.5 mm or less. (The margin reflex distance is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed.)

A palpebral fissure (opening between the eyelids) height on down-gaze of 1 mm or less. (The down-gaze palpebral fissure height is measured with the patient fixating on an object in down-gaze with the ipsilateral brow relaxed and the contralateral lid elevated.)

The presence of Herring's effect meeting one of the above criteria. (Herring's law is one of equal innervation to both upper eyelids and is considered in the documentation to perform bilateral ptosis in which the position of one upper eyelid has marginal criteria and the other eyelid has good supportive documentation for ptosis surgery. In these cases, the surgeon can lift the more ptotic lid with tape or instillation of Phenylephrine drops into the superior fornix. If the less ptotic lid then drops downward according to Herring's law to the point of an MRD of 2.5 mm or less or a down-gaze MRD of 1.5 or less or a palpebral fissure width on down-gaze of 1 mm or less, then the less ptotic lid would be considered for surgical correction.)

Photographs document the reported condition for each procedure:

Blepharoptosis - photographs of both eyelids in the frontal, straight-ahead

position and/or down-gaze demonstrate drooping

Blepharoplasty - frontal photographs demonstrate redundant skin on the upper eyelids and one of the following:

Upper eyelid skin resting on the eyelashes or over eyelid margin

Upper eyelid dermatitis secondary to redundant skin

Dermatochalasis (sagging of the eyelids)

Brow Ptosis: frontal photographs demonstrate redundant brow tissue affecting vision

Visual field findings that meet accepted quality standards are consistent with the condition (one of the following):

There is a difference of 12 degrees or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids

Visually significant brow ptosis is documented by visual field testing with the brow elevated demonstrating a difference of 12 degrees or more or 30% superior visual field difference

Visual field testing is not necessary for individuals with findings secondary to an ocular prosthesis

Relief of eye symptoms associated with blepharospasm - Primary essential idiopathic blepharospasm is characterized by severe squinting, secondary to uncontrollable spasms of the periorbital muscles. Occasionally, it can be debilitating. If other treatments have failed or are contraindicated (for example, an injection of Botulinum Toxin A) an extended blepharoplasty with wide resection of the orbicularis oculi muscle complex may be necessary.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Blepharoplasty of the lower lid is considered cosmetic.

Documentation Required:

Office notes

Visual field report

Photographs

Rationale: According to an American Academy of Ophthalmology Ophthalmic Technology Assessment, “the most common functional indication for blepharoplasty is a superior visual field defect secondary to redundant upper eyelid tissue”. Blepharoplasty for other conditions may be considered cosmetic. Therefore, there must be documentation of findings of impairment due to the condition to support the medical necessity of the procedure. The criteria above are used to identify conditions where treatment is medically necessary versus treatments performed to improve an individual’s appearance in the absence of any signs of a functional abnormality.

References: Wisconsin Physicians Service Medicare Local Coverage Determination (LCD) for Blepharoplasty, Blepharoptosis and Brow Lift (OPHTH-22). Effective date: 09/01/2006. Available at: www.wpsmedicare.com/part_b/policy/policy_active.shtml. Accessed: 12 Dec 08.

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Approved by the Medical Director