

STRIDESM (HMO) MEDICARE ADVANTAGE

Effective Date: January 1, 2017

Subject: Reconstructive and Restorative Eye Procedures

Policy:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers reconstructive and/or restorative eye procedures that are medically necessary to improve abnormal function or deformity, correct a functional visual impairment¹, or remedy ongoing medical complications.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- Ordered under a plan of care established by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.²

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover eye procedures (including blepharoplasty, repair of blepharoptosis, repair of brow ptosis, or canthoplasty/canthopexy) performed solely to change the appearance without improving physiologic function).

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for the following reconstructive and/or restorative eye procedures:

- Brow Ptosis Repair
- Blepharoplasty, including Upper and Lower Blepharoplasty procedures, and Extended Blepharoplasty (including wide resection of the orbicularis oculi muscle) Upper Blepharoptosis Repair

¹ A functional visual impairment includes difficulty reading, walking, or driving due to upper eyelid drooping, looking through eyelashes, or seeing upper eyelid skin. The condition's impact on an individual's emotional well-being or mental health is not considered in determining if a functional impairment exists.

² Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

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Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

Criteria:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage authorizes reconstructive/restorative eye procedures when medical record documentation confirms patient complaints and objective findings of a functional visual impairment secondary to eyelid or brow malposition and the requested procedure can reasonably be expected to restore functionality or resolve associated medical complications. Medical record documentation must include evidence of patient complaints and objective findings related to eyelid or brow malposition such as:

1. Interference with vision or visual field, and related to activities such as difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin, or brow fatigue;
 2. Chronic eyelid dermatitis due to redundant skin;
 3. Difficulty wearing ocular prosthesis (artificial eye);
 4. Margin reflex distance (MRD)³ of 2.5 mm or less;
 5. A palpebral fissure⁴ height on down-gaze of 1 mm or less; OR
 6. The presence of Hering’s effect meeting #4 or #5 (above).
- Hering’s law states both upper eyelid muscles (muscles that lift the eyelid) get equal innervation; it must be considered in cases of bilateral ptosis when the position of one upper eyelid only marginally meets criteria and the other clearly meets criteria for ptosis surgery. In these cases, the more ptotic lid can be lifted (with tape or instillation of phenylephrine drops); if the less ptotic lid drops downward 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, the less ptotic lid should be considered for surgical correction

Procedure-specific criteria (below) must be met.

| Procedure | Criteria |
|--|---|
| Brow Ptosis Repair Frontal and lateral photo documentation required. | Authorized when member reports a functional visual impairment due to brow ptosis, and documentation (including photographs) confirms ALL the following: <ol style="list-style-type: none"> 1. Eyebrow is positioned below the supraorbital rim; 2. Member has a correctible upper visual field loss (to within 30 degrees of the central fixation point) that cannot be corrected by upper lid blepharoplasty; 3. Visual field loss improves by at least 20 degrees when the |

³ MRD is a measurement from the corneal light reflex to the upper eyelid margin with the brows relaxed.

⁴ The palpebral fissure is the elliptic opening between the medial and lateral canthi of the two open lids (i.e., the opening between the eye lids leading into the conjunctival sac. 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.

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| | brow is lifted to the correct anatomical position. |
| <p>Lower Blepharoplasty</p> <p>Procedure is rarely considered medically necessary to correct visual field obstruction as excess tissue beneath the eye rarely obstructs vision.</p> | <p>Authorized when documentation confirms ANY of the following:</p> <ul style="list-style-type: none"> • Prosthesis difficulties associated with an anophthalmic socket; • Conditions causing corneal or conjunctival irritation* (e.g., entropion, ectropion, pseudotrachiasis, or chronic dermatitis caused by redundant eyelid tissue); • Periorbital sequelae of thyroid disease, facial paralysis, or nerve palsy causing a functional impairment (e.g. incomplete closure of the eye), and unresolved after adequate medical treatment; • Functional defects caused by trauma or tumor-ablative surgery. <p>* Procedures required to repair corneal or conjunctival conditions may require a degree of lateral canthopexy. Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not reimburse additionally for canthopexy procedures.</p> |
| <p>Upper Blepharoplasty</p> <p>Frontal photos must demonstrate that upper eyelid skin overhangs the upper eyelid margin, rests on the eyelashes, and contributes to reported visual field defect.</p> | <p>Authorized when documentation confirms ANY of the following:</p> <ul style="list-style-type: none"> • Chronic dermatitis due to redundant skin; • Prosthesis difficulties in an anophthalmic socket; • Defects (e.g., corneal exposure, ectropion, entropion, pseudotrachiasis) that predispose the member to corneal or conjunctival irritation; • Painful symptoms of blepharospasm (e.g., excessive blinking, uncontrollable contractions or twitching of eye muscles, sensitivity to bright light); • Peri-orbital sequelae of thyroid disease and nerve palsy; • Functional visual impairment or visual field obstruction related to excess upper eyelid tissue (e.g., difficulty reading, walking, or driving) when documentation confirms ALL the following: <ul style="list-style-type: none"> 1. Significant but correctible superior visual field loss; 2. Eyelid at rest limits the upper visual field to within 30 degrees (measured from the central fixation point); 3. Defect improves by at least 20 degrees when redundant |

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|--|---|
| | eyelid tissue and/or the upper eyelid is taped (with eyelid margin in an anatomically correct position). |
| Extended Blepharoplasty (including wide resection of the orbicularis oculi muscle) | Authorized to relieve symptoms associated with debilitating primary essential idiopathic blepharospasm when documentation confirms ALL the following: <ol style="list-style-type: none"> 1. Uncontrollable spasms of the periorbital muscles characterized by severe squinting; AND 2. Treatment failure following injection of Botulinum Toxin A, or contraindication to use of Botulinum Toxin A. |
| <p>Upper Blepharoptosis Repair</p> <p>Photos of both eyelids in the frontal, straight-ahead and/or down-gaze position must demonstrate the degree of ptosis, and its contribution to the visual field defect.</p> | <p>Authorized when documentation confirms ANY of the following:</p> <ul style="list-style-type: none"> • Prosthesis difficulties in an anophthalmic socket; • Defects (e.g., corneal exposure, ectropion, entropion, pseudotrichiiasis) that predispose the member to corneal or conjunctival irritation; • Painful symptoms of blepharospasm (e.g., excessive blinking, uncontrollable contractions or twitching of eye muscles, sensitivity to bright light); • Peri-orbital sequelae of thyroid disease and nerve palsy; . • Visual field obstruction when visual field testing confirms ALL the following: <ol style="list-style-type: none"> 1. Eyelid at rest limits the upper visual field to within 30 degrees (measured from the central fixation point); 2. Redundant eyelid tissue and/or the upper eyelid taped with eyelid margin in an anatomically correct position demonstrates at least 20 degrees improvement in the visual field defect. |

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not authorize reconstructive/restorative eye procedures when criteria above are not met.

In addition, HPHC does not authorize ANY of the following:

- Cosmetic procedures, or incidental services (e.g., drugs, biologicals, facility/hospital services, laboratory and radiology services, and professional services) directly related cosmetic surgeries or procedures

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- Epikeratoplasty
- Medial or Lateral Canthoplexy (except as noted above)
- Refractive eye surgeries including Keratomileusis or Keratophakia

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

| 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 (e.g., 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 (e.g., Fasanella-Servat type |
| 67909 | Reduction of overcorrection of ptosis |
| 67911 | Correction of lid retraction |
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight) |
| 67916 | Repair of ectropion; excision tarsal wedge |
| 67917 | Repair of ectropion; extensive (e.g., tarsal strip operations) |
| 67923 | Repair of entropion; excision tarsal wedge |
| 67924 | Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs) |
| 67950 | Canthoplasty (reconstruction of canthus) |
| 67961 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with |

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| CPT® Code | Description |
|-----------|---|
| | adjacent tissue transfer or rearrangement; up to one-fourth of lid margin |

Approved by UMCP: 10/12/16

- Initial Approval: 8/26/15 (effective 1/1/16)

Summary of Changes

| Date | Revision |
|----------|--|
| 10/12/16 | Annual review/update. Add criteria for extended blepharoplasty, enhance language re: required findings related to eyelid or brow malposition, update references. |

References:

1. ASPS Recommended Insurance Coverage Criteria for Third Party Payers- Blepharoplasty
<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/ASPS-Recommended-Insurance-Coverage-Criteria-for-Blepharoplasty.pdf> (Accessed 9/29/16)
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3. CMS LCD L34528 Blepharoplasty, Blepharoptosis and Brow Lift
4. American Society of Plastic Surgeons (ASPS). ASPS recommended insurance coverage criteria for third-party payers. [ASPS Web site]. March 2007. Available at:
<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/ASPS-Recommended-Insurance-Coverage-Criteria-for-Blepharoplasty.pdf>. (Accessed 10/3/16).
5. American Society of Plastic Surgeons (ASPS). Practice parameter for blepharoplasty. [ASPS Web site]. March 2007. Available at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>. (Accessed 10/3/16.)
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<http://www.asoprs.org/i4a/pages/index.cfm?pageid=3654>. (Accessed 10/3/16.)
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11. Joshi AS, Janjanin S, Tanna N, et al. Does suture material and technique really matter? Lessons learned from 800 consecutive blepharoplasties. *Laryngoscope*. 2007;117(6):981-4. [Published correction appears in *Laryngoscope*. 2007;117(8):1510].
12. Kitzmiller WJ, Archer LP. Blepharoplasty, lower lid subciliary. [Medscape Web site]. 03/21/2011. Available at: <http://emedicine.medscape.com/article/1281677-overview>. (Accessed 10/3/16.)
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