

## **Subject: Cosmetic and Reconstructive Eye Procedures**

**Background:** Blepharoplasty refers to the removal of eyelid skin and relates to the position of the eyelid margin with respect to the eyeball and visual axis. Blepharoptosis (ptosis of the eyelid) refers to the drooping of the upper eyelid due to congenital or acquired abnormalities of the muscles that elevate the eyelid. Brow ptosis, which is drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid, may contribute to functional visual field impairment.

### **Authorization:**

Prior authorization is required for all the following reconstructive eye procedures requested for members enrolled in commercial (HMO, POS, and PPO) products.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at [www.harvardpilgrim.org/providerportal](http://www.harvardpilgrim.org/providerportal). In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email ([utilization\\_requests@harvardpilgrim.org](mailto:utilization_requests@harvardpilgrim.org)), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#).) Members may access these materials by logging into their online account (visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org), click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

### **Policy and Coverage Criteria:**

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:

- Blepharoplasty, Lower Eyelid (Version 2021)
- Blepharoplasty, Upper Eyelid (Version 2021)

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria, which HPHC has customized:

- Brow Ptosis Repair (Version 2021)
- Blepharoptosis Repair for Eyelid Ptosis (Version 2021)

In addition, HPHC requires the following criteria:

### Upper Eyelid Blepharoptosis

Harvard Pilgrim Health Care (HPHC) considers upper eyelid blepharoptosis repair as reasonable and medically necessary when documentation confirms the following:

- Prosthesis difficulties in an anophthalmic socket, OR
- Margin reflex distance (MRD) of 2.5 mm or less, OR
- Defects (e.g., corneal exposure, ectropion, entropion, pseudotrachiasis) that predispose the member to corneal or conjunctival irritation, OR
- Painful symptoms of blepharospasm (e.g. excessive blinking, uncontrollable contractions or twitching of eye muscles, sensitivity to bright light), OR
- Peri-orbital sequelae of thyroid disease and nerve palsy, OR
- Visual field obstruction when visual field testing confirms ALL the following:
  - Eyelid at rest limits the upper visual field to within 30 degrees (measured from the central fixation point); AND
  - 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; AND
  - Visual fields need to meet accepted quality standards, whether they are performed by the Goldmann perimeter technique or by use of a standardized automated perimetry technique; AND
- Visual fields are not necessary for individuals with an anophthalmic socket who are experiencing ptosis of difficulty with their prosthesis.

### Exclusions:

Harvard Pilgrim Health Care (HPHC) considers reconstructive eye procedures as not medically necessary for all other indications. In addition, HPHC does not cover:

- Medial or lateral canthopexy
- Drugs, biologicals, facility/hospital, laboratory and radiology services, professional services, or other incidental services directly related to a cosmetic surgery or procedure
- Procedures for cosmetic reasons only

### Guidelines:

In accordance with MA Chapter 233 (An Act Relative to HIV-Associated Lipodystrophy Syndrome Treatment), HPHC covers treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome for any member enrolled in any HPHC plan delivered, issued or renewed within the commonwealth. Medical record documentation from a treating provider must confirm that the treatment is medically necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

### 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

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

### Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

### References:

1. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). Patient information. Eyelid surgery. [ASOPRS Web site]. 2012. Available at: <http://www.asoprs.org/i4a/pages/index.cfm?pageid=3654>. Accessed January 3, 2021.
2. 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>.
3. 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 January 3, 2021.
4. CMS LCD L34528 Blepharoplasty, Blepharoptosis and Brow Lift
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6. Finsterer J. Ptosis: causes, presentation, and management. *Aesthetic Plast Surg.* 2003;27(3):193-204.
7. Fritsch MH. Incisionless tarsal-strip, canthoplasty, and oral commissureplasty procedures for correction of facial nerve paralysis. *Facial Plast Surg.*2008; 24(1):43-9.

8. Gaus Aas RE. Advances in applied anatomy of the eyelid and orbit. *Curr Opin Ophthalmol*. 2004;15(5):422-5.
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12. Review of Functional Indications and Outcomes for Blepharoplasty, Blepharoptosis Repair. American Academy of Ophthalmology (AAO); 2011. Available at: <https://www.aao.org/editors-choice/review-of-functional-indications-outcomes-blepharo>. Accessed January 3, 2021.
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**Summary of Changes:**

<b>Date</b>	<b>Changes</b>
<b>7/21</b>	2021 InterQual® subsets adopted
<b>2/21</b>	Annual review; criteria updated
<b>2/20</b>	Criteria and coding updated
<b>4/19</b>	InterQual® criteria adopted; criteria revised
<b>10/17</b>	Policy coverage criteria refined; background and references updated
<b>10/16</b>	Update to language to support mandate for HIV lipodystrophy
<b>4/16</b>	Minor formatting edits; updated exclusions
<b>4/15</b>	Add coding profile and reference.

**Approved by Medical Policy Committee: 7/6/21**

**Approved by Clinical Policy Operational Committee: 5/11, 5/12, 2/13, 3/14, 4/15; 4/16; 10/16; 10/17; 4/19; 5/20; 3/21; 7/21**

**Policy Effective: 9/24/21**

**Initiated: 7/1/10**

*HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.*

*Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.*