

# WellCare Health Plans, Inc.

*The WellCare Group of Companies*

# Clinical Coverage Guideline

*WellCare Prescription Insurance, Inc.*

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WellCare Health Insurance of Arizona, Inc.*

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## Blepharoplasty

**Guideline Number: HS-038**

**Original Effective Date: 8/21/2008**

**Revision Date: 9/3/2009**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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### DISCLAIMER

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### APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### CLINICAL COVERAGE GUIDELINE

**Blepharoplasty is considered medically necessary when used as functional/reconstructive surgery correcting the following indications:**

- 1) Impairment of near or far vision secondary to dermatochalasis, blepharochalasis, or blepharoptosis; **OR**,
- 2) Symptomatic redundant skin weighing down on upper lashes; **OR**,
- 3) Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin; **OR**,
- 4) Prosthesis difficulties in an anophthalmia socket; **OR**,
- 5) Malpositioning of spectacles due to excessive upper lid tissue.

**Blepharoplasty is considered medically necessary for the indications above when ALL of the following criteria are met:**

- 1) Documentation of member complaints common to patients with ptosis, pseudoptosis, or dermatochalasis which include interference with vision or visual field, difficulty reading due to upper eyelid drooping, looking through eyelashes or seeing the upper eyelid skin, or chronic blepharitis that would justify surgery must be provided;

**AND,**

- 2) Photographic demonstration of one or more of the following must be provided:
  - a. The upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex; **OR**,
  - b. The upper eyelid skin rests on the eyelashes; **OR**,
  - c. The upper eyelid indicates the presence of dermatitis; **OR**,
  - d. The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmia socket.

**AND,**

- 3) Visual fields must demonstrate a minimum of 12 degrees or 30% loss of upper field vision, with upper lid skin and/or upper margin in repose.

**AND,**

- 4) Elevated lids (by taping of the lid) must demonstrate potential correction by proposed procedure or procedures.

## **BACKGROUND**

Blepharoplasty refers to surgery to remove excess skin and tissue around the eyes. Blepharochalasis refers to loose skin (dermatochalasis) above the eyes, so that a fold of skin hangs down, often concealing the tarsal margin when the eye is open. In severe cases, excess skin and fat above the eyes can sit on the upper eyelid and may obstruct the superior field of vision. Surgical removal of the overhanging skin may improve the function of the upper eyelid and restore peripheral vision. Blepharoplasty is also performed for cosmetic reasons to improve a sagging, tired appearance, and is the second most common aesthetic procedure performed by plastic surgeons. For coverage of this procedure, photographs in straight gaze should show sagging tissue above the eyes that is resting on or pushing down on the eyelashes.

Ptosis, or blepharoptosis, is the term for drooping of one or both upper eyelids. This may occur in varying degrees from slight drooping to complete closure of the involved eyelid. In the most severe cases, the drooping can obstruct the visual field and cause positional head changes.

### *Centers for Medicare and Medicaid Services (CMS) Documentation Requirements*

If both a blepharoplasty and a ptosis repair are planned, both must be individually documented. This may require two sets of photographs, showing the effect of drooping of redundant skin, and its correction by taping and the actual presence of blepharoptosis.

The following documentation is required for medical review: 1) History and Physical. 2) Operative Report, 3) Untaped visual fields to show loss and 4) taped visual fields to show percentage of improvement.

It would be expected that the physician would provide documentation of percent of improvement with taped visual fields.

*Visual Fields:* Visual fields must be recorded using either a Goldmann Perimeter (III 4-test object) or a programmable automated perimeter (equivalent to a screening field with a single intensity strategy using a 10db stimulus) to test a superior (vertical) extent of 50-60 degree above fixation while using no wider than a 10 degree horizontal separation.

Each eye should be tested with the upper eyelid at rest and repeated with the lid elevated to demonstrate an expected "surgical" improvement meeting or exceeding the criteria. Submit the report and interpretation with the claim, including degree of visual loss due to lid droop.

*Photographs:* Prints (not slides) must be frontal, canthus to canthus with the head perpendicular to the plane of the camera (not tilted) to demonstrate a skin rash or position of the true lid margin or the pseudo-lid margin. The photos must be of sufficient clarity to show a light reflex on the cornea. If redundant skin coexists with true lid ptosis, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin. Oblique photos are only needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery. The photographs must be available on request.

## **CODING**

### **Covered CPT®\* Codes**

- |       |  |
|-------|--|
| 15822 | Blepharoplasty, upper eyelid;  |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid                                   |
| 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)

### Covered ICD-9-CM Procedure Codes

08.31	Repair of Blepharoptosis by frontalis muscle technique with suture
08.32	Repair of Blepharoptosis by frontalis muscle technique with facial sling
08.33	Repair of Blepharoptosis by resection or advancement of levator muscle or aponeurosis
08.34	Repair of Blepharoptosis by other levator muscle techniques
08.35	Repair of Blepharoptosis by tarsal technique
08.36	Repair of Blepharoptosis by other techniques
08.70	Blepharoplasty

### Covered HCPCS Codes

No specified codes

### Covered ICD-9-CM Diagnosis Codes

374.30	Blepharoptosis
374.31	Paralytic ptosis, drooping of upper eyelid due to nerve disorder
384.32	Myogenic ptosis, drooping of upper eyelid due to muscle disorder
374.33	Mechanical ptosis, outside force causes drooping of upper eyelid
374.34	Blepharochalasis
374.87	Dermatochalasis
743.00	Clinical anophthalmos, congenital absence of eye
743.61 - 743.63	Congenital anomalies of eyelids, lacrimal system, and orbit

\*Current Procedural Terminology (CPT®) ©2009 American Medical Association: Chicago, IL.

### REFERENCES

- Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination for Blepharoplasty (L2690). Mutual of Omaha Insurance Company. June 8, 2007.
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- American Society of Plastic Surgeons (ASPS). Practice Parameter for Blepharoplasty, 2007.
- UnitedHealthcare Technology Assessment. Blepharoplasty and Brow Ptosis Repair. October 18, 2007.