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.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG 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. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

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.\(^1\)

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – All Markets
- Medicare – All Markets

**Exclusions**

No exclusions are indicated.

**Coverage**

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 indications above when ALL of the following 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;

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 significant loss of superior visual field. A loss to 30 degrees or less with upper lid skin and/or upper margin in repose is typically considered significant. The visual fields should demonstrate potential correction of the visual field by the proposed procedures(s).

AND,

4. A minimum 12 degree or 30 percent improvement of upper field of vision with upper lid skin elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures is required. Photographs should also demonstrate the eyelid abnormality(ies) necessitating the procedures(s).

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. Un-taped visual fields to show loss and
4. Taped visual fields to show percentage of improvement.

It is 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid</td>
</tr>
<tr>
<td>15821</td>
<td>Blepharoplasty, lower eyelid; with extensive herniated fat pad</td>
</tr>
<tr>
<td>15822</td>
<td>Blepharoplasty, upper eyelid;</td>
</tr>
<tr>
<td>15823</td>
<td>Blepharoplasty, upper eyelid; with excessive skin weighting down lid</td>
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<tr>
<td>67900</td>
<td>Repair brow defect</td>
</tr>
<tr>
<td>67901</td>
<td>Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)</td>
</tr>
<tr>
<td>67902</td>
<td>Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)</td>
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<td>67903</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach</td>
</tr>
<tr>
<td>67904</td>
<td>Repair of blepharoptosis; (tarso) levator resection or advancement, external approach</td>
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<tr>
<td>67906</td>
<td>Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)</td>
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<td>67908</td>
<td>Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)</td>
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<tr>
<td>67909</td>
<td>Reduction of overcorrection of ptosis</td>
</tr>
<tr>
<td>67911</td>
<td>Correction of lid retraction</td>
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<td>67914</td>
<td>Repair of ectropion; suture</td>
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<td>67915</td>
<td>Repair of ectropion; thermocauterization</td>
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<td>67916</td>
<td>Repair of ectropion; excision tarsal wedge</td>
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<tr>
<td>67917</td>
<td>Repair of ectropion; extensive (eg, tarsal strip operations)</td>
</tr>
<tr>
<td>67921</td>
<td>Repair of entropion; suture</td>
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<td>67922</td>
<td>Repair of entropion; thermocauterization</td>
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<tr>
<td>67923</td>
<td>Repair of entropion; excision tarsal wedge</td>
</tr>
<tr>
<td>67924</td>
<td>Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)</td>
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</table>

Covered HCPCS Codes – No specified codes.

Covered ICD-10-PCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>08SN0ZZ - 08SNXZZ</td>
<td>Med/Surgical Eye, Reposition, Upper Eyelid, Right</td>
</tr>
<tr>
<td>08SP0ZZ - 08SPXZZ</td>
<td>Med/Surgical Eye, Reposition, Upper Eyelid, Left</td>
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</table>

Covered ICD-10-CM Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C44.112, C44.119</td>
<td>Basal cell carcinoma of skin of eyelid, including canthus</td>
</tr>
<tr>
<td>C44.192, C44.199</td>
<td>Other specified malignant neoplasm of skin of eyelid, including canthus</td>
</tr>
<tr>
<td>D04.11, D04.12</td>
<td>Carcinoma in situ of skin of eyelid, including canthus</td>
</tr>
<tr>
<td>D22.11, D22.12</td>
<td>Melanocytic nevi of eyelid, including canthus</td>
</tr>
<tr>
<td>D23.11, D23.12</td>
<td>Other benign neoplasm of skin of eyelid, including canthus</td>
</tr>
</tbody>
</table>
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H01.001, H01.004 Unspecified blepharitis upper eyelid
H02.001, H02.004 Unspecified entropion of upper eyelid
H02.011, H02.014 Cicatricial entropion of upper eyelid
H02.021, H02.024 Mechanical entropion of upper eyelid
H02.031, H02.034 Senile entropion of upper eyelid
H02.041, H02.044 Spastic entropion of upper eyelid
H02.051, H02.054 Trichiasis without entropian upper eyelid
H02.101, H02.104 Unspecified ectropion of upper eyelid
H02.111, H02.114 Cicatricial ectropion of upper eyelid
H02.121, H02.124 Mechanical ectropion of right upper eyelid
H02.131, H02.134 Senile ectropion of upper eyelid
H02.141, H02.144 Spastic ectropion of right upper eyelid
H02.201, H02.204 Unspecified lagophthalmos right upper eyelid
H02.211, H02.214 Cicatricial lagophthalmos right upper eyelid
H02.221, H02.224 Mechanical lagophthalmos left upper eyelid
H02.231, H02.234 Paralytic lagophthalmos right upper eyelid
H02.30 – H02.36 Blepharochalasis
H02.401 - H02.439 Ptosis of eyelid
H02.831 - H02.839 Dermatochalasis of eyelid
H04.551 – H04.559 Acquired stenosis of nasolacrimal duct
L91.9 Hypertrophic disorder of the skin, unspecified
Q10.0 Congenital ptosis
Q10.1 Congenital entropion
Q10.2 Congenital entropion
Q10.3 Other congenital malformations of eyelid
Q11.1 Other anophthalmos

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

2. Local coverage determination for surgery: blepharoplasty (L35004) [specific to Louisiana]. Centers for Medicare and Medicaid Services Web site.
3. Local coverage determination for surgery: blepharoplasty (L35004) [specific to Texas]. Centers for Medicare and Medicaid Services Web site.
4. Local coverage determination for blepharoplasty (L33944) [specific to Kentucky]. Centers for Medicare and Medicaid Services Web site.
5. Local coverage determination for blepharoplasty, eye lid surgery, and brow lift (L33765) [specific to South Carolina]. Centers for Medicare and Medicaid Services Web site.
6. Local coverage determination for surgery: blepharoplasty (L34286) [specific to Georgia]. Centers for Medicare and Medicaid Services Web site.
8. Local coverage determination: Blepharoplasty, Eyelid surgery and brow lift (L34194) [specific to Hawaii]. Centers for Medicare and Medicaid Services Website.
9. Local coverage determination: Blepharoplasty, Eyelid surgery and brow lift (L34528) [Specific to: MO, FL, GA, IL, KY, NJ,]. Centers for Medicare and Medicaid Services website.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date Action
6/7/2017, 9/15/2016 Approved by MPC. Coding changes.
9/17/2015 Approved by MPC. Coding update only (ICD-10 codes).
12/1/2011 New template design approved by MPC.
9/1/2011 Approved by MPC.

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