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 any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by 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

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.

**POSITION STATEMENT**

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

**Exclusions**
No exclusions are indicated.

**Coverage**

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

1. Member is having functional/reconstructive surgery correcting the following indications:
   a. Impairment of near or far vision secondary to dermatochalasis, blepharochalasis, or blepharoptosis; OR,
   b. Symptomatic redundant skin weighing down on upper lashes; OR,
   c. Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin; OR,
   d. Prosthesis difficulties in an anophthalmia socket; OR,
   e. Malpositioning of spectacles due to excessive upper lid tissue.

2. 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;

3. Photographic demonstration of one or more of the following must be provided: **NOTE:** 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. If the photographs must be available on request.**
   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.

4. Visual fields must demonstrate a significant loss of superior visual field. **NOTE:** A loss to 30 degrees or less with upper lid skin and/or upper margin in repose is typically considered significant. 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. **
BLEPHAROPLASTY
HS-038

AND,

5. 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). ***NOTE: A loss to 30 degrees or less with upper lid skin and/or upper margin in repose is typically considered significant. 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.

CODING

Covered CPT®* Codes
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 brow defect
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)
67909 Reduction of overcorrection of ptosis
67911 Correction of lid retraction
67914 Repair of ectropion; suture
67915 Repair of ectropion; thermocauterization
67916 Repair of ectropion; excision tarsal wedge
67917 Repair of ectropion; extensive (eg, tarsal strip operations)
67921 Repair of entropion; suture
67922 Repair of entropion; thermocauterization
67923 Repair of entropion; excision tarsal wedge
67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

Covered HCPCS Codes – No specified codes.

Covered ICD-10-PCS Codes
08SN0ZZ - 08SNXZZ Med/Surgical Eye, Reposition, Upper Eyelid, Right
08SP0ZZ - 08SPXZZ Med/Surgical Eye, Reposition, Upper Eyelid, Left

Covered ICD-10-CM Diagnosis Codes
C44.112, C44.119 Basal cell carcinoma of skin of eyelid, including canthus
C44.192, C44.199 Other specified malignant neoplasm of skin of eyelid, including canthus
D04.11, D04.12 Carcinoma in situ of skin of eyelid, including canthus
D22.11, D22.12 Melanocytic nevi of eyelid, including canthus
D23.11, D23.12 Other benign neoplasm of skin of eyelid, including canthus
H01.001, H01.004 Unspecified blepharitis upper eyelid
H02.001, H02.004 Unspecified entropion of upper eyelid
H02.011, H02.014 Cicatrical 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 entropion upper eyelid

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**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 ectropion

**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**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<tr>
<td>6/7/2017, 9/15/2016</td>
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<tr>
<td>9/17/2015</td>
<td>Approved by MPC. Coding update only (ICD-10 codes).</td>
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<td>12/1/2011</td>
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