

Title: Blepharoplasty	Division: Medical Management Department: Utilization Management
Approval Date: 7/20/17	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP, Ultracare
Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 1 of 11

1. POLICY DESCRIPTION:

Guideline for Blepharoplasty

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Term	Description
Blepharochalasis	Excessive skin on the eyelids due to chronic blepharedema, which physically stretches the skin.
Blepharoptosis	Drooping of the upper eyelid, which relates to the position of the eyelid margin with respect to the eyeball and visual axis.
Brow Ptosis	Drooping of the eyebrows to such an extent that excess tissue is pushed into the upper eyelid. It is recognized that in some instances the brow ptosis may contribute to significant superior visual field loss. It may
Blepharoplasty	Surgical removal of redundant skin, muscle and fatty tissue from the eyelids for the purpose of deformity reconstruction.
Cosmetic blepharoplasty	When blepharoplasty is performed to improve a patient's appearance in the absence of any signs or symptoms of
Reconstructive blepharoplasty	When blepharoplasty is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma or tumor-ablative surgery (ectropion/entropion corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or relieve the painful symptoms of blepharospasm, the procedure should be
Dermatochalasis	Excessive skin on the eyelids as a result of loss of skin elasticity with
Pseudoptosis or "false ptosis"	Excessive skin overhanging the eyelid margin and creating the appearance of true blepharoptosis, although the eyelid margin is

4. POLICY:

The goal of functional or reconstructive surgery is to restore normalcy to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors.

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 2 of 11

Members are eligible for coverage of blepharoplasty procedures and repair of blepharoptosis when performed as functional or reconstructive surgery to correct any of the following (list not meant to be all-inclusive):

- a) Congenital ptosis with risk for amblyopia.
- b) Ectropion and Entropion (visual fields not necessary).
- c) Symptomatic dermatitis of pretarsal skin caused by redundant upper-lid skin.
- d) Prosthesis difficulties in an anophthalmia socket.
- e) Symptomatic redundant skin weighing down upper lashes.
- f) Visual impairment with near or far vision due to dermatochalasis, blepharochalasis or blepharoptosis.
- g) To relieve painful symptoms of blepharospasm
- h) Epiblepharon
- i) Lagophthalmos
- j) Congenital lagophthalmos
- k) Post-traumatic defects of the eyelid

Documented patient complaints justifying functional surgery that are commonly found in patients with ptosis, pseudoptosis or dermatochalasis include:

- a) Significant interference with vision or superior or lateral visual field, (e.g., difficulty seeing objects approaching from the periphery);
- b) Difficulty reading due to superior visual field loss; or,
- c) Looking through the eyelashes or seeing the upper eyelid skin.

Documentation

Documentation must include history and physical with appropriate patient complaints, visual fields and photographs, as described below.

Photographic evidence: Must be in the form of prints, not slides, imprinted with the patient's name and date of visit. Photographs must be frontal (canthus-to-canthus), the head perpendicular to the plane of the camera, to demonstrate a skin rash or the 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 weighing down upper eyelashes when this is the only indication for surgery.

Photographs must demonstrate ≥ 1 of the following:

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 3 of 11

- a) The upper eyelid margin approaches to within 2.5 mm (¼ of the diameter of the visible iris) of the corneal light reflex.
- b) The upper eyelid skin rests on the eyelashes.
- c) The upper eyelid indicates the presence of dermatitis.
- d) The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmia socket.

Visual fields: Must be recorded using either the Goldmann Perimeter (III 4-E test object; perimeter not accepted if hand-drawn) or a programmable perimeter (i.e., Humphrey or other computerized visual-field test equivalent to a screening field with a single-intensity strategy using a 10db stimulus) to test a superior (vertical) extent of 50–60 degrees above fixation, with targets presented at a minimum 4-degree vertical separation, starting at fixation, while using no wider than a 10-degree horizontal separation. Preferred programs on the Humphrey perimeter include the 36-point screening test and the 120–point, full-field screening test. Each eye should be tested with the upper eyelid at rest and repeated with the elevated eyelid to demonstrate an expected surgical improvement that meets or exceeds the criteria. The superior visual with the upper eyelid at rest should be restricted to within 30 degrees of fixation and there should be a minimum of 12 degrees of improvement in the superior visual field (vertical extent) with the upper eyelids taped.

5. LIMITATIONS/EXCLUSIONS:

The Plan does not consider blepharoplasty procedures performed solely for cosmetic reasons to be medically necessary.

The medical record must contain documented patient complaints and pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment of any of the above conditions. In addition, photographic documentation must demonstrate the clinical abnormality(ies) consistent with the member’s subjective complaint(s) for conditions listed above.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
1582	Blepharoplasty, lower eyelid
1582	Blepharoplasty, lower eyelid; with extensive herniated fat pad
1582	Blepharoplasty, upper eyelid
1582	Blepharoplasty, upper eyelid; with excessive skin weighting down lid

Title: Blepharoplasty	Division: Medical Management Department: Utilization Management
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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 4 of 11

6790	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
6790	Repair of blepharoptosis; frontalis muscle technique with suture or other material
6790	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling
6790	Repair of blepharoptosis; (tarso) levator resection or advancement, internal
6790	Repair of blepharoptosis; (tarso) levator resection or advancement, external
6790	Repair of blepharoptosis; superior rectus technique with fascial sling (includes
6790	Repair of blepharoptosis; conjunctive-tarso-Müller's muscle-levator resection (eg,
6790	Reduction of overcorrection of ptosis
6791	Correction of lid retraction
6791	Repair of ectropion; suture
6791	Repair of ectropion; thermo cauterization
6791	Repair of ectropion; excision tarsal wedge
6791	Repair of ectropion; extensive (eg, tarsal strip operations)
6792	Repair of entropion; suture
6792	Repair of entropion; thermocauterization
6792	Repair of entropion; excision tarsal wedge
6792	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs

7. APPLICABLE DIAGNOSIS CODES:

Code	Description
H01.00	Unspecified blepharitis right upper eyelid
H01.00	Unspecified blepharitis right lower eyelid
H01.00	Unspecified blepharitis right eye, unspecified eyelid
H01.00	Unspecified blepharitis left upper eyelid
H01.00	Unspecified blepharitis left lower eyelid
H01.00	Unspecified blepharitis left eye, unspecified eyelid
H01.00	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.01	Ulcerative blepharitis right upper eyelid

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 5 of 11

H01.01	Ulcerative blepharitis right lower eyelid
H01.01	Ulcerative blepharitis right eye, unspecified eyelid
H01.01	Ulcerative blepharitis left upper eyelid
H01.01	Ulcerative blepharitis left lower eyelid
H01.01	Ulcerative blepharitis left eye, unspecified eyelid
H01.01	Ulcerative blepharitis unspecified eye, unspecified eyelid
H02.00	Unspecified entropion of right upper eyelid
H02.00	Unspecified entropion of right lower eyelid
H02.00	Unspecified entropion of right eye, unspecified eyelid
H02.00	Unspecified entropion of left upper eyelid
H02.00	Unspecified entropion of left lower eyelid
H02.00	Unspecified entropion of left eye, unspecified eyelid
H02.00	Unspecified entropion of unspecified eye, unspecified eyelid
H02.01	Cicatricial entropion of right upper eyelid
H02.01	Cicatricial entropion of right lower eyelid
H02.01	Cicatricial entropion of right eye, unspecified eyelid
H02.01	Cicatricial entropion of left upper eyelid
H02.01	Cicatricial entropion of left lower eyelid
H02.01	Cicatricial entropion of left eye, unspecified eyelid
H02.01	Cicatricial entropion of unspecified eye, unspecified eyelid
H02.02	Mechanical entropion of right upper eyelid
H02.02	Mechanical entropion of right lower eyelid
H02.02	Mechanical entropion of right eye, unspecified eyelid
H02.02	Mechanical entropion of left upper eyelid
H02.02	Mechanical entropion of left lower eyelid
H02.02	Mechanical entropion of left eye, unspecified eyelid
H02.02	Mechanical entropion of unspecified eye, unspecified eyelid

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 6 of 11

H02.03	Senile entropion of right upper eyelid
H02.03	Senile entropion of right lower eyelid
H02.03	Senile entropion of right eye, unspecified eyelid
H02.03	Senile entropion of left upper eyelid
H02.03	Senile entropion of left lower eyelid
H02.03	Senile entropion of left eye, unspecified eyelid
H02.03	Senile entropion of unspecified eye, unspecified eyelid
H02.04	Spastic entropion of right upper eyelid
H02.04	Spastic entropion of right lower eyelid
H02.04	Spastic entropion of right eye, unspecified eyelid
H02.04	Spastic entropion of left upper eyelid
H02.04	Spastic entropion of left lower eyelid
H02.04	Spastic entropion of left eye, unspecified eyelid
H02.04	Spastic entropion of unspecified eye, unspecified eyelid
H02.05	Trichiasis without entropion right upper eyelid
H02.05	Trichiasis without entropion right lower eyelid
H02.05	Trichiasis without entropion right eye, unspecified eyelid
H02.05	Trichiasis without entropion left upper eyelid
H02.05	Trichiasis without entropion left lower eyelid
H02.05	Trichiasis without entropion left eye, unspecified eyelid
H02.05	Trichiasis without entropion unspecified eye, unspecified eyelid
H02.10	Unspecified ectropion of right upper eyelid
H02.10	Unspecified ectropion of right lower eyelid
H02.10	Unspecified ectropion of right eye, unspecified eyelid
H02.10	Unspecified ectropion of left upper eyelid
H02.10	Unspecified ectropion of left lower eyelid
H02.10	Unspecified ectropion of left eye, unspecified eyelid

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 7 of 11

H02.10	Unspecified ectropion of unspecified eye, unspecified eyelid
H02.11	Cicatricial ectropion of right upper eyelid
H02.11	Cicatricial ectropion of right lower eyelid
H02.11	Cicatricial ectropion of right eye, unspecified eyelid
H02.11	Cicatricial ectropion of left upper eyelid
H02.11	Cicatricial ectropion of left lower eyelid
H02.11	Cicatricial ectropion of left eye, unspecified eyelid
H02.11	Cicatricial ectropion of unspecified eye, unspecified eyelid
H02.12	Mechanical ectropion of right upper eyelid
H02.12	Mechanical ectropion of right lower eyelid
H02.12	Mechanical ectropion of right eye, unspecified eyelid
H02.12	Mechanical ectropion of left upper eyelid
H02.12	Mechanical ectropion of left lower eyelid
H02.12	Mechanical ectropion of left eye, unspecified eyelid
H02.12	Mechanical ectropion of unspecified eye, unspecified eyelid
H02.13	Senile ectropion of right upper eyelid
H02.13	Senile ectropion of right lower eyelid
H02.13	Senile ectropion of right eye, unspecified eyelid
H02.13	Senile ectropion of left upper eyelid
H02.13	Senile ectropion of left lower eyelid
H02.13	Senile ectropion of left eye, unspecified eyelid
H02.13	Senile ectropion of unspecified eye, unspecified eyelid
H02.14	Spastic ectropion of right upper eyelid
H02.14	Spastic ectropion of right lower eyelid
H02.14	Spastic ectropion of right eye, unspecified eyelid
H02.14	Spastic ectropion of left upper eyelid
H02.14	Spastic ectropion of left lower eyelid

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 8 of 11

H02.14	Spastic ectropion of left eye, unspecified eyelid
H02.14	Spastic ectropion of unspecified eye, unspecified eyelid
H02.30	Blepharochalasis unspecified eye, unspecified eyelid
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.33	Blepharochalasis right eye, unspecified eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.36	Blepharochalasis left eye, unspecified eyelid
H02.40	Unspecified ptosis of right eyelid
H02.40	Unspecified ptosis of left eyelid
H02.40	Unspecified ptosis of bilateral eyelids
H02.40	Unspecified ptosis of unspecified eyelid
H02.41	Mechanical ptosis of right eyelid
H02.41	Mechanical ptosis of left eyelid
H02.41	Mechanical ptosis of bilateral eyelids
H02.41	Mechanical ptosis of unspecified eyelid
H02.42	Myogenic ptosis of right eyelid
H02.42	Myogenic ptosis of left eyelid
H02.42	Myogenic ptosis of bilateral eyelids
H02.42	Myogenic ptosis of unspecified eyelid
H02.43	Paralytic ptosis of right eyelid
H02.43	Paralytic ptosis of left eyelid
H02.43	Paralytic ptosis of bilateral eyelids
H02.43	Paralytic ptosis unspecified eyelid
H02.52	Blepharophimosis right upper eyelid
H02.52	Blepharophimosis right lower eyelid

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 9 of 11

H02.52	Blepharophimosis right eye, unspecified eyelid
H02.52	Blepharophimosis left upper eyelid
H02.52	Blepharophimosis left lower eyelid
H02.52	Blepharophimosis left eye, unspecified eyelid
H02.52	Blepharophimosis unspecified eye, unspecified lid
H02.83	Dermatochalasis of right upper eyelid
H02.83	Dermatochalasis of right lower eyelid
H02.83	Dermatochalasis of right eye, unspecified eyelid
H02.83	Dermatochalasis of left upper eyelid
H02.83	Dermatochalasis of left lower eyelid
H02.83	Dermatochalasis of left eye, unspecified eyelid
H02.83	Dermatochalasis of unspecified eye, unspecified eyelid
L11.8	Other specified acantholytic disorders
L11.9	Acantholytic disorder, unspecified
L57.4	Cutis laxa senilis
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q11.1	Other anophthalmos
Z90.01	Acquired absence of eye

8. REFERENCES:

American Society of Plastic Surgeons. Practice Parameter for Blepharoplasty. March 2007: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>. Accessed June 13, 2017.

Local Coverage Determination. Blepharoplasty - Medical Policy Article (A52837)

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 10 of 11

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52837&ver=15&ContrlD=273&ContrVer=1&CntrctrSelected=273*1&Date=&DocID=A52837&bc=hAAAAAgAgAAA&. Accessed October 31, 2023.

CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 20

Specialty-matched clinical peer review.

9. REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual Review	10/25/19
Annual Review	10/2/20
Annual Review	9/24/21
Annual Review	10/31/22
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Approved:	Date:	Approved:	Date:
Glendon Henry, MD Sr. Medical Director		Sanjiv Shah, MD Chief Medical Officer	



Policy and Procedure

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Effective Date: 7/20/17	Policy Number: UM-MP203
Review Date: 10/31/24	Cross Reference Number:
Retired Date:	Page 11 of 11

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All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.