



Blepharoplasty and Repair of Blepharoptosis

I. Policy

University Health Alliance (UHA) will reimburse for blepharoplasty and repair of blepharoptosis when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

Blepharoplasty and repair of blepharoptosis will be covered (subject to Limitations/Exclusions and Administrative Guidelines) when:

- A. Submitted documentation sufficiently supports that surgery is medically necessary and will be performed for reconstructive/functional purposes for any of the following indications:
 1. Correction of visual impairment with near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis
 2. Correction of redundant skin weighing down on the upper lashes with genuine symptomatic issues
 3. Correction of chronic symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin
 4. Prosthesis difficulties in an anophthalmia socket
 5. Correction of lid retraction when the patient is unable to close the eyelids fully, leading to dryness of the eye or corneal exposure
 6. Correction of lower eyelid blepharoptosis in the presence of massive lower eyelid edema secondary to systemic corticosteroid therapy, myxedema, Graves' disease, nephrotic syndrome, or a number of other metabolic or inflammatory disorders when the excessive eyelid bulk persists even after satisfactory treatment of the underlying systemic disease. Such eyelid bulk may preclude proper positioning of eyeglasses
 7. Correction of lower eyelid blepharoptosis in appropriate cases of epiblepharon or entropion in which an extra roll of pretarsal skin and orbicularis muscle deflects the eyelashes against the cornea causing corneal irritation or erosion
 8. Repair of ectropion (eyelid turned outward)
 9. Repair of pseudotrachiasis (inward misdirection of eyelashes caused by entropion)
- B. Visual fields demonstrate a minimum 12 degree or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated (by taping the lid) to demonstrate potential correction by the proposed procedure or procedures.
 1. Visual fields are not required when blepharoplasty is for the following conditions:
 - a. Toxic diffuse goiter
 - b. Entropion and trichiasis of eyelid
 - c. Congenital deformities of eyelid
 - d. Artificial eye

- C. Brow ptosis repair is covered for reconstructive purposes when at least one eye meets all of the criteria for blepharoplasty as above under items A and B, and photographs demonstrate the eyebrow is below the supraorbital rim.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. Use of this procedure for any diagnosis other than those listed above will not be considered a covered service because it is not known to be effective in improving health outcomes.
- B. Payment will not be made for ptosis repairs performed for cosmetic reasons.
- C. Due to the effect botox can have on brow ptosis, for individuals being considered for brow ptosis repair surgery, they should not have had botox injections in the forehead in the past 6 months.

IV. Administrative Guidelines

- A. Prior Authorization is required.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- C. All of the following documentation must be submitted with the prior authorization request:
 - 1. Results of the visual field tests (when required, see Guidelines above);
 - 2. Patient complaints of interference with vision or visual field, difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin or chronic blepharitis; and
 - 3. Photographs demonstrating one or more of the following conditions:
 - 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;
 - 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.
 - 4. Please note, where medical necessity criteria indicate need for photographs, photos must be taken with the eyes not dilated or squinting. Photos are to be taken at eye level and depicting a frontal view. Photos must be of sufficient quality to show the light reflex on the cornea, and demonstrate the lid margins in relation to the pupil.

Note: Such photographs of the face do not qualify as External Ocular Photography (CPT 92285), which refers to images of the anterior segment, external eye, and ocular adnexa to document medical progress. The photographs required for authorization of blepharoplasty and repair of blepharoptosis are not eligible for separate reimbursement in addition to the visit E&M service.

- D. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

CPT Code	Description
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 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)
67911	Correction of lid retraction

V. Policy History

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