

MEDICA®

UTILIZATION MANAGEMENT POLICY

TITLE: BLEPHAROPLASTY, BLEPHAROPTOSIS REPAIR and BROW LIFT

EFFECTIVE DATE: August 20, 2018

This policy was developed with input from specialists in plastic surgery and ophthalmology, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing criteria that generally determines the medical necessity of reconstructive blepharoplasty (upper or lower eyelid), blepharoptosis repair (upper eyelid) and brow lift. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND

Definitions

- A. **Blepharoplasty** is a procedure involving the surgical removal of redundant skin, muscle and fatty tissue from the eyelids for the purpose of improving abnormal function (e.g., repair excess tissue that obstructs the visual field), reconstructing deformities, or enhancing appearance.
- B. **Blepharoptosis** is a droop or displacement of one or both upper eyelids due to a weak levator mechanism.
- C. **Blepharospasm** is involuntary spasmodic contraction of the orbicularis oculi muscle; may occur in isolation or be associated with other dystonic contractions of facial, jaw, or neck muscles; usually initiated or aggravated by emotion, fatigue, or drugs.
- D. **Brow lift**, also known as a forehead lift, surgically corrects brow ptosis. It reduces wrinkle lines across the forehead, improves frown lines between the eyebrows, raises sagging eyebrows that are hooding the upper eyelids and places the eyebrow in an alert and youthful position.
- E. **Brow ptosis** is the laxity of the forehead muscles and sagging tissue of the eyebrows and/or forehead.
- F. **Dermatochalasia** is redundancy of upper eyelid skin.
- G. **Ectropion** is an eyelid dysfunction that occurs when the eyelid turns outward and does not protect the eye. As a result, the cornea and conjunctiva may become exposed and irritated. Ectropion generally affects only the lower eyelid.
- H. **Entropion** is an eyelid dysfunction that occurs when the eyelid turns inward towards the eye, causing the lid and eyelashes to rub against the cornea and conjunctiva causing irritation and discomfort. Entropion generally affects only the lower eyelid.
- I. **Marginal Reflex Distance (MRD)** is a measurement that assesses the distance from the apparent center (visual axis) of the pupil to the upper lid. A MRD measurement that is greater than or equal to 2.5 millimeters is considered normal. Superior visual field impairment is nearly universal when the MRD is less than or equal to 2.0 millimeters. The MRD is the most useful measure for predicting visual field impairment.
- J. **Ptosis** is drooping of the upper eyelids that cause the margin to rest at a position lower than normal. Ptosis may be classified as either "true ptosis" (lack of eyelid support) or "pseudo ptosis" (presence of excess lid tissue). Ptosis may be unilateral, bilateral, congenital, or acquired and may impair the superior vision field.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for blepharoplasty (upper or lower eyelid), blepharoptosis repair (upper eyelid) and brow lift. Please see the prior authorization list for product specific prior authorization requirements.
2. Ectropion/entropion surgical repair **does not require** prior authorization as they are considered medically necessary.
3. Coverage may vary according to the terms of the member's plan document.
4. Cosmetic surgery is generally an exclusion in the member's plan document.
5. If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative session, the surgeon must delineate the cosmetic and reconstructive components associated with the procedure.
6. If the above medical necessity criteria are not met, the procedure(s) would be considered cosmetic.
7. For congenital ptosis refer to the reconstructive definition in the member's plan document.
8. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member's plan document.
9. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

- I. Indications for blepharoplasty (upper)
Blepharoplasty (upper) is considered medically necessary when documentation in the medical records indicates **all of the following** criteria are met:
 - A. The member has **one of the following** functional deficiencies:
 1. Defect caused by trauma or tumor-ablative surgery
 2. Periorbital sequelae of thyroid disease and nerve palsy
 3. Painful symptoms of blepharospasm
 4. Chronic eyelid dermatitis due to redundant skin refractory to medical therapy
 5. Visual impairment caused by abnormal or redundant upper eyelid structures as demonstrated by **all of the following**:
 - a. Excess upper eyelid skin touches the lashes
 - b. Visual field testing, with the eyelids taped and untaped, showing improvement of at least 12 degrees or 30 percent or more in number of points seen.
 - B. No documented medical conditions where blepharoplasty is unlikely to correct visual field (e.g., myasthenia gravis).
 - C. Written documentation in the medical records indicates **all of the following**:
 1. A frontal, straight-ahead photograph showing that the excess skin touches the lashes
 2. Diagnosis and description of functional impairment that relates to the need for blepharoplasty.
 3. Interpretation of visual field testing.
- II. Indications for blepharoptosis repair (ptosis repair of upper eyelid includes levator resection or advancement)
Blepharoptosis repair is considered medically necessary when documentation in the medical records indicates **all of the following** criteria are met:
 - A. The member has a MRD measurement of less than or equal to 2.0 mm.
 - B. No documented medical conditions where blepharoptosis repair is unlikely to correct visual field (e.g., myasthenia gravis).
 - C. Written documentation in the medical records indicates **all of the following**:
 1. A frontal, straight-ahead photograph showing the abnormal lid droop/displacement
 2. Diagnosis and description of functional impairment that relates to the need for blepharoptosis repair.
- III. Indications for brow lift
NOTE: Brow lift is generally considered cosmetic and requires medical director review.

Brow lift is considered medically necessary when documentation in the medical records indicates that **all of the following** criteria are met:
 - A. Visual impairment caused by brow malposition as indicated by eyebrows at the level of the top of the eyelashes
 - B. Visual impairment cannot be corrected by blepharoplasty alone

- C. No documented medical conditions where brow lift is unlikely to correct visual field (e.g., myasthenia gravis).
 - D. Written documentation in the medical records indicates **all of the following**:
 - 1. Documentation states why the functional visual impairment cannot be corrected by blepharoplasty alone
 - 2. Diagnosis and description of functional impairment that relates to the need for a brow lift
 - 3. A frontal, straight-ahead photograph showing that the eyebrows are at the level of the top of the eyelashes.
- IV. Indications for blepharoplasty (lower)
 NOTE: Lower lid blepharoplasty is generally considered cosmetic and requires medical director review.
- Blepharoplasty (lower) is considered medically necessary when documentation in the medical records indicates that **all of the following** criteria are met:
- A. The member has **one of the following**:
 - 1. Defect caused by trauma or tumor-ablative surgery
 - 2. Massive lower eyelid edema secondary to systemic corticosteroid therapy, myxedema, Graves' disease, nephrotic syndrome, or other metabolic or inflammatory disorders.
 - B. Written documentation in the medical records indicates **all of the following**:
 - 1. A frontal, straight-ahead photograph showing the condition
 - 2. Diagnosis and description of functional impairment that relates to the need for blepharoplasty.

DOCUMENT HISTORY

Original Effective Date	September 2005
MPC Endorsement Date(s)	06/2006, 06/2007, 06/2008, 06/2009, 06/2010, 06/2011, 09/2011, 06/2012, 06/2013, 06/2014, 06/2015, 4/2016, 06/2017, 06/2018
Administrative Updates	05/01/2017

References

Pre-06/2015 MPC:

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06/2017 MPC:

No new references

06/2018 MPC:

No new references