



## Clinical Review Criteria Related to Blepharoplasty and Browplasty

### I. Criteria for Approval

#### A. Criteria for approval of Blepharoplasty

1. Upper field must improve by at least 20 degrees with eyelid taped compared to visual field with untaped lid; OR
2. Visual field obstruction by lid or brow must limit upper field to within 30 degrees of fixation by perimetry; OR
3. Functional deformity from disease, such as Graves Disease.

#### B. Criteria for approval of Browplasty

1. Brow ptosis is causing functional visual impairment confirmed by photographs demonstrating the eyebrow is below the supraorbital rim.
2. Upper visual field loss of at least 30 degrees or 50% on visual field testing that cannot be corrected by upper lid blepharoplasty.
3. Minuteman Health Insurance (MHI) will cover a combination of any of the above procedures as medically necessary when the visual field testing demonstrates a visual impairment that cannot be addressed by one procedure alone.

### II. What is not Covered

- A. Blepharoplasty of lower lid is considered cosmetic and will be denied as non-covered.

### III. Required Documentation

- A. Letter of medical necessity or office notes documenting clinical indications.
- B. Photographs, front and side views.
- C. Formal visual field testing by an Optometrist or Ophthalmologist.

#### CPT CODES

|       |   |
|-------|---|
| 15822 | Blepharoplasty, upper eyelid  |
| 15823 | Blepharoplasty upper eyelid with excessive skin weighing down lid                   |
| 67903 | Repair of blepharoptosis (tarso) levator resection or advancement external approach |
| 67904 | Repair of blepharoptosis: levator resection or advancement external approach        |
| 67901 | Repair of blepharoptosis: frontalis muscle technique with suture or other material  |
| 67900 | Repair of brow ptosis (supraciliary, mid forehead or coronal approach)              |

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HNE Review Dates: 4/9/13, 4/8/14, 4/14/15, 2/9/16, 1/10/17

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 04/21/2016, 02/09/2017

**References:**

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Centers for Medicare & Medicaid Services, Medicare Coverage Database: Blepharoplasty

[http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=L33944&ContrId=268&ver=24&ContrVer=1&CtrctrSelected=268\\*1&Ctrctr=268&name=Wisconsin+Physicians+Service+Insurance+Corporation+\(05901%2c+MAC+-+Part+A\)&s=9&bc=AggAAAIAAAA&Oct+22](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=L33944&ContrId=268&ver=24&ContrVer=1&CtrctrSelected=268*1&Ctrctr=268&name=Wisconsin+Physicians+Service+Insurance+Corporation+(05901%2c+MAC+-+Part+A)&s=9&bc=AggAAAIAAAA&Oct+22)

(Last Accessed 1/1/16, 10/25/16)

Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: a Report by the American Academy of Ophthalmology. Cahill KV, Bradley EA, Meyer DR, Custer PL, Holck DE, Marcet MM, Mawn LA. Ophthalmology, <http://www.ncbi.nlm.nih.gov/pubmed/22019388?dopt=Abstract>

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Caputy G.: Periorbital Rejuvenation Brow Lift. Last Updated July 2011, Available at URL:

<http://emedicine.medscape.com/article/1277129-overview>

(Last Accessed 1/1/16, 10/25/16)

**Summary of Changes:**

**02/09/2017**

- Sources/Citation section: Updated Last Accessed Dates