

Origination Date: 5/89	Revision Date(s): 12/99, 12/02, 12/03, 12/04, 11/05, 11/06, 11/07, 11/08
Developed By: Medical Criteria Committee	

Csaba Mera M.D.

Approved: Csaba Mera, MD

Date: 11/12/08

Description:

Eyelid surgery, known as blepharoplasty, is a surgical procedure performed on the upper and/or lower eyelid to remove excess fat, skin and muscle. Eyelid surgery may be performed for either functional/reconstructive purposes to improve the field of vision or for cosmetic purposes in the absence of visual field obstruction. Resection of the levator muscle of the upper eyelid is performed to repair blepharoptosis, or drooping of the upper eyelid. A brow lift is another surgical procedure that may be performed to correct a functional impairment of vision. A brow lift repairs brow ptosis by tightening the muscular structures supporting the eyebrow. When performed to primarily improve appearance, these procedures are considered cosmetic.

Criteria:

- I. ODS will cover upper or lower eyelid blepharoplasty to plan limitations when the patient has **one** of the following conditions:
 - A. Trichiasis (inversion of the eyelashes so that they rub against the cornea)
 - B. Ectropion (eyelid turned outward)
 - C. Entropion (eyelid turned inward)
 - D. Eyelid position contributes to difficulty in tolerating a prosthesis in an anophthalmic socket
 - E. The patient has undergone tumor ablative surgery of the eyelid

- II. In the absence of one of the conditions listed above, ODS will cover upper eyelid blepharoplasty, levator resection, or brow ptosis repair to plan limitations when **all** of the following criteria are met:
 - A. With eyelids untaped, the superior visual field is less than 20 degrees and there is at least a 20-degree improvement when taped; and
 - B. Documentation of patient complaint of subjective functional loss; and
 - C. Photographs must support the submitted documentation. With the patient looking straight ahead, the photo shows the eyelid at or below the upper edge of the pupil; and
 - D. Any related disease process, such as myasthenia gravis or a thyroid condition is documented as stable.

- III. ODS considers surgical correction of congenital ptosis medically necessary to allow proper visual development and prevent amblyopia in infants and children with moderate to severe ptosis interfering with vision. Surgery is considered cosmetic if performed to correct mild ptosis that is only of cosmetic concern and not effecting vision. Photographs must show that the skin or upper eyelid margin obstructs a portion of the pupil.

- IV. Blepharoplasty of the lower lids to remove excessive skin is considered cosmetic and is not covered. Blepharoplasty that is performed to primarily improve appearance is considered cosmetic and is not covered.

Information to be Submitted with Pre-Authorization Request:

1. Chart notes from the requesting provider

Origination Date: 5/89	Revision Date(s): 12/99, 12/02, 12/03, 12/04, 11/05, 11/06, 11/07, 11/08
Developed By: Medical Criteria Committee	

2. Visual fields (with lids taped and untaped)
 - Goldman III 4E Visual Field or equivalent
 - Humphreys Visual Field if done with a full field screen
3. Preoperative photographs-frontal at eye level and patient in primary position of gaze with pupil edge visible

References:

- American Society of Plastic and Reconstructive Surgeons. Position paper: blepharoplasty and eyelid reconstruction. October 1995.
- Bartley GB. Ophthalmic technology assessment. Functional indications for upper and lower eyelid blepharoplasty. Ophthalmology. April 1995;102:693-695.
- Finsterer J. Ptosis: causes, presentation, and management. Aesthetic Plast Surg. 2003 May-June;27(3):193-204.
- Ben Simon GJ, Lee S, Schwarcz RM, et al. External levator advancement vs Muller's muscle-conjunctival resection for correction of upper eyelid involutinal ptosis. Am J Ophthalmol. 2005 Sep;140(3):426-32.
- Baroody M, Holds JB, Vick VL. Advances in the diagnosis and treatment of ptosis. Curr Opin Ophthalmol. 2005 Dec;16(6):351-5.
- Pedroza F, dos Anjos GC, Bedoya M, Rivera M. Update on brow and forehead lifting. Curr Opin Otolaryngol Head Neck Surg. 2006 Aug;14(4):283-8.
- Physician Advisors