

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.074**  
**REVISION DATE: N/A**  
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**PAGE NUMBER: 1 of 5**

**SUBJECT:** Blepharoplasty, Blepharoptosis/Brow Ptosis Repair  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** November 2009

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>				
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )	
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All (X)	
Medicare Select ( )	Medicare Supplement ( )			
<b>DPW-MA:</b>				
Health Choices ( )		Voluntary ( )		All (X)
<b>CMS-MA:</b>				
OH ( )	WV ( )	PA ( )	All (X)	Other ( )
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ( )	PFFS (X)
<b>PID-CHIP:</b>				
Free ( )	Sub ( )	Full ( )	All ( )	
<b>APPLICABLE TO:</b>				
Community Care ( )		Work Partners ( )		

## I. POLICY

It is the policy of UPMC Health Plan to recognize coverage of Blepharoplasty and Blepharoptosis/Brow Ptosis Repairs when medically necessary for functional, non-cosmetic purposes as indicated in this policy and according to the member's benefit plan.

## II. DEFINITIONS

**Blepharochalasis** – Excessive skin usually associated with the disease process of chronic blepharoadema which physically stretches and thins the skin

**Blepharoptosis** – Drooping of the upper eyelid which relates to the position of the eyelid margin in primary gaze with respect to the eyeball and visual axis.

**Brow Ptosis** – Drooping of the eyebrow caused by weakness of the muscles responsible for raising the eyelid Also called "drooping eyelid."

**Dermatochalasis** – Excessive skin usually the result of the aging process with loss of elasticity

**Primary Blepharospasm** – Spasm of the orbicularis oculi muscle which produces more or less complete closure of the eyelid(s).

### III. PURPOSE

The purpose of this policy is to establish the indications for coverage of Blepharoplasty and Blepharoptosis/Brow Ptosis repairs.

### IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration, Claims departments.

### V. PROCEDURE

#### A. Medical Background

**Blepharoplasty** is the plastic repair of the eyelid - an operation in which redundant skin, muscle and/or fat are excised from an eyelid. The procedure can be performed for functional or for cosmetic reasons. Functional blepharoplasty restores normalcy to an eyelid that has been altered by trauma, infection, inflammation, degeneration, neoplasia, or developmental errors. It usually involves the excision of skin and orbicularis muscle for a complaint of visual field impairment in primary gaze and/or down gaze (reading position). The visual impairment is usually related to a lower than normal position of the eyelid relative to the pupil and/or to excess skin that hangs over the edge of the eyelid. This procedure corrects the superior visual field defect. Visual field studies are used to determine the degree of visual obstruction. Photographs should also demonstrate the eyelid abnormality.

**Blepharoptosis repair** is performed to repair dysfunctioning eyelid muscles (e.g., levator or Muller's).

**Brow ptosis repair** is done to restore the proper anatomical and functional position of the brow and/or to alleviate complaints of ocular fatigue secondary to continuous action of the frontalis muscle.

#### B. Indications

Blepharoplasty procedures will be covered when performed as functional/reconstructive surgery to correct any of the following:

- Chronic, symptomatic dermatitis of pretarsal skin due to accumulated upper lid skin.
- Prosthesis difficulties in an anophthalmic socket
- Impairment of vision due to dermatochalasis or blepharochalasis
- Accumulated, symptomatic skin which is resting on the upper lashes

Blepharoptosis Repair is covered as functional/reconstructive surgery to correct:

- Visual impairment due to droop or displacement of the upper lid Brow Ptosis Repair is covered when performed to correct the following:
- Brow malposition which prevents adequate correction of dermatochalasis, blepharochalasis or blepharoptosis.
- Visual impairment due to droop or displacement of the brow impairment
- Following tumor ablative surgery

**Note**

- When visual impairment is the indication for any of the above procedures, record documentation must include confirmation of superior visual field testing.
- For all procedures- photographs must demonstrate eyelid abnormality

**C. Limitations**

- Blepharoplasty, brow ptosis/ blepharoptosis repairs done for cosmetic purposes not meeting the guidelines of the functional visual impairment parameters previously listed will be denied.
- Lower lid blepharoplasty is not reimbursable since it is usually performed for cosmetic reasons
- When the physician has determined that the patient requires a bilateral blepharoplasty, bilateral blepharoptosis repair or bilateral brow ptosis repair, it is expected that the procedures will be performed on the same date of service.
- External ocular photography is not payable when used to support the need for blepharoplasty or blepharoptosis/brow ptosis repairs.

**D. Variations**

N/A

**E. Audits**

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

**F. Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

**G. References**

1. Highmark Medical Services, LCD #27474: *Blepharoplasty/Blepharoptosis*, Revised 5/14/2009
2. Cigna HealthCare, Policy: #0045: *Blepharoplasty, Reconstructive Eyelid Surgery and Brow Lift*, Effective 4/15/09
3. Excellus, Medical Policy #7.01.05: *Blepharoplasty*, Revised 10/23/08 Blue Cross/Blue Shield of North Carolina, Policy SUR6080, *Reconstructive Eyelid Surgery and Brow Lift*; Reviewed 4/2009
4. American Academy of Ophthalmology, *Functional Indications for Upper and Lower Eyelid Blepharoplasty*, April 1995, Vol 102, 693-695
5. Empire Blue Cross/Blue Shield, Clinical Guideline CG-SURG-03: *Blepharoplasty, Blepharoptosis Repair and Brow Lift. Guideline*, Reviewed: 7/15/2009

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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