

Brow Ptosis and Eyelid Repair

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[➔ Instructions for Use](#)

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Related Commercial Policy
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Community Plan Policy
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Medicare Advantage Coverage Summary
• Blepharoplasty and Related Procedures

Coverage Rationale

[➔ See Benefit Considerations](#)

Note: The InterQual® criteria below only applies to persons 18 years of age and older.

Brow ptosis repair and repair of the eyelid are considered Reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures:

- Blepharoplasty
- Ectropion Repair
- Entropion Repair
- Eyelid Lesion Excision, +/- Reconstruction
- Eyelid Reconstruction
- Ptosis Repair

Click [here](#) to view the InterQual® criteria.

Note: If multiple procedures are requested, criteria for each individual procedure must be met.

Browpexy or Internal browlift are not considered Reconstructive and are not medically necessary as they do not correct a Functional Impairment.

Eyelid surgery for correction of lagophthalmos is considered Reconstructive and medically necessary when the upper eyelid is not providing complete closure to the eye, resulting in dryness and other complications.

Lid retraction surgery (CPT 67911) is considered Reconstructive and medically necessary when all of the following criteria are present:

- Other causes have been eliminated as the reason for the lid retraction such as use of dilating eye drops, glaucoma medications; and

- Clear, high-quality, clinical photographs document the pathology; and
- There is Functional Impairment (such as ‘dry eyes’, pain/discomfort, tearing, blurred vision); and
- Tried and failed conservative treatments; and
- In cases of thyroid eye disease two or more Hertel measurements at least 6 months apart with the same base measurements are unchanged

Canthoplasty/canthopexy (CPT 21280, 21282, 67950) is considered Reconstructive and medically necessary when all of the following criteria are present:

- Functional Impairment; and
- Clear, high-quality, clinical photographs document the pathology; and
- Repair of ectropion or entropion will not correct condition; and
- At least one of the following is present:
 - Epiphora (excess tearing) not resolved by conservative measures; or
 - Corneal dryness unresponsive to lubricants; or
 - Corneal ulcer

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
Brow Ptosis and Eyelid Repair	
15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950, 67961, 67966	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> • History of condition requiring treatment • Visual complaints, including functional impairments that interfere with activities of daily living (ADL) and ruling out other causes • Eye exam including best corrected visual acuity in both eyes • Planned procedure • Treatments tried, failed, or contraindicated; include the dates and reason for discontinuation • Recent diagnostic testing including: <ul style="list-style-type: none"> ○ Peripheral or superior Visual Field Testing automated, reliable, un-taped, and taped, including percent improvement or number of degrees improvement ○ Reason Visual Field Testing is not feasible • Marginal Reflex Distance (MRD-1) • High-quality photograph(s); all photographs must be: <ul style="list-style-type: none"> ○ Full face, eye level, frontal with the member looking straight ahead, light reflex visible and centered ○ Labeled with the date taken and the applicable case number obtained at time of notification, or member’s name and ID number on the photograph(s) ○ Note: Submission of color photos can be submitted via the external portal at www.uhcprovider.com/paan; faxes of color photos will not be accepted

*For code descriptions, refer to the [Applicable Codes](#) section.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Cosmetic Procedures: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Procedures (California only): Procedures or services are performed to alter or reshape normal structures of the body in order to improve your appearance.

Functional or Physical or Physiological Impairment: Functional or Physical or Physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

Marginal Reflex Distance -1 (MRD-1): Measures the number of millimeters from the corneal light reflex or center of the pupil to the upper lid margin. (Note: The "-1" in MRD-1 refers to the upper lid and not the measurement in millimeters.) (Nerad, 2021).

Reconstructive Procedures: Reconstructive Procedures when the primary purpose of the procedure is either of the following:

- Treatment of a medical condition.
- Improvement or restoration of physiologic function.

Reconstructive Procedures include surgery or other procedures which are related to an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.

Reconstructive Procedures (California only): Reconstructive Procedures to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

- To improve function.
- To create a normal appearance, to the extent possible.

Reconstructive Procedures include surgery or other procedures which are related to a health condition. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Covered Health Care Services include dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

For the purposes of this section, "cleft palate" means a condition that may include cleft palate, cleft lip, or other craniofacial anomalies associated with cleft palate.

Visual Field Testing: Visual field measurements with the eyelid skin or ptotic eyebrow in resting position can be used to demonstrate a field defect that improves when the eyebrow and skin fold are lifted (Nerad, 2021).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Note: The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.

CPT Code	Description
Blepharoplasty (Lower Eyelid)	
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
Blepharoplasty (Upper Eyelid)	
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
Brow Ptosis Repair	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
Upper Eyelid Blepharoptosis Repair	
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)
67909	Reduction of overcorrection of ptosis
Lid Retraction	
67911	Correction of lid retraction
Lagophthalmos	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight)
Ectropion	
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (e.g., tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
Canthus Repair and Lid Repair	
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin

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Benefit Considerations

Some states require benefit coverage for services that UnitedHealthcare considers Cosmetic Procedures, such as repair of external Congenital Anomalies in the absence of a Functional Impairment. Refer to the member specific benefit plan document.

UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:

- Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.

Clinical Evidence

Browpexy/Internal BrowLift

Korn et al (2016) cited that an internal browpexy will not elevate a severely ptotic brow and in general should only be considered when minimal brow ptosis is present or if stabilization and prevention of descent of the eyebrow is desired. The author noted that the principle disadvantage of an internal browpexy is the limited effect and questionable longevity.

Lagophthalmos

Proper eyelid closure and a normal blink reflex are essential to maintaining a stable tear film and a healthy corneal surface. Patients affected with lagophthalmos are unable to fully close their eyelids, and they may describe symptoms of dry and irritated eyes. Common morbidities of lagophthalmos are corneal exposure and subsequent keratopathy, which may progress to corneal ulceration and infectious keratitis. It is important to recognize lagophthalmos early in the patient's course and begin treatment as soon as possible. The choice of therapy requires an understanding of both the etiology and expected duration of the lagophthalmos. (AAO 2008)

Upper Eyelid Retraction

Upper eyelid retraction is defined by abnormally high resting position of the upper lid. This produces visible sclera between the eyelid margin and corneal limbus, which produces the appearance of a stare with an accompanying illusion of exophthalmos. Eyelid retraction can lead to lagophthalmos and exposure keratitis, which can cause mild ocular surface irritation to vision-threatening corneal decompensation. The most common causes of upper eyelid retraction include thyroid eye disease, recession of superior rectus muscle, and contralateral ptosis. (AAO 2021)

Hoang T et al (2021) completed the 2022 update on clinical management of Graves disease and thyroid eye disease (TED). General treatment of patients with TED includes reversal of hyperthyroidism, monitoring for and prompt treatment of hypothyroidism, and cessation of smoking, if applicable. First-line therapy for individuals with moderate to severe TED would include intravenous glucocorticoids. Surgery for TED is typically performed either emergently, such as for optic neuropathy, globe subluxation, or corneal thinning/perforation due to exposure keratopathy, or for rehabilitation after the disease has run its active course. Eyelid changes due to TED are common and include upper and lower eyelid retraction and eyelid fat compartment expansion. Eyelid retraction surgery is aimed at lowering the upper eyelid and raising the lower eyelid to correct the "thyroid stare" appearance. Eyelid contouring is targeted to restore the natural height and contour of the eyelid, including decreasing the fat compartment expansion and minimizing the temporal flare, which occur as part of the disease state. Eyelid surgery is typically the last step in the rehabilitation of the patient's appearance. The total time between onset of TED to the final eyelid surgery can span several years.

Velasco Cruz et al (2013) published an article addressing graves upper eyelid retraction. Graves upper eyelid retraction (GUER) is the most common and characteristic sign of Graves orbitopathy. In early case series lid retraction was found in 94.0% of the patients. Population-based studies have yielded similar results. Retraction implies that the resting position of the affected lid is abnormally high. The lid position is usually measured with a millimeter ruler as a linear distance between the pupil center and the edge of the lid margin at the twelve o'clock position. The authors described in historical sequence the evolution of surgical attempts beginning in 1934. In summary, the plethora of technical variations described for the correction of GUER strongly suggests that the results are variable with any type of surgery. The upper lid retractors (LPS and Müller muscle) can be debilitated separately or in combination by an anterior or posterior approach. The muscles can be recessed, partially resected,

or lengthened. Various materials have been tried as spacers between the recessed retractors and the upper tarsal border, but the results were not better than those obtained by just weakening the retractors. Residual lateral retraction is a well-known phenomenon, and most surgeons do more aggressive surgery laterally.

Dickinson J et al (2009) published an article describing thyroid-associated orbitopathy (TAO): who and how to treat. In this article she mentions that steroids remain the most useful medical treatment for active TAO. The principal limitations of steroids are the frequent Cushingoid side effects, and the tendency of the disease to relapse when they are withdrawn. Surgical rehabilitation can safely commence about 6 months after all symptoms and signs have stabilized, but there is no clinical detriment to waiting longer. Surgery must follow a strict sequence determined by potential side effects of each step. Thus, orbital decompression precedes strabismus surgery, which precedes eyelid surgery, first to lengthen and finally to debulk the eyelids/brows and remove excess skin. Eyelid lengthening frequently improves exposure symptoms. Upper eyelids can be lengthened via an anterior or posterior approach and are best done under local anesthetic to allow intraoperative adjustment. There are numerous techniques for upper lid lengthening, most showing success rates of 77% to 100%. In summary, the available treatments are far from perfect, but appropriate selection of treatments to the individual and timely intervention can lead to very satisfactory outcomes, with restoration of visual function, appearance, and improved quality of life.

Medial and Lateral Canthoplasty/Canthopexy

Clinical Practice Guidelines

American Academy of Ophthalmology (AAO)

The AAO clinical coverage guidelines include the following indications for a reconstructive lateral or medial canthoplasty:

- Lid Malposition due to horizontal laxity
 - Involutional ectropion
 - Poor lid-to-globe apposition causing exposure keratopathy
 - Punctal ectropion causing epiphora
 - Involutional entropion
 - Significant ocular discomfort caused by lashes and keratinized skin rubbing directly on cornea
 - Pathophysiology
 - Lower-lid laxity
 - Dehiscence of lower lid retractors
 - Overriding orbicularis — often exacerbated by irritative symptoms causing blepharospasm ("spastic" entropion)
 - Enophthalmos
- Lower-lid retraction
 - Involutional — lid laxity
 - Cicatricial — infection, inflammation, trauma, burns, postsurgical (e.g., lower-lid blepharoplasty, laser skin resurfacing)
 - Mechanical — midface ptosis, craniofacial anomalies, tumor
 - Paralytic — facial nerve palsy
- Tear pump failure Involutional and/or paralytic
- Medial canthal tendon (MCT) laxity
 - Severe laxity, especially in setting of facial nerve paralysis, can cause punctal ectropion, medial lower lid retraction, lagophthalmos/exposure keratopathy, and epiphora.
 - Performing lateral canthal tendon (LCT) tightening in presence of MCT laxity can lateralize punctum and cause lacrimal outflow deficiency.
- Canthal malposition
 - Involutional, developmental, postsurgical, or traumatic
- Floppy eyelid syndrome
 - Marked lid laxity associated with softening of tarsus
 - Multiple possible factors implicated in pathogenesis:
 - Prone or side sleeping position causes mechanical pressure on lids
 - Ischemia and reperfusion injury
 - Upregulation of matrix metalloproteinases (MMP) implicated in elastin degeneration
 - Lids can spontaneously evert during sleep, causing exposure keratopathy and chronic papillary conjunctivitis
 - Associated with obstructive sleep apnea and obesity
 - Surgical treatment involves upper-eyelid tightening
- Eyelid imbrication

- Lid laxity causes upper-lid margin to overlap lower lid
 - Upper palpebral conjunctiva rubs across lower lashes, leading to chronic irritation
- Sometimes associated with floppy eyelid syndrome
- Can be addressed with lower- and/or upper-lid tightening
- Reconstruction following trauma or surgery
 - Traumatic LCT/MCT avulsion
 - Must rule out canalicular injury with MCT avulsion
 - LCT resuspension following emergent lateral canthotomy and cantholysis for orbital compartment syndrome
 - Tumor resection

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Brow ptosis repair and eyelid repair are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed August 8, 2022)

References

- American Academy of Ophthalmology, Lateral and Medial Canthoplasty, Oculofacial Plastic Surgery Education Center.
- Dickinson J, Perros P. Thyroid-Associated Orbitopathy: Who and How to Treat. *Endocrinology and Metabolism Clinics*, 2009-06-01, Volume 38, Issue 2, Pages 373-388.
- Hoang TD, Stocker DJ, Chou EL et al. 2022 Update on Clinical Management of Graves Disease and Thyroid Eye Disease. *Endocrinology and Metabolism Clinics*. N Am 51 (2022) 1–18.
- Korn BS, et al. Video Atlas of Oculofacial Plastic and Reconstructive Surgery. 2nd ed. Elsevier Inc. 2016. Chapter 21, Internal Brow Plasty; p.143-146.
- Nerad JA. Techniques in ophthalmic plastic surgery. 2nd ed. Philadelphia: Elsevier; 2021.
- Velasco Cruz AA, Tibeiro SFT, Garcia DM, et al. Graves Upper Eyelid Retraction. *Survey of Ophthalmology*, 2013-01-01, Volume 58, Issue 1, Pages 63-76.

Policy History/Revision Information

Date	Summary of Changes
01/01/2023	<ul style="list-style-type: none"> ● Updated list of related policies to reflect title change for the Community Plan policy titled <i>Brow Ptosis and Eyelid Repair</i> (previously titled <i>Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair</i>)
11/01/2022	<p>Title Change</p> <ul style="list-style-type: none"> ● Previously titled <i>Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair</i> <p>Template Update</p> <ul style="list-style-type: none"> ● Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ The InterQual[®] criteria [in the policy] only apply to persons 18 years of age and older ○ Brow ptosis repair and repair of the eyelid are considered reconstructive and medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual[®] CP: Procedures: <ul style="list-style-type: none"> ▪ Blepharoplasty ▪ Ectropion Repair ▪ Entropion Repair ▪ Eyelid Lesion Excision, +/- Reconstruction ▪ Eyelid Reconstruction

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Ptosis Repair ○ Browpexy or internal browlift are not considered reconstructive and are not medically necessary as they do not correct a functional impairment ○ If multiple procedures are requested, criteria for each individual procedure must be met ○ Eyelid surgery for correction of lagophthalmos is considered reconstructive and medically necessary when the upper eyelid is not providing complete closure to the eye, resulting in dryness and other complications ○ Lid retraction surgery (CPT code 67911) is considered reconstructive and medically necessary when all of the following criteria are present: <ul style="list-style-type: none"> ▪ Other causes have been eliminated as the reason for the lid retraction such as use of dilating eye drops, glaucoma medications ▪ Clear high-quality, clinical photographs document the pathology ▪ There is Functional Impairment (such as ‘dry eyes’, pain/discomfort, tearing, blurred vision) ▪ Tried and failed conservative treatments ▪ In cases of thyroid eye disease two or more Hertel measurements at least 6 months apart with the same base measurements are unchanged ○ Canthoplasty/canthopexy (CPT codes 21280, 21282, and 67950) is considered reconstructive and medically necessary when all of the following criteria are present: <ul style="list-style-type: none"> ▪ Functional Impairment ▪ Clear high-quality, clinical photographs document the pathology ▪ Repair of ectropion or entropion will not correct condition ▪ At least one of the following is present: <ul style="list-style-type: none"> – Epiphora (excess tearing) not resolved by conservative measures – Corneal dryness unresponsive to lubricants – Corneal ulcer ● Removed content addressing coverage limitations and exclusions <p>Documentation Requirements</p> <ul style="list-style-type: none"> ● Updated list of <i>Required Clinical Information</i> to reflect/include: <ul style="list-style-type: none"> ○ History of condition requiring treatment ○ Visual complaints, including functional impairments that interfere with activities of daily living (ADL) and ruling out other causes ○ Eye exam including best corrected visual acuity in both eyes ○ Planned procedure ○ Treatments tried, failed, or contraindicated; include the dates and reason for discontinuation ○ Recent diagnostic testing including: <ul style="list-style-type: none"> ▪ Peripheral or Superior Visual Field Testing automated, reliable, un-taped, and taped, including percent improvement or number of degrees improvement ▪ Reason Visual Field testing is not feasible ○ Marginal Reflex Distance (MRD-1) ○ High-quality photograph(s); all photographs must be: <ul style="list-style-type: none"> ▪ Full face, eye level, frontal with the member looking straight ahead, light reflex visible and centered ▪ Labeled with the date taken and the applicable case number obtained at time of notification, or member’s name and ID number on the photograph(s) ▪ Note: Submission of color photos can be submitted via the external portal at uhcprovider.com/paan; faxes of color photos will not be accepted <p>Definitions</p> <ul style="list-style-type: none"> ● Added definition of “Visual Field Testing” ● Removed definition of: <ul style="list-style-type: none"> ○ Floppy Eyelid Syndrome (FES) ○ Giant Papillary Conjunctivitis ○ Marginal Reflex Distance-2 (MRD-2) ○ Reliable (Visual Fields)

Date	Summary of Changes
	<p>Applicable Codes</p> <p><i>Floppy Eyelid Syndrome</i></p> <ul style="list-style-type: none"> Removed CPT codes 67961 and 67966 <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>Clinical Evidence</i> and <i>FDA</i> sections Updated <i>References</i> section to reflect the most current information Archived previous policy version CDG.002.19

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.