UnitedHealthcare® Community Plan
Coverage Determination Guideline

Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (for Indiana Only)

Guideline Number: CS008IN.02
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Instructions for Use

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Related Policy

- Cosmetic and Reconstructive Procedures

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

Indications for Coverage

Upper and Lower Eyelid Blepharoplasty

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures, Blepharoplasty.

Click here to view the InterQual® criteria.

Brow and Eyelid Ptosis

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures, Ptosis Repair.

Click here to view the InterQual® criteria.

Ectropion Repair

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures, Ectropion Repair.

Click here to view the InterQual® criteria.

Entropion Repair

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures, Entropion Repair.

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Click here to view the InterQual® criteria.

Lagophthalmos

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.

Anophthalmic Socket

Eyelid surgery with an anophthalmic socket (has no eyeball) is considered reconstructive and medically necessary when both of the following criteria are present:

- The member has an anophthalmic condition; and
- The member is experiencing difficulties fitting or wearing an ocular prosthesis

Lid Retraction Surgery

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

Canthoplasty/canthopexy (CPT 21280, 21282, 67950, 67961, 67966) 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

Floppy Eyelid Syndrome

Repair of Floppy Eyelid Syndrome (FES) (67961 and 67966) is considered reconstructive and medically necessary when all of the following are present when documented and confirmed by history and examination:

- Subjective symptoms must include eyelids spontaneously "flipping over" when the member sleeps due to rubbing on the pillow, and one of the following:
  - Eye pain or discomfort; or
  - Excess tearing; or
  - Eye irritation, ocular redness and discharge
- Physical examination that documents the following:
  - Eyelash ptosis; and/or
  - Significant upper eyelid laxity; and
  - Presence of giant papillary conjunctivitis;
    or
  - Corneal findings such as:
    - Superficial punctate erosions (SPK); or
    - Corneal abrasion (*documentation of a history of corneal abrasion or recurrent erosion syndrome is considered sufficient); or
    - Microbial keratitis

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- Clear high-quality, clinical photographs* that clearly document Floppy Eyelid Syndrome and demonstrate both of the following:
  - Lids must be everted in the photographs; and
  - Conjunctival surface (underbelly) of the lids must clearly visible
- Documentation that a conservative treatment has been tried and failed. Examples may include:
  - Ocular lubricants both drops (daytime) and ointments (bedtime); or
  - Short trial of antihistamines; or
  - Topical steroid drops; or
  - Eye shield and/or taping the lids at bedtime
- Other causes of the eye findings have been ruled out. Examples may include:
  - Allergic conjunctivitis
  - Atopic keratoconjunctivitis
  - Blepharitis
  - Contact lens (CL) complication
  - Dermatochalasis
  - Ectropion
  - Giant Papillary Conjunctivitis (GPC) that is not related to FES
  - Ptosis of the lid(s)
  - Superior limbic keratoconjunctivitis (SLK)

When the Member Is Not Capable of Reliable Visual Field Testing

Reliable Visual Field testing is not required when the member is not capable of performing a Visual Field test. The following are some examples:

- If the member is a child 12 years old or under
- If the member has intellectual disabilities (previously known as mental retardation) or some other severe neurologic disease

**Submission of High-Quality Photograph(s)*

All photographs must be full face and labeled with the:

- Date taken
- Applicable case number obtained at time of notification, or the member's name and ID number on the photograph(s)

Note: Submission of color photograph(s) can be submitted via the external portal at www.uhcprovider.com/paan; faxes of color photos will not be accepted.

Coverage Limitations and Exclusions

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.
- Procedures that do not meet the reconstructive criteria above in the Indications for Coverage section.
- Browpexy/internal brow lift is not designed to improve function.

Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

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.

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Floppy Eyelid Syndrome (FES): Is characterized by significant upper eyelid laxity and chronic papillary conjunctivitis in upper palpebral conjunctiva that is poorly respondent to topical lubrication and steroids. FES is known to be associated with obesity, obstructive sleep apnea, Down syndrome, and keratoconus. Keratoconus can be linked to frequent rubbing and mechanical effect on the palpebral conjunctiva and cornea.

Functional or Physical or Physiological Impairment: A 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.

Giant Papillary Conjunctivitis: Is defined by exam findings of giant papillary hypertrophy primarily affecting the upper tarsal conjunctiva.

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.)

Marginal Reflex Distance -2 (MRD-2): Measures the number of millimeters from the corneal light reflex or center of the pupil to the lower lid margin. (Note: The "-2" in MRD-2 refers to the lower lid and not the measurement in millimeters.)

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.

Reliable (Visual Fields): The reliability of the visual fields is indicated in the visual field report with the number of fixation losses, false negative and false positives. A reliable visual field has less than 30% or fewer of fixation losses, false negative and false positives.

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 federal, state, or contractual requirements 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.

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)

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CPT Code	Description
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)
Entropion	
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
Floppy Eyelid Syndrome	
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

References

Chambe J, Laib S, Hubbard J, et al. Floppy eyelid syndrome is associated with obstructive sleep apnoea: a prospective study on 127 patients. J Sleep Res. 2012 Jun;21(3):308-15.

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Periman LM, Sires BS. Floppy eyelid syndrome: a modified surgical technique. Ophthal Plast Reconstr Surg. 2002 Sep;18(5):370-2.

Valenzuela AA, Sullivan TJ. Medial upper eyelid shortening to correct medial eyelid laxity in floppy eyelid syndrome: a new surgical approach. Ophthal Plast Reconstr Surg. 2005 Jul; 21(4):259-63.

Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	**Coverage Rationale** • Replaced references to "InterQual® 2020" with "InterQual® 2021" **Supporting Information** • Archived previous policy version CS008IN.01

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines 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.

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