

Brow Ptosis and Eyelid Repair (for Tennessee Only)

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[Instructions for Use](#)

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Related Policy

- [Cosmetic and Reconstructive Procedures \(for Tennessee Only\)](#)

Application

This Medical Policy applies to Medicaid and CoverKids in the state of Tennessee.

Coverage Rationale

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.

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

Note: 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 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

Definitions

Check the definitions within the federal, state, or contractual guidelines 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.

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.

Visual Fields 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 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.

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

CPT Code	Description
Canthus Repair and Lid Repair	
67950	Canthoplasty (reconstruction of canthus)

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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: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed February 3, 2021)

References

American Academy of Ophthalmology, Lateral and Medial Canthoplasty, Oculofacial Plastic Surgery Education Center.

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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.

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Policy History/Revision Information

Date	Summary of Changes
01/01/2023	<p>Title Change</p> <ul style="list-style-type: none"> • Previously titled <i>Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair (for Tennessee Only)</i> <p>Template Update</p> <ul style="list-style-type: none"> • Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Application</p> <ul style="list-style-type: none"> • Added language to indicate this Medical Policy applies to CoverKids <p>Coverage Rationale</p> <ul style="list-style-type: none"> • Revised language to indicate: <ul style="list-style-type: none"> ○ The InterQual® criteria [listed in the policy] 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: <ul style="list-style-type: none"> ▪ Blepharoplasty ▪ Ectropion Repair ▪ Entropion Repair ▪ Eyelid Lesion Excision, +/- Reconstruction ▪ Eyelid Reconstruction ▪ 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

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ 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 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; 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 is considered reconstructive and medically necessary when all of the following criteria are present: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> – Epiphora (excess tearing) not resolved by conservative measures; or – Corneal dryness unresponsive to lubricants; or – Corneal ulcer ● Removed content addressing coverage limitations and exclusions <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) <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 CS008TN.S

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy is provided for informational purposes. It does not constitute medical advice.

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