

## UTILIZATION REVIEW CRITERIA

### Eyelid Surgery iCare Criteria #679.00

#### Upper eyelid and brow surgical procedures: Blepharoplasty, Blepharoptosis, and Repair of Brow Ptosis –

**CPT CODES: 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911**

#### Covered Indications:

Upper eyelid and brow surgical procedures may be considered medically necessary when the goal of the surgery is to restore function and normalcy to a structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia, or developmental errors.

Upper eyelid and brow surgical procedures will be considered covered when performed as functional/reconstructive surgery to correct:

- Visual impairment with near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis, or brow ptosis
- Visual impairment secondary to redundant skin weighting down on upper lashes
- Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin which has not been successfully treated by normal first-line measures such as education regarding hygiene, antibiotics, etc.
- Prosthesis difficulties in an anophthalmia socket
- Interference with vision or the visual field, difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin as commonly seen with ptosis, pseudoptosis or dermatochalasis
- Any anatomic or physiological ocular problem identified, and any previous treatment.

#### Documentation Requirements:

Prior authorization is required for all patients. Medical review must determine whether blepharoplasty, repair of brow ptosis, and blepharoptosis procedures meet accepted Standard of Care guidelines.

- a) Documentation of the patient's ocular history: the ocular history is the physician's evaluation of the patient's ophthalmological status, this normally includes: any complaint(s) the patient has about their ability to see or function with their current level of vision including the origin, extent, and progression of the complaint.
- b) Visual Field Test interpretation:
  - The visual field must be recorded using either a Goldman Perimeter (III 4-E test object) or a programmable automated perimeter such as a Humphrey machine, (equivalent to a screening field with a single intensity strategy using a 10db stimulus) to test a superior (vertical) extent of 50-60 degrees above fixation with targets presented at a minimum of 4- degree vertical separation starting at 24 degrees above fixation while using no wider than a 10-degree horizontal separation.

- Each eye must be tested with the upper eyelid at rest and repeated with the lid elevated by taping to demonstrate an expected “surgical” improvement meeting or exceeding the criteria.
  - If a brow procedure is requested, the visual field must reflect testing pre and post elevation by taping of the brow to demonstrate correction of the visual field impairment.
  - The visual field must record a minimum 12 degree or 30 percent loss of upper field of vision with upper lid skin and/or upper lid margin in repose and elevated, by taping the lid or brow, to demonstrate potential correction.
- c) Photographs: (frontal and oblique for blepharoplasty or any combinations of ptosis repair and/or blepharoplasty and brow ptosis, frontal only for ptosis repair, and frontal only for brow ptosis.)
- The frontal photographs must be prints, not slides, and be canthus to canthus with the head perpendicular to the plane of the camera (i.e., not tilted)
  - The photos must be of sufficient clarity to show a light reflex on the cornea and demonstrate that the upper eyelid margin approaches to within 2.0 mm of the corneal light reflex
  - If redundant skin coexists with true lid ptosis, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin (i.e., needed for 67901-67908)
  - Frontal and oblique photos are only needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery
  - Photographs of the brow ptosis before and after taping or other means of showing functional effect of surgery

### Limitations:

Blepharoplasty performed for the sole purpose of improving appearances is not covered.

### Additional Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, dates of service[s]).
- The documentation must include the legible signature of the physician responsible for and providing the care to the patient.
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- Office notes supplying documentation of complaints or symptomatology for visual disturbances and the effect on activities of daily living.
- Diagnostic test results.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient's legal guardian.

- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient’s legal guardian.
- Pre-operative notes must be signed by the provider that will be performing the procedure.

**Sources:**

*Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.*

- First Coast Service Options, Inc. Local Coverage Determination (LCD): Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (L34028). Jacksonville, FL: First Coast; effective March 21, 2021.
- First Coast Service Options, Inc. Local Coverage Determination Reference Article: Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57025). Jacksonville, FL: First Coast; effective June 25, 2023

<b>REVIEW AND REVISION HISTORY</b>		
<b>Date</b>	<b>Description</b>	<b>Approver &amp; Title</b>
January 12, 2026	Approval by PAC	Approval by PAC
February 21, 2025	Revised criteria, Approved by PAC approved Via email.	Approved by PAC
February 2025	Administrative revisions	Dr. Smith Blanc, Director of UM
January 13, 2025	Approved by PAC	Approved by PAC
January 15, 2024	Approval by PAC	Approved by PAC
November 2023	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
July 17, 2023	Approval by PAC (clinical documentation changes made)	Approved by PAC
January 23, 2023	Approval by PAC	Approved by PAC
January 17, 2022	Approval by PAC	Approved by PAC
January 18, 2021	Approval by PAC	Approved by PAC
January 27, 2020	Approval by PAC	Approved by PAC
October 12, 2020	Approval by PAC	Approved by PAC
April 13, 2020	Approval by PAC	Approved by PAC
January 28, 2019	Approval by PAC	Approved by PAC
January 29, 2018	Approval by PAC	Approved by PAC
January 9, 2017	Approval by PAC	Approved by PAC