



## Corporate Medical Policy

# Reconstructive Eyelid Surgery and Brow Lift

**File Name:** reconstructive\_eyelid\_surgery\_and\_brow\_lift  
**Policy Number:** SUR6080  
**Origination:** 1/2000  
**Last Review:** 4/2009  
**Next Review:** 4/2011

### Description of Procedure or Service

---

The goal of functional or reconstructive eyelid surgery is to improve abnormal function, reconstruct deformities, repair defects due to trauma or tumor-[ablative](#) surgery and in general to restore normalcy to the eyelid. Eyelid surgery may be performed for either functional/reconstructive or [cosmetic](#) purposes.

Brow ptosis refers to the sagging tissue of the eyebrows and/or forehead. In extreme cases brow ptosis can obstruct the field of vision causing a functional impairment. Brow ptosis is caused by aging changes in the forehead muscle and skin, which leads to weakening of these tissues and sagging of the eyebrows. Brow lift is a surgical procedure that raises the eyebrows.

This document includes the following two sections specific to:

Section I - Blepharoplasty

Section II - Brow Lift

### Policy

---

**BCBSNC will provide coverage for Reconstructive Eyelid Surgery specifically Blepharoplasty and/or Brow Lift Surgery when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

## Section I - Blepharoplasty

---

**Blepharoplasty** is a surgical eyelid procedure that may be performed for either functional, reconstructive or [cosmetic](#) purposes. Under this broad description, blepharoplasty includes procedures to repair ptosis, eyelid retraction, entropion, ectropion, trichiasis, or defects following excision of tumors. The most common functional indication for blepharoplasty is a superior visual field defect secondary to redundant upper eyelid tissue (dermatochalasis) that overhangs the eyelid margin and in common usage, the term "blepharoplasty" usually refers to the operation performed for dermatochalasis. **However, for the purposes of this policy, the term blepharoplasty is used to indicate the broader description to include functional, reconstructive or cosmetic procedures.**

Visual field testing is a measurement of all of the area a person can see while they are facing forward with their eyes fixed on an object in front of them. It includes the area straight ahead as well as the [peripheral](#) vision. Visual field impairment may result in the need for functional blepharoplasty. Generally, lower eyelid blepharoplasty is performed for [cosmetic](#) purposes; however, there are functional indications for the pro-

## Policy: Reconstructive Eyelid Surgery and Brow Lift

cedure.

### When Blepharoplasty is covered

---

The following procedures may be considered medically necessary when the criteria described below are met:

- A. Blepharoplasty procedures of the **upper eyelid** may be considered medically necessary for **any** of the following indications:
1. Clinically significant impairment of upper/outer visual fields (<30 degrees from fixation) by excessive upper eyelid skin (dermatochalasis). Visual fields must be extended by at least 15 degrees by raising the redundant upper eyelid tissue, as documented by either a Goldmann Perimeter or a programmable automated testing method. Photographs must be submitted and should be consistent with the degree of visual field impairment described in the medical records and demonstrated by the formal visual field testing.
  2. The upper eyelid position contributes to difficulty tolerating a prosthesis in an **anophthalmic** socket.
  3. To correct defects causing corneal or conjunctival irritation:
    - a. entropion - (eyelid turned inward)
    - b. pseudo**trichiasis** - (inward misdirection of eyelashes caused by entropion)
    - c. ectropion - (eyelid turned outward)
    - d. corneal exposure
  4. To treat periorbital **sequelae** of thyroid disease and nerve palsy
  5. To relieve painful symptoms related to **blepharospasm** or to relieve visual symptoms of debilitating **blepharospasm**.
  6. Ptosis (blepharoptosis) repair for laxity of the **muscles** of the upper eyelid causing functional impairment. Records must document that the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex (**marginal reflex distance** or MRD). Photographs must be submitted and should be consistent with the degree of visual field impairment described in the medical records and demonstrated by the MRD measurements.
  7. To repair defects caused by trauma or tumor-**ablative** surgery.
  8. To relieve chronic symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin which has not been successfully treated by normal first line measures such as education regarding hygiene, antibiotics, etc. Documentation must include a description of onset, prior treatment, extent, presence and description of discharge, color, etc.
- B. Blepharoplasty of the **lower eyelid** is generally considered **cosmetic**; however, **lower eyelid** blepharoplasty may be considered medically necessary for the following indications:
1. Facial nerve damage with inability to close eye due to lower lid dysfunction;
  2. Corneal and/or conjunctival injury or disease due to ectropion, entropion or **trichiasis**;
  3. Following tumor **ablative** surgery;
  4. **Epiphora** due to ectropion and/or punctal eversion.
- C. Documentation must include information relevant to the surgery proposed or performed; such as:
1. Office records that indicate signs and symptoms of vision disturbance secondary to redundant or drooping upper eyelid tissue, including evaluation for Horner's syndrome. Patient complaints may include

## Policy: Reconstructive Eyelid Surgery and Brow Lift

- interference with vision or visual field, difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin, etc. For entropion, pseudo~~trichiasis~~, ectropion, and corneal exposure specific symptoms, duration and severity must be noted. (Required for all cases).
2. Degree and description of visual impairment and [marginal reflex distance](#). (Required for upper eyelid ptosis surgery.)
  3. Results from either a Goldmann Perimeter or a programmable automated perimeter visual field testing method. (Required for dermatochalasis surgery.)
  4. Photodocumentation (prints not slides) as indicated below:
    - Frontal photographs, canthus to canthus with the head perpendicular to the plane of the camera (not tilted) to demonstrate a skin rash or position of the true lid margin or the pseudo-lid margin.
    - Close up lateral photographs with eyes open, upgaze and eyes closed.
    - 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.
    - Frontal and oblique photos are needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery.

### When Blepharoplasty is not covered

---

1. BCBSNC **will not cover** blepharoplasty **when performed primarily to improve appearance**. When the medical necessity criteria above are not met, it is considered [cosmetic](#) and excluded from coverage.
2. Lower lid blepharoplasty is generally considered [cosmetic](#), except as noted above.

### Benefits Application

---

Please refer to certificate for eligibility of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. Refer to "What is Not Covered" section regarding cosmetic services.

All blepharoplasty procedures may require Prior Review.

### Policy Guidelines

---

**All blepharoplasty procedures are subject to medical review.**

## Section II - Brow Lift

---

**Brow Lift** or "forehead lift" involves raising the eyebrow, forehead, and [orbital region](#) of the face. It often accompanies other [plastic surgical](#) procedures of the face, including [cosmetic](#) procedures of the eyelids, lower face and neck. It is generally performed to correct signs of aging (facial rejuvenation). Brow ptosis refers to sagging tissue of the eyebrows and/or forehead. In extreme, but rare cases, brow ptosis can obstruct the field of vision causing a functional impairment.

## Policy: Reconstructive Eyelid Surgery and Brow Lift

### When Brow Lift is covered

---

Brow lift is generally considered [cosmetic](#).

For **severe brow ptosis**, **ALL** of the following criteria must be met:

- Office records that indicate signs and symptoms of vision disturbance secondary to redundant or drooping brow. Patient complaints may include interference with vision or visual field, difficulty reading or performing activities of daily living due to upper brow drooping, interfering with vision.
- Clinically significant impairment of upper/outer visual fields (<30 degrees from fixation) by drooping brow. Visual fields must be extended by at least 15 degrees by raising the redundant brow tissue, as documented by either a Goldmann Perimeter or a programmable automated testing method; **and**
- It must be clearly documented that visual field impairment cannot be corrected by upper lid blepharoplasty alone as shown by standardized methods of visual field testing; **and**
- Photographs should show the eyebrow below the supraorbital rim. Photographs before and after taping should show the functional effect of the proposed surgery. Lateral photographs must document the degree of hooding and relationship of brow to supraorbital rim.

### When Brow Lift is not covered

---

BCBSNC **will not cover** brow lift surgery **when performed primarily to improve appearance**. In the absence of documentation of medical necessity, it is considered [cosmetic](#) and excluded from coverage.

### Benefits Application

---

Please refer to certificate for eligibility of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. Refer to "What is Not Covered" section regarding cosmetic services.

All brow lift procedures may require Prior Review.

### Policy Guidelines

---

**All brow lift procedures are subject to medical review.**

### Billing/Coding/Physician Documentation Information for Reconstructive Eyelid Surgery and Brow Lift

---

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67916, 67917, 67921, 67923, 67924*

## **Policy: Reconstructive Eyelid Surgery and Brow Lift**

Coverage eligibility requires documentation that the purpose of the surgery is to restore vision.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### **Medical Term Definitions**

---

#### **Ablative**

relating to or involving surgical ablation (surgical removal).

#### **Anophthalmic**

congenital absence of the eyes.

#### **Blepharospasm**

condition characterized by uncontrollable, forcible closure of the eyelids caused by a progressive dysfunction of the nerve that controls muscles around the eye. Less serious form may cause eyelid twitches or tics.

#### **Cosmetic**

a procedure that is primarily intended to improve appearance, not restore bodily function.

#### **Epiphora**

overflow of tears down the cheek caused by defective tear drainage system or by excessive flow of tears.

#### **Marginal reflex distance**

the distance between the center of the pupillary light reflex and the upper eyelid margin with the eye in primary gaze. A measurement of greater than 2.5 mm is considered normal.

#### **Orbital region**

the bony cavity containing the eyeball and its associated muscles, vessels and nerves.

#### **Peripheral**

located near the periphery, not centralized.

#### **Plastic surgery**

Surgery concerned with the restoration, reconstruction, correction, or improvement in the shape and appearance of body structures.

#### **Sequela**

any lesion or affection following or caused by an attack of disease.

#### **Trichiasis**

a condition of ingrowing hairs about an orifice, or of ingrowing eyelashes.

## Policy: Reconstructive Eyelid Surgery and Brow Lift

### Scientific Background and Reference Sources

---

Physician Advisory Group - 1/90

Consultant Review

Medical Policy Advisory Group 3/99

Medical Policy Advisory Group 10/99

Medical Policy Advisory Group Approved policy - 4/20/2000

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 4/2001

Specialty Matched Consultant Advisory Panel - 9/2002

Federici, TJ, Meyer DR, Liniger LL. Correlation of the vision-related functional impairment associated with blepharoptosis and the impact of blepharoptosis surgery. *Ophthalmology*. (1999, September). 106(9);1705-1712.

Specialty Matched Consultant Advisory Panel - 3/2003

Specialty Matched Consultant Advisory Panel - 1/2005

American Academy of Ophthalmology (AAO). Functional indications for upper and lower eyelid blepharoplasty. *Ophthalmology*. 1995 Apr;102(4):693-5

Meyer DR (October 2002). Functional indications for eyelid surgery. *Review of Ophthalmology*, 9(10)Issue: 10/15/02. Retrieved on December 30, 2005 from [http://www.revophth.com/index.asp?page=1\\_211.htm](http://www.revophth.com/index.asp?page=1_211.htm)

Specialty Matched Consultant Advisory Panel - 1/2007

Specialty Matched Consultant review - 9/28/07

Specialty Matched Consultant review - 4/6/09.

### Policy Implementation/Update Information

---

1/93 Revised: Coding revisions

2/96 Revised: Added ptosis responsible for loss of visual field

2/97 Reaffirmed

3/99 Review by MPAG. Reaffirmed.

5/99 Reformatted. Added neurological disease as possible contraindication and stated a requirement for physician documentation when ptosis occurs in one eye only; changed "Description of Procedure or Service", added Medical term definitions

3/00 Consultant review. Revised medical criteria for Blepharoplasty. Removed section referring to temporal upper and outer field measurements. Removed documentation reference to ptosis.

4/00 Added Medical Policy Advisory Group to the Scientific Background and Reference Sources section of the policy.

10/00 Specialty Matched Consultant Advisory Panel review. Changed criteria for "When Blepharoplasty is covered" to include additional criteria--repair of trauma or tumor-ablative surgery and corneal protection related to facial nerve palsy. Changed first statement in "When Blepharoplasty is not

## Policy: Reconstructive Eyelid Surgery and Brow Lift

- covered" for clarity. System coding changes. Medical Policy Advisory Group review. No further changes to criteria. Approve.
- 4/01 Specialty Matched Consultant Advisory Panel review. Added indication to when blepharoplasty is covered to indicate that the impairment of the upper/outer visual fields must be < 30 degrees from fixation. A paragraph was added to the Description section of the policy that defines visual field testing. Visual field was removed from the Medical Term Definitions section of the policy.
- 4/02 Format changes.
- 10/02 Specialty Matched Consultant Advisory Panel review. Added and/or to policy statement. Added marginal reflex distance as needed documentation under Billing and Coding section of policy. When Brow Lift is not covered clarified.
- 1/03 "When Blepharoplasty is Covered" criteria expanded to require marginal reflex distance. Added definition for marginal reflex distance. Source added.
- 1/04 Specialty Matched Consultant Advisory Panel review 3/2003. Policy name changed from "Blepharoplasty and Brow Lift" to "Reconstructive Eyelid Surgery and Brow Lift". Policy reformatted to include section I re: Blepharoplasty and section II re: Brow Lift. Benefits Application and Billing/Coding sections revised. Required Physician documentation revised. CPT code 15824 added to Billing/Coding section.
- 1/20/05 Specialty Matched Consultant Advisory Panel review 1/5/05. No changes to policy.
- 5/19/05 Added codes 67914 and 67921 to Billing/Coding/Physician Documentation Information for Reconstructive Eyelid Surgery and Brow Lift.
- 10/2/06 Removed CPT code 15824 from Billing/Coding section. Code is not applicable to this policy.
- 12/11/06 Under **Section I-Blepharoplasty; When Covered**, A.6.clarified MRD reading "Records must document that the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex." Added A.8. "To relieve chronic symptomatic dermatitis of pretarsal skin caused by redundant upper eyelid skin which has not been successfully treated by normal first line measures such as education regarding hygiene, antibiotics, etc. Documentation must include a description of onset, prior treatment, extent, presence and description of discharge, color, etc." Physician Documentation Information moved to **Sections I and II When Covered** sections as appropriate. Medical terms definitions added. (pmo)
- 11/5/07 Under **Section I-Blepharoplasty** introduction, clarified use of "blepharoplasty" in this policy. Under **Section II-Brow Lift; When Covered**, added bullet to clarify symptoms of visual disturbance that should be present secondary to redundant or drooping brow. Under Medical Term Definitions, clearer definition of MRD added. Reference sources added. (pmo)
- 4/27/09 Under When Covered section, A.5. changed to read "To relieve painful symptoms *related to* ~~of~~ blepharospasm, *or to relieve visual symptoms of debilitating blepharospasm.*" Reference source added. (pmo)

---

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.