

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	500 SURGICAL PROCEDURES	POLICY NO	500.02
POLICY TITLE	BLEPHAROPLASTY AND PTOSIS REPAIR				
POLICY DATE	01/01/2020	REVISION DATE	02/09/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - Policy content and application may have state specific variance and considerations - Health Plan specific 'Indications and Limitations of Coverage' may apply as specified - Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified 				
EXCLUSIONS	- There are no exclusions to this policy.				

I. POLICY STATEMENT

Coverage of Blepharoplasty and Ptosis Repair will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO)¹. The AAO incorporates evidence based best practice and FDA approval and/or recommendations. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 Blepharoplasty and Ptosis Repair are surgical interventions performed on the eyelids, brows, muscles, and surrounding skin to correct functional/physical abnormalities or impairments.
- 2.0 Blepharoplasty and Ptosis Repair are considered reasonable and necessary when the enrollee:
 - 2.1 Has an appropriate medical diagnosis
 - 2.2 Presents with a functional/physical impairment and the complaint is directly related to an abnormality of the eyelid(s), position of the eyelid(s), or brow ptosis
 - 2.3 When abnormality compromises functionality and patient field of vision
- 3.0 Generally, Blepharoplasty and Ptosis Repair are expected to be performed no more than once in an enrollee's lifetime, however additional requests will be reviewed and/or reimbursed if medically necessary.

III. ESTABLISHING MEDICAL NECESSITY

- 1.0 To establish medical necessity, relevant diagnoses referenced below in Table 1, page 2 and all criterion points referenced below and in Table 2, pages 2 and 3 must be clearly & legibly documented in the medical record and made available to Avēsis upon request.
 - 1.1 Areas where 'white out' is used are not accepted.
 - 1.2 Areas with 'black out' or 'scribble' will not be accepted.
 - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 Submitted documentation must include evidence of Informed Consent stating all pertinent risks:
 - 2.1 Date
 - 2.2 Consent to perform
 - 2.3 Consent to waive

¹ American Academy of Ophthalmology <https://www.aao.org>

- 2.4 Enrollee or Representative Signature
- 2.5 Surgeon/Physician Signature
- 2.6 Witness Signature
- 3.0 Services will be denied for prior authorization requests when:
 - 3.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined in Table 2, pages 2 and 3.
 - 3.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 3.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
- 4.0 Provider and enrollee will receive written notification of adverse determination which outlines right for appeal and instructions on request procedure and applicable timeframes.

V. ICD-10/CPT CODES SUPPORTING MEDICAL NECESSITY

TABLE 1: ICD-10 CODES SUPPORTING MEDICAL NECESSITY

For any code not listed below, please supply proper documentation with your Prior Authorization request, and Avēsis will consider and make a determination based on medical necessity.

ICD-10 CODE	DESCRIPTION
H02.31	Blepharochalasis, right upper eyelid
H02.34	Blepharochalasis, left upper eyelid
H02.401 – H02.439	Unspecified ptosis of eyelid – Paralytic ptosis of eyelid
H02.531	Eyelid retraction, right upper eyelid
H02.534	Eyelid retraction, left upper eyelid
H02.831	Dermatochalasis, right upper eyelid
H02.834	Dermatochalasis, left upper eyelid
H57.811	Brow Ptosis, right eye
H57.812	Brow Ptosis, left eye
H57.813	Brow Ptosis, bilateral
L90.5	Scar conditions and fibrosis of skin
Q10.0	Congenital ptosis

Table 2: CPT CODE AND APPLICABLE MEDICAL CRITERION

This table outlines all codes applicable to this policy; however, codes may or may not be applicable to each participating state due to variance in state requirements.

Codes listed below are applicable to all states; however, state specific variance in requirements are denoted with an asterisk. Providers must confirm codes covered for state as outlined below.*

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CPT	DESCRIPTION	CODE SPECIFIC MEDICAL CRITERION
15822	Blepharoplasty, upper eyelid	1. A pre-operative photograph operative photograph taken of full face, straight on, with pupil reflex) to document the lid is 2mm above the pupil midline (MRD – 1 is 2mm or less), and 2. Automated visual field testing, with lids taped and untaped, showing improvement of at least 30% in the superior visual field points seen, and 3. Excess skin (dermatochalasis/blepharochalasis) touches the lashes
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
67900*	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	1. Other possible causes of ptosis are ruled out such as recent Botox injections; and 2. Two pre-operative photographs must be present: <ul style="list-style-type: none"> a. 1st photo – must show eyebrow below the bony superior orbital rim; and b. 2nd photo – must show a taped brow that eliminates the visual field defect; and 3. Automated visual field testing, with lids taped and untaped, showing improvement of at least 30% in the superior visual field points seen
		DELAWARE SPECIFIC REQUIREMENTS: 1. Other possible causes of ptosis are ruled out such as recent Botox injections; and 2. Pre-operative photographs must be present: <ul style="list-style-type: none"> a. Good quality frontal photos with gaze in primary position, looking straight ahead; and b. Must demonstrate a distance of $\leq 2\text{mm}$ from the central corneal reflex to the upper eyelid margin or skin that overhangs the eyelid margin. 3. Automated visual field testing, with lids taped and untaped, showing improvement of at least 30% in the superior visual field points seen
67901	Repair of blepharoptosis, frontalis muscle	Other possible causes of ptosis are ruled out such as recent Botox injections; and A pre-operative photo (full face straight on with pupil reflex) to document the lid is 2mm above the pupil midline (MRD-1 is 2mm or less), and Automated visual field testing, with lids taped and untaped, showing improvement of at least 30% in the superior visual field points seen
67902	Repair of blepharoptosis, frontalis w/ sling	
67903	Repair of blepharoptosis, levator resection, internal approach	
67904	Repair of blepharoptosis, levator resection, external approach	
67906	Blepharoptosis, superior rectus w/ fascial sling	
67908	Blepharoptosis, Fasanella-Sevat type	
67909	Reduction of over correction of ptosis	