

MEDICAL POLICY – 7.01.508


Blepharoplasty, Blepharoptosis and Brow Ptosis Surgery

Effective Date: March 1, 2019
 Last Revised: Feb. 5, 2019
 Replaces: N/A

RELATED MEDICAL POLICIES:
 10.01.514 Cosmetic and Reconstructive Services

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Introduction

There are usually two distinct reasons for eyelid surgery. The first is to change how a person looks. Surgery that only changes how a person looks is cosmetic surgery; the plan does not cover cosmetic surgery. The second reason for eyelid surgery is to fix a problem that causes medical issues or interferes with the ability to see. This policy discusses when eyelid surgery is covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Procedure	Medical Necessity
Upper eyelid blepharoplasty (15822, 15823)	<p>Upper eyelid blepharoplasty is considered medically necessary to relieve obstruction of central vision when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> Documented complaints of interference with vision or visual field-related activities causing significant functional visual

Procedure	Medical Necessity
	<p>impairment (difficulty reading or driving due to upper eyelid skin drooping or resting or pushing down on the eyelashes)</p> <p>AND</p> <ul style="list-style-type: none"> • There is excess skin overhanging the upper eyelid margin (edge of the eyelid) and resting on the eyelashes. This is confirmed by photographs from the front and side(s) with the camera at eye level and the individual looking straight ahead <p>AND</p> <ul style="list-style-type: none"> • Documentation of visual field testing with the eyelid skin untaped shows a superior or peripheral visual field of ≤ 20 degrees that is corrected to normal visual field limits when the excess upper eyelid skin is taped
<p>Blepharoptosis repair (67901-67908)</p>	<p>Blepharoptosis repair is considered medically necessary to relieve obstruction of central vision when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Documented complaints of interference with vision or visual field-related activities causing significant functional visual impairment (difficulty reading or driving due to eyelid position) <p>AND</p> <ul style="list-style-type: none"> • Photographs taken with the camera at eye level and the individual looking straight ahead document the eyelid at or below the upper edge of the pupil <p>AND</p> <ul style="list-style-type: none"> • Documentation of visual field testing with the upper eyelid margin untaped shows a superior or peripheral visual field of ≤ 20 degrees that is corrected to normal visual field limits when the upper eyelid margin is taped <p>AND</p> <ul style="list-style-type: none"> • The margin reflex distance (MRD) between the pupillary light reflex at normal gaze and the upper eyelid skin edge is ≤ 2.0 mm
<p>Brow lift (67900)</p>	<p>Brow lift (repair of brow ptosis due to laxity of the forehead muscles) is considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Brow ptosis is causing a functional visual impairment of upper/outer visual fields with documented complaints of interference with vision or visual field related activities such as



Procedure	Medical Necessity
	<p>difficulty reading due to upper brow drooping, looking through eyelashes, or seeing the upper eyelid skin</p> <p>AND</p> <ul style="list-style-type: none"> • Photographs show the eyebrow below the supraorbital rim <p>AND</p> <ul style="list-style-type: none"> • Documentation of visual field testing with the brow untaped shows a superior or peripheral visual field of ≤ 20 degrees that is corrected to normal visual field limits when the eyebrow is taped
Children (9 years of age or younger)	<p>Blepharoptosis repair is considered medically necessary when BOTH of the following criteria are met:</p> <ul style="list-style-type: none"> • Individual is ≤ 9 years of age <p>AND</p> <ul style="list-style-type: none"> • Intervention is intended to relieve obstruction of central vision which is severe enough to produce occlusion amblyopia as documented by the treating physician
Blepharoplasty, blepharoptosis repair or brow lift	<p>Blepharoplasty, blepharoptosis repair or brow lift is considered not medically necessary when performed to improve a patient's appearance in the absence of any significant signs or symptoms of a functional visual impairment (see Related Policies).</p>
Lower eyelid blepharoplasty (CPT 15820, 15821)	<p>Lower eyelid blepharoplasty to remove excess skin, fatty tissue, or both, is considered not medically necessary in the absence of the medical condition of ectropion, entropion, or other functional visual impairment. Excess tissue under the eye rarely obstructs vision.</p>
Bilateral surgery	<p>When bilateral surgery is requested or performed and only one eye meets the medical necessity criteria noted above, surgery on the unaffected eye is considered not medically necessary in the absence of signs or symptoms of a functional visual impairment.</p>

Documentation Requirements

The patient's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the relevant history and physical



Documentation Requirements

AND

- Results of the visual field exam (when applicable)

AND

- Clear color photographs from the front and side(s) with the camera at eye level and the individual looking straight ahead (digital or film)

Additional documentation requirements for various conditions are detailed in the table below.

CPT codes	Procedure Name	Indication	Additional documentation required
15820 15821	Lower eyelid blepharoplasty (See Coding section for individual code descriptions)	Lower eyelid ectropion, entropion, or trichiasis	Blepharoplasty of the lower eyelid is generally considered not medically necessary unless there is the presence of corneal and/or conjunctival injury or disease due to ectropion, entropion, Documentation should include the corneal exposure specific symptoms, duration, and severity
15822 15823	Blepharoplasty (See Coding section for individual code descriptions)	Excess skin (dermatochalasis, blepharochalasis)	Photographs from the front and side(s) with the camera at eye level and the individual looking straight ahead document excess skin overhanging the upper eyelid margin and resting on the eyelashes that are consistent with the visual field loss on visual field test results
67901 67902 67903 67904 67906 67908 67909	Blepharoptosis (repair for laxity of the muscles of the upper eyelid) (See Coding section for individual code description)	Eyelid droop (Upper eyelid ptosis, blepharoptosis)	Photographs taken with the camera at eye level and the individual looking straight ahead document the eyelid at or below the upper edge of the pupil in addition to the MRD and the automated visual field test results
67900	Brow lift (repair of brow ptosis)	Laxity of the forehead muscles (brow ptosis)	Photographs show the eyebrow below the supraorbital rim in addition to the visual field test results

Coding



Code	Description
CPT	
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	(Tarso)levator resection or advancement, internal approach
67904	(Tarso)levator resection or advancement, external approach
67906	Superior rectus technique with fascial sling (includes obtaining fascia)
67908	Conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Consideration of Age

The age described for when blepharoptosis repair may be considered medically necessary in children is 9 years old or younger. The surgery is done to prevent amblyopia. Based on feedback from pediatric specialist, amblyopia generally does not occur after age 9.

Definition of Terms

When specific definitions are not present in a member's plan, the following definition of terms will be applied.



Brow ptosis: A condition where the eyebrow or forehead above the eye severely droops or sags down on to the eyelid. Patients may have complaints of interference with vision or visual field, difficulty reading due to upper eyebrow drooping, upper eyelid sag, looking through the eyelashes or seeing the upper eyelid skin.

Blepharochalasis: Excess skin due to recurrent eyelid swelling (edema) that physically stretches the skin.

Blepharoptosis or ptosis: Abnormal relaxation of the muscles of the upper eyelid that causes eyelid skin to droop or sag and block the upper part of the visual field when the eye is looking straight ahead. It can affect one eye or both eyes and is more common in the elderly, as aging muscles in the eyelids may lose elasticity. However one can be born with (congenital) ptosis.

Cosmetic: Services that are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

Dermatochalasis: The presence of extra skin folds in the upper or lower eyelids due to the loss of elasticity and support causing lax eyelid skin. It can be a congenital or acquired medical condition; it is usually the result of the aging process. Blepharoplasty is the usual treatment to remove the eyelid skin and excess soft tissue.

Ectropion, lower eyelid: A medical condition where the lower eyelid margin has an abnormal eversion (outward turning) away from the globe. Without normal lid globe apposition, corneal exposure, tearing, keratinization of the palpebral conjunctiva and visual loss may result. Ectropion usually involves the lower lid and often has a component of horizontal lid laxity. There are several classifications of ectropion. Atonic ectropion follows paralysis of the orbicularis oculi muscle. Cicatricial ectropion of the eyelids occurs after burns, lacerations, or skin infection. Spastic entropion of the lower eyelid occurs as a result of ocular irritation.

Entropion, upper eyelid: A medical condition where the upper eyelid has an abnormal inversion (inward turning) of the eyelid margin. The primary conditions that occur are ocular surface irritation, corneal abrasions and scars. There are several classifications of entropion:

- Atonic entropion is a loss of tone of the orbicularis oculi muscle or elasticity of the skin.
- Cicatricial entropion is scarring of the palpebral conjunctiva.
- Spastic entropion arises from excessive contracture of the orbicularis oculi muscle.

Margin reflex distance (MRD): The distance between the upper eyelid margin and the mid-point of the pupil, with the eye in a straight ahead gaze. Normal MRD is 4-5mm.



Physical functional impairment: A limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Reconstructive surgery: Surgeries performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

Benefit Application

Determinations of whether a proposed intervention would be considered reconstructive or cosmetic should always be interpreted in the context of the specific benefits language. State or federal mandates may also dictate coverage decisions.

Evidence Review

Description

Abnormalities of the eyelid that may indicate a need for surgery include excess eyelid skin, droopy eyelids, and eyelids that turn in or turn out. These problems can be unilateral or bilateral. These conditions can cause limited vision, discomfort, as well as affect appearance.

Blepharoplasty is a surgical procedure performed on the upper and/or lower eyelids to remove or repair excess tissue, whether skin, fat, or both, that blocks the field of vision causing a functional limitation. The surgery may also be performed to correct entropion or ectropion. It may also be performed for cosmetic purposes in the absence of visual field obstruction.

Background

Clinically significant impairment of upper and outer visual fields may be caused by redundant or drooping skin of the upper lid and/or brow. The delicate skin of the eyelids may sag due to aging or heredity. A blepharoplasty is done for both functional and aesthetic reasons to



surgically reduce or eliminate the sagging tissue of the eyelids. Functional reasons for surgery to restore impaired vision include ptosis, floppy eyelid syndrome, blepharochalasis, dermatochalasis, herniated orbital fat, and visual field obstruction.^{1,2} Surgery may also include muscle repair or tightening to elevate ptotic eyebrows. Aesthetic reasons for surgery include a desire for a more youthful, wide-eyed or less fatigued appearance. The surgery is usually done in an outpatient setting or ambulatory surgery center.

Blepharochalasis

Blepharochalasis is a rare degenerative disease unique to the skin of the eyelids. The disease is clinically characterized by primary bilateral swelling followed by progressive loss of subcutaneous tissue resulting in fine wrinkling and the skin of the upper lid hangs in thin folds. It is also termed ptosis atonia, ptosis adipose and dermatolysis palpebrum. Blepharoplasty is the treatment of choice.¹

Dermatochalasis

Upper eyelid dermatochalasis is the loss of elasticity and support in the skin. This condition presents as a fold of excess upper eyelid skin that can impair the job of the eye, including visual field obstruction. This can be either functional or cosmetic in nature. Aging can lead to a number of aesthetic changes in the lower eyelid including skin laxity or excess, orbital septum laxity, orbicularis laxity or hypertrophy, herniation of the orbital fat, canthal laxity, malar festoons, crow's feet, and periocular wrinkles². Excess tissue under the eye rarely obstructs vision.

Ptosis (Blepharoptosis) – Congenital or Acquired

Ptosis is a drooping of the upper eyelid. It can block normal vision. Ptosis can be present in children or adults. Childhood ptosis can cause amblyopia or "lazy eye." Amblyopia is poor vision in an eye that does not develop normal sight during early childhood. Ptosis can be either congenital or acquired. Congenital ptosis is often caused by poor development of the levator muscle that lifts the eyelid. Although it is usually an isolated problem, a child born with ptosis may also have eye-movement abnormalities, muscular diseases, eyelid tumors or other tumors, neurological disorders, or refractive errors. Congenital ptosis usually does not improve with time. Early surgery is usually indicated for a droopy eyelid that blocks vision (which may cause



delayed vision development) or causes a significant chin up head position (which may cause neck problems and/or delay of developmental skills).³

The most common cause of ptosis in adults is the separation or stretching of the levator muscle tendon from the eyelid. This process may occur as a result of aging, after cataract surgery or other eye surgery, or as a result of an injury. Adult ptosis may also occur as a complication of other diseases involving the levator muscle or its nerve supply, such as neurological and muscular diseases (such as in myasthenia gravis) and, in rare cases, tumors of the eye socket.⁴

In 2011, Cahill et al. published a report from the American Academy of Ophthalmology (AAO) on the functional indications for upper eyelid surgery. Literature searches of the PubMed and Cochrane Library databases were conducted on July 24, 2008, with no age or date restrictions, except to limit the search to articles published in English. The goal of the literature review was to evaluate the functional indications and outcomes for blepharoplasty and blepharoptosis repair by assessing functional preoperative impairment and surgical results. Blepharoplasty surgery and ptosis surgery are different procedures performed to correct defects in different upper eyelid lamellae. Blepharoplasty is usually done to remove redundant soft eyelid tissue while blepharoptosis is a droopy eyelid due to causes other than redundant soft tissue (eg, abnormal muscle relaxation.) The researchers retrieved 1147 citations; 87 studies were reviewed in full text, and 13 studies met inclusion criteria and were included in the evidence analysis. The 13 studies reported the functional effects or treatment results of simulated ptosis; several types of blepharoptosis repair, including conjunctiva-Müller's muscle resection, frontalis suspension, and external levator resection; and upper eyelid blepharoplasty. Preoperative indicators of improvement included margin reflex distance 1 (MRD₁) of 2 mm or less, superior visual field loss of at least 12 degrees or 24%, down-gaze ptosis impairing reading and other close-work activities, a chin-up backward head tilt due to visual axis obscuration, symptoms of discomfort or eye strain due to droopy lids, central visual interference due to upper eyelid position, and patient self-reported functional impairment. However, the studies are small and the authors note that these studies are only Level III evidence. Additionally, the studies included in the review are primarily about the impact of surgical correction of ptosis, rather than on the identification of functional impairment.⁵

Transient Change in Eyelid Height After Unilateral Eyelid Surgery

Hering's law of equal innervation proposes that eyelid muscles are innervated equally by a single brainstem nucleus. Bilateral asymmetric ptosis may cause the less affected eye to appear normal due to compensation or by comparison to the more affected eye. Postoperatively, the ptosis in the untreated eye will be increased. Preoperatively, manual elevation of the more affected eyelid



in a patient with unilateral ptosis may cause the higher eyelid to become ptotic (curtaining) indicating that bilateral surgical repair is needed. However, one report⁶ indicates that this test may not be sensitive enough. Change in eyelid height of the non-surgical eyelid in unilateral ptosis surgery was studied in two small retrospective studies.

In 2004, Erb et al., evaluated the effect of unilateral blepharoptosis repair on contralateral eyelid position and assessed the relation between preoperative eyelid height interdependence, consistent with Hering law, and surgical outcome. The medical records of 54 patients (21 men, 33 women) with a mean age of 65 years were reviewed for pre- and post-operative margin reflex distance (MRD) of the non-surgical eye, following external levator advancement for unilateral aponeurotic blepharoptosis. Using a 2-sample t-test the difference between preoperative Hering dependence (mechanical elevation of the ptotic eyelid causing a decrease in contralateral eyelid height) and postoperative eyelid position was assessed. The change in MRD of the non-surgical eye was compared between subjects who on preoperative evaluation did (n = 18) and did not (n = 36) have eyelid height interdependence. The authors reported the findings that after unilateral blepharoptosis repair, the mean (\pm SD) change in contralateral MRD was -0.2 ± 0.8 mm. There was no significant difference in contralateral MRD change in subjects with and without preoperative Hering dependence (-0.3 ± 0.8 mm versus -0.2 ± 0.9 mm, respectively, $p = 0.78$). Nine out of 54 patients (17%) had a contralateral MRD decrease of more than 1 mm. Three patients (5.6%) required contralateral blepharoptosis repair within 1 year of initial surgery. They concluded that preoperative Hering dependence was poorly predictive of postoperative eyelid position.⁶

In 2008 Wladis et al⁷, in a small study of 12 patients, reported findings of contralateral eyelid height (ie, intraoperative descent, followed by postoperative elevation) during unilateral ptosis surgery and commented on the relevance in surgical planning. The mean preoperative margin reflex distance on the ptotic side was 0.63 mm versus 3.83 mm contralaterally. No patient demonstrated a Hering phenomenon preoperatively. In each case, the goal was to elevate the ptotic eyelid to the contralateral preoperative height. For the ptotic eyelid, this resulted in a mean intraoperative margin reflex distance of 4 mm. Simultaneously, the contralateral side was noted to drop in each case, to a mean margin reflex distance of 1.67 mm. Postoperatively, at a mean follow up of 1.25 weeks, the mean margin reflex distance values were 3.88 mm and 3.83 mm for the operated and non-operated sides, respectively (Pearson correlation coefficient = 0.88, $p < 0.05$). At a mean follow-up of 4.35 months, the mean margin reflex distance values were 3.80 mm and 3.83 mm for the operated and non-operated sides, respectively (Pearson correlation coefficient = 0.96, $p < 0.05$). No patient had greater than 0.5 mm of asymmetry, and no patient requested postoperative adjustment. Had intraoperative symmetry been obtained with a postoperative contralateral return to preoperative height, a mean 42.1% of postoperative height asymmetry would have resulted between the 2 eyelids. The authors noted that during



unilateral levator advancement surgery, the contralateral eyelid temporarily droops, and this Hering-like effect reverses postoperatively. The authors concluded that unilateral ptosis surgery outcomes can be optimized by awareness that the non-surgical eyelid may drop transiently during surgery and return to its normal position postoperatively.⁷

Practice Guidelines and Position Statements

The American Academy of Ophthalmology (AAO)

According to the AAO⁵, blepharoplasty procedures and repairs of blepharoptosis are considered functional or reconstructive when surgery is done to correct any of the following:

- Visual impairment with near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis
- Symptomatic redundant skin weighing down the upper lashes
- Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin
- Prosthesis difficulties in an anophthalmic socket

American Society of Plastic Surgeons (ASPS)

In 2007, the ASPS published recommended insurance coverage criteria of blepharoplasty for third-party payers¹². Excerpts from the publication state:

Blepharoplasty is considered reconstructive when it is performed to correct visual impairment caused by drooping of the eyelids (ptosis) or excess eyelid skin (blepharochalasis); or to repair congenital abnormalities or defects caused by trauma or tumor-ablative surgery.

If two surgical procedures (one reconstructive and one cosmetic) are performed during the same operative session, the surgeon should accurately distinguish which components of the procedure are reconstructive and which are cosmetic.

The ASPS considers blepharoplasty to be cosmetic when it is performed solely to enhance a patient's appearance, in the absence of any signs or symptoms of functional abnormalities. It is the opinion of the ASPS that cosmetic blepharoplasty is not compensable by third-party payers unless specified in the patient's policy.



Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

In some jurisdictions LCDs may apply. An example LCD¹⁵ policy statement is:

Blepharoplasty, blepharoptosis repair, and brow ptosis repair (brow lift) are eyelid surgeries that may be functional (ie, to improve abnormal function) and therefore reasonable and necessary, or cosmetic (ie, to enhance appearance).

The above medical necessity statement may vary by region; please check local Medicare contractor's LCD if applicable.

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History

Date	Comments
02/02/99	Add to Surgery Section - New Policy
10/08/02	Replace Policy - Policy reviewed without literature review; new review date only.
07/08/03	Replace Policy - Scheduled review; no change to policy statement.
01/01/04	Replace Policy - CPT code updates only.
07/13/04	Replace Policy - Scheduled review; no change to policy statement.
09/01/04	Replace Policy - Policy renumbered from PR.7.01.108. No date changes.
06/14/05	Replace Policy - Policy reviewed; no change to policy statement.
01/10/06	Replace Policy - Policy reviewed; policy statement changed with the removal of "The medical history must also document corneal abrasion due to the lashes" indication. Review scheduled changed to January AND the policy status changed to AR.
02/06/06	Codes updated - No other changes.
01/09/07	Replace Policy - Policy statement reorganized with the addition of brow ptosis as medically necessary treatment when specific criteria are met; criteria differentiated between treatment based upon the presence of ectropion or entropion. Title changed to include "and Brow Ptosis".



Date	Comments
01/08/08	Replace Policy - Policy updated with literature search. No change in policy statement. Status changed from AR to PR.
05/12/09	Replace Policy - Policy updated with literature search. Minor updates made to the policy statement, intent of policy remains unchanged. Description and Policy guidelines updated. References added.
06/06/09	Disclaimer and Scope update - No other changes.
02/09/10	Replace Policy - Policy updated with literature search. No change to policy statement.
02/08/11	Replace Policy - Policy updated with literature search. No change to policy statement. Reference removed.
09/23/11	Related Policies updated; 10.01.514 added.
02/14/12	Replace Policy - Policy updated with literature search. No change to policy statement. Reference added.
07/10/12	Replace policy. Removed policy statement "any related disease process; such as myasthenia gravis, hypothyroidism or nerve palsy is documented as stable" at request of clinical review. Other edits to policy statement for clarification. Added clarification to the policy guidelines about the patient medical records submitted for review.
05/28/13	Replace policy. Added the word "surgery" to the title. Policy statement revised with addition of medical necessity statement for children with obstructed vision. Clarification added to say: "Lower lid blepharoplasty for removal of excess tissue such as skin or fat is considered cosmetic in the absence of ectropion/entropion or functional impairment". Rationale section updated base on a literature review through March 2013. References 1-5 added, others renumbered or removed. Policy statement revised as noted.
05/05/14	Annual Review. Policy reviewed. Moved definition of terms from Benefit Application section to Policy Guidelines. A literature search through March 2014 did not prompt any changes to the rationale section. No new references added. Policy statement unchanged.
11/10/14	Interim Update. Title changed to include blepharoptosis. Policy statement added clarifying bilateral surgery determination when only one eye meets medical necessity stating that surgery on the unaffected eye is considered cosmetic. Levator resection removed from blepharoplasty policy statement. New policy statement for blepharoptosis with criteria for adults was added. Moved Definitions of terms from Description to Policy Guidelines section. Rationale updated with literature review through September, 2014. Practice Guidelines and Position Statements section added. References 6-7, 15 added; others renumbered/removed. CPT 67011 removed – does not apply to this policy. Policy statement changed as noted.
05/12/15	Annual Review. Policy updated with literature review through March 2015. Added policy statement "Blepharoplasty is considered not medically necessary when an eyelid ectropion or entropion does not meet criteria stated in the policy. (See Policy Guidelines for documentation.)". Added lateral photos as required documentation for



Date	Comments
	submission. Ptosis surgery statement now says that BOTH margin reflex distance (MRD) AND photos must document vision impairment. Rationale section reformatted. References renumbered; no additions made. Policy statements revised as noted.
06/09/15	Interim update. Policy statement is added, for upper eyelid blepharoplasty or blepharoptosis surgery in children, that frontal/full face and lateral photos are required. The photos must document visual impairment. No other changes made. CPT codes 67914-17, 67921-24 removed; these are not reviewed.
12/08/15	Interim review. CPT codes added to the relevant policy statements. The Policy Guidelines information put in table format for usability. Policy statements unchanged.
05/01/16	Annual review, approved April 12, 2016. Policy statements unchanged Literature Review. No references added.
03/01/17	Annual Review, approved February 14, 2017. Policy reviewed with literature search, no new references added. Policy moved into new format, no change to coverage.
03/01/18	Annual Review, approved February 13, 2018. Reference removed. Policy rewritten for clarity. Blepharoplasty,blepaharoptosis repair, or brow lift in the absence of a functional impairment, as well as lower lid blepharoplasty in the absence of ectropian or entropian, and surgery of an unaffected eye changed to not medically necessary instead of cosmetic.
09/01/18	Minor update. Re-added Consideration of Age information, which was inadvertently removed during a previous update.
03/01/19	Annual Review, approved February 5, 2019. Literature Review. References 16-17 added. Reference 15 updated. No change to policy statements other than minor edits for clarity.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator - Complaints and Appeals PO Box 91102, Seattle, WA 98111 Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357 Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).