BLEPHAROPLASTY, BLEPHAROPTOSIS REPAIR, EYELID RECONSTRUCTION, AND BROW LIFT

DESCRIPTION

Blepharoplasty is defined as plastic surgery on the eyelids. It may be done to correct sagging eyelids, remove fatty bulges around the eyes, and eliminate hanging skin from eyelids. Blepharoplasty may be defined as any eyelid surgery that improves abnormal function, reconstructs deformities, or enhances appearance, and it maybe reconstructive or cosmetic (aesthetic).

Reconstructive Blepharoplasty

When blepharoplasty is performed to correct visual impairment caused by drooping of the eyelids (ptosis); repair defects caused by trauma or tumor-ablative surgery (ectropian, entropian corneal exposure); treat periorbital sequelae of thyroid disease and nerve palsy; or relieve the painful symptoms of blepharospasm. This may involve rearrangements of excision of the structures within the eyelids and/or tissues of the check, forehead and nasal areas. Occasionally, a graft of skin or other distant tissue is transplanted to replace deficient eyelid components.

Cosmetic Blepharoplasty

When blepharoplasty is performed to improve a patient’s appearance in the absence of any signs and/or symptoms of functional abnormalities. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.

Other Terminology

Anophthalmic socket is the absence of an eye(s) due to surgery or congenital causes.

Blepharospasm is a condition caused by severe squinting secondary to uncontrolled spasms of the periorbital muscles.

Blepharochalasis is a medical condition thought to be inflammatory in cause resulting in exacerbations and remissions of upper eyelid edema causing a stretching and subsequent atrophy of the eyelid tissue.

Blepharoptosis (congenital or acquired) is drooping of the upper eyelid

Dermatochalasis is excessive and redundant eyelid skin
Ectropion is the eyelid turned outward

Entropion is the eyelid turned inward

Pseudoptosis (false ptosis) is a condition in which the upper-lid skin becomes redundant and lax, causing bagging skin above the eye to hood and overhang the eyelid margin.

Trichiasis is the inward misdirection of eyelashes caused by entropion

Total Health Care (THC) considers requests for blepharoplasty, blepharoptosis repair, eyelid reconstruction, and/or brow lift on a case-by-case basis when the procedure(s) are determined to be medically necessary and decision criteria is satisfied.

**DECISION CRITERIA**

**Administrative**

1. Referral from member’s PCP is required along with supporting medical documentation. This includes (not all inclusive):
   a. Member’s name and THC identification number
   b. Proposed date of procedure and facility’s name
   c. Name, title, and contract information for requesting provider
   d. Visual field charting and or/ complete eye evaluation by ophthalmologist, lid measurements & ocular history.
   e. Progress notes including current history and physical dictation relating to condition
   f. Related diagnostic studies if indicated
   g. Photographs (preferred but not required)
   h. Supportive documentation must demonstrate sustained clinical improvement is expected outcome with elimination of recurrence.

2. Services must be performed by a THC affiliated or contracted physician or other provider and at a contracted facility.

3. THC’s medical director must pre-authorized requested procedure(s).

4. Member must have current eligibility on Date of Service (DOS).

5. Procedure must be determined to be medically necessary and not cosmetic in nature.

6. Procedure(s) must not be a benefit exclusion from member’s certificate of coverage.

7. Procedure(s) is medically contra-indicated in patient(s) with medical disorders such as:
   - Untreated thyroid disease
   - Conditions associated with dry eye syndrome from collagen vascular disorders, lupus, rheumatoid arthritis, or Sjogren’s syndrome
   - Active eye disease
Clinical

Blepharoplasty and/or Blepharoptosis Repair:

1. Patient has a confirmed diagnosis of ANY of the following: (Criteria 1-3 must all be met)
   a. blepharochalasis
   b. dermatochalasis (congenital or acquired)
   c. blepharoptosis
   d. pseudoptosis (inability to elevate the eyelid due to nerve problems) causing visual impairment
   e. Member not a smoker
   f. Height & weight included with information submitted.

2. There is an upper visual field loss of at least 30 degrees or 50% that is corrected when the Upper lid margin is elevated by taping the eyelid (as demonstrated on results on Computerized visual field testing with upper lid in repose and elevated to demonstrate Potential correction by the proposed procedure)

3. Pre-operative frontal photographs demonstrate both of the following:
   g. a light reflex in the cornea with the head perpendicular to the plane of the camera (i.e., not tilted)
   h. consistency with the documented visual field loss as demonstrated by any of the following:
      • the upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex
      • the upper eyelid skin rests on the eyelashes
      • the upper eyelid indicates the presence of dermatitis
      • the upper eyelid position contributes to difficulty tolerating an ocular prosthesis in an anophthalmic socket

4. Patient with mechanical ptosis causing dermatochalasis and restricting vision.

5. Patient has intrinsic eyelid deformities that may be congenital, a result of injury, or an after-effect of surgery for lesions on the eyelids.

6. Other conditions of medical necessity for upper eyelid blepharoplasty and/or blepharoptosis include:
   a. epiphora (excessive tearing) due to ectropion and/or punctual eversion
   b. painful blepharospasm that is refractory to medical management (e.g., botulinum toxin injections)
   c. periorbital sequelae of thyroid disease and nerve palsy
   d. upper eyelid defect caused by trauma, tumor, or ablative surgery

7. Medical indications for lower eyelid blepharoplasty and/or blepharoptosis repair include conditions such as:
   a. ectropion (eyelid turned outward)
   b. entropion (eyelid turned inward)
   c. trichiasis (inward misdirection of eyelashes caused by entropion)
Brow Lift (All listed criteria below must be met): 9

1. Brow ptosis is causing functional visual impairment that is documented by photographs showing the affected patient’s eyebrow is below the supraorbital rim.

2. Patient complains of interference with vision or visual field, difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin.

3. There is documentation that visual field impairment cannot be corrected by upper lid blepharoplasty alone as shown by standardized methods of visual field testing.

BIBLIOGRAPHY

3 Same as #2
4 Same as #2
5,6,7,8 Cigna HealthCare Coverage Position: Subject, Blepharoplasty, Blepharoptosis Repair and Brow Lift. Pages 1-6, Coverage Position Number: 0045. Revised Date 04/15/05. Original Effective Date: 05/15/04.
9 Same as #s 5,6,7, and 8.

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