# Blepharoplasty

## Adjudication Guideline

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# 1. Abstract

## 1.1 For Members

Blepharoplasty is a surgical eyelid procedure that may be performed for functional or reconstructive purposes.

## 1.2 For Medical Professionals

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, blepharoplasty also includes procedures performed to repair ptosis, eyelid retraction, entropion, ectropion, trichiasis, or defects following excision of tumors.

# 2. Scope

This Adjudication Rule highlights the coverage and payment requirements by Daman as per policy terms and conditions for Blepharoplasty. It also highlights the medical criteria for coverage.

# 3. Adjudication Policy

## 3.1 Eligibility / Coverage Criteria

**Upper eyelid blepharoplasty/blepharoptosis (ptosis)** is considered reconstructive and not cosmetic when one of the following solid bullets are met:

- Visual field measurement is obtainable, and all the following are met:
    - A superior visual field of 30 degrees or less prior to taping; and
    - There is a difference of 12 degrees or more or at least 30 percent superior visual field difference is demonstrated between visual field testing before and after manual elevation of the upper eyelids.
    - The medical record should include visual field-testing reports in both taped and untaped positions. Photographs should be maintained as part of the medical record, including photographs demonstrating the head held in an erect position with eyes open and focused straight ahead. Views should reveal the full-face anterior position, as well as the right and left lateral views with straightforward gaze.
- Visual field measurement is not obtainable, and all the following are met:
    - Infants/children whose blepharoptosis is severe enough to cause a functional visual impairment.

- While it may not be possible to obtain visual field measurements, documentation, and photographs reflective of the lid obstruction should be maintained as part of the medical record.

- To relieve eye symptoms associated with blepharospasm when other treatments have failed or are contraindicated (i.e., an injection of Botulinum Toxin A).
- There are documented difficulties with a prosthesis due to lid position.
- Correction of an anophthalmic socket when both of the following are met:

  - A margin reflex distance of 2.5 mm or less.
  - A palpebral fissure height on down-gaze of 1 mm or less.

## 3.2 Requirements for Coverage

- **Lower lid blepharoplasty** is considered cosmetic.

- **Blepharoplasty / ptosis repair or brow lift surgery** to improve the appearance when no functional impairment exists is considered cosmetic.

All the relevant documents should be submitted upon request including pre-approval requirements along with the relevant details and history.

Pre Authorization form link.

## 3.3 Non-Coverage

Covered by all plans except visitor's plan.

## 3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc. Kindly code the ICD-10 and the CPT codes to the highest level of specificity.

**Table 1: Eligible clinicians**

| Eligible Grouping |
|---|
| Ophthalmology |
| Plastic Surgery |

# 4. Denial Codes

*DOH denial codes with description are elaborated for reference. These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.*

| Code | Code Description |
|---|---|
| MNEC-004 | Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities |
| CODE-010 | Activity/diagnosis inconsistent with clinician specialty |
| NCOV-001 | Service(s) is (are) not covered |
| AUTH-001 | Prior-Approval is required and was not obtained |

# 5. Appendices

## 5.1 References


https://bjo.bmj.com/content/bjophthalmol/64/12/918.full.pdf
Blepharoplasty - Mayo Clinic
Blepharoplasty | Eyelid Surgery | Eye Lift | Cosmetic Eyelid Surgery (isaps.org)
Clinical Practice Guideline: Upper Eyelid and Brow Surgery (plasticsurgery.org)
sjy034.pdf (silverchair.com)
Blepharoplasty, Eyelid Surgery, and Brow Lift LCD (aao.org)
Blepharochalasis Syndrome: Disease Entity, Epidemiology, Etiology (medscape.com)
Eyelid Surgery (Blepharoplasty) (clevelandclinic.org)
Upper Eyelid Blepharoplasty Workup: Diagnostic Procedures (medscape.com)


## 5.2 Revision History

| Date | Change(s) |
|---|---|
| 07/02/2024 | New version |
| 06/03/2024 | Denial code descriptions and content updated |