

Blepharoplasty

Adjudication Guideline

Rule Category:
Medical

Ref: No:
2023-MN-0070

Version Control:
Version No.1.1

Effective Date:
16/02/2024

Revision Date:
16/02/2025

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

Table of Contents

1.	Abstract	3
1.1	For Members.....	3
1.2	For Medical Professionals.....	3
2.	Scope	3
3.	Adjudication Policy.....	3
3.1	Eligibility / Coverage Criteria.....	3
3.2	Requirements for Coverage	4
3.3	Non-Coverage.....	4
3.4	Payment and Coding Rules	4
4.	Denial codes	5
5.	Appendices	5
5.1	References	5
5.2	Revision History	5

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

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.