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UnitedHealthcare® Community Plan  
Medical Policy

## ~~Blepharoplasty, Blepharoptosis, and Brow Ptosis~~ and Eyelid Repair (for Louisiana Only)

**Policy Number:** CS008LA.~~PQ~~  
**Effective Date:** Month 1, 202Y

[Instructions for Use](#)

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### Application

This Medical Policy only applies to the state of Louisiana.

### Coverage Rationale

Note: The InterQual® criteria below only applies to persons 18 years of age and older.

Brow ptosis repair and repair of the eyelid are considered reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- [Blepharoplasty](#)
- [Ectropion Repair](#)
- [Entropion Repair](#)
- [Eyelid Lesion Excision, +/- Reconstruction](#)
- [Eyelid Reconstruction](#)
- [Ptosis Repair](#)

[Click here to view the InterQual® criteria.](#)

Browpexy or Internal browlift are not considered reconstructive and are not medically necessary as they do not correct a functional impairment.

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## Indications for Coverage

Some states require benefit coverage for services that UnitedHealthcare considers Cosmetic Procedures, such as repair of external Congenital Anomalies in the absence of a Functional Impairment. Refer to the member specific benefit plan document.

## Criteria for a Coverage Determination that Surgery is Reconstructive and Medically Necessary

The following must be available when requested by UnitedHealthcare:

- Best corrected visual acuity in both eyes, all members (except pediatrics)
- Eye exam (chief complaint, HPI)
- Clear, high quality, clinical photographs (eye level, frontal with the member looking straight ahead, light reflex visible and centered)
- Peripheral or superior Visual Fields automated, reliable, un-taped/taped are preferable
  - In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing
  - In situations where Reliable Visual Field testing is not possible, see section below titled When the Member is Not Capable of Reliable Visual Field Testing

**Note:** The Visual Fields and high-quality, clinical photographs must be consistent.

**Note:** If multiple procedures are requested, the following criteria must be met: All criteria for each individual procedure must be met; and.

- Reliable Visual Field testing shows visual impairment which can't be addressed by one procedure alone; and
- High quality, clinical photograph findings are consistent with Visual Field findings

## Upper eyelid blepharoplasty (CPT 15822 and 15823) is considered reconstructive and medically necessary when the following criteria are present:

- Ptosis has been ruled out as the primary cause of Visual Field obstruction; and
- Clear, high quality, clinical photographs must show that the extra skin is the primary cause of Visual Field obstruction; and
- The member must have a Functional or Physical Impairment complaint directly related to an abnormality of the eyelid(s); and
- Excess skin (dermatochalasis/blepharochalasis) touches the lashes; and
- Automated peripheral or superior Reliable Visual Field testing, with the eyelid skin taped and un-taped, showing improvement of 30% (or 12 degrees) or more.
  - In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing
  - In situations where Reliable Visual Field testing is not possible, see section below titled When the Member is Not Capable of Reliable Visual Field Testing

**Note:** Extended blepharoplasty may be indicated for blepharospasm (eyelids are forced shut) when the following two criteria are met:

- Debilitating symptoms (e.g., pain); and
- Conservative treatment has been tried and failed, or is contraindicated (e.g., Botox®)

## Upper eyelid blepharoptosis repair (CPT 67901-67909) is considered reconstructive and medically necessary when the following criteria are present:

- The member must have a Functional or Physical Impairment complaint directly related to the position of the eyelid(s); and

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- ~~Other treatable causes of ptosis are ruled out (e.g., recent Botox® injections, myasthenia gravis when applicable); and~~
- ~~Eyelid droop (upper eyelid ptosis) and a Marginal Reflex Distance -1 (MRD-1) of 2.0 mm or less; and~~
- ~~The MRD is documented in clear, high-quality, clinical photographs with the member looking straight ahead and light reflex centered on the pupil; and~~
- ~~Automated peripheral or superior Reliable Visual Field testing, with the eyelids taped and un-taped, showing improvement of 30% (or 12 degrees) or more improvement in the number of points seen~~
  - ~~In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing~~
  - ~~In situations where Reliable Visual Field testing is not possible, see section below titled When the Member is Not Capable of Reliable Visual Field Testing~~

**Note:** ~~For children under age 10 years, ptosis repair is covered to prevent amblyopia. Reliable Visual Field testing is not required, but high-quality, clinical photographs are required.~~

**Brow ptosis (CPT 67900) is considered reconstructive and medically necessary when the following criteria are present:**

- ~~Other causes have been eliminated as the primary cause for the Visual Field obstruction (e.g., Botox® treatments within the past six (6) months); and~~
- ~~The member must have a functional complaint related to brow ptosis. Brow ptosis must be documented in two high-quality, clinical photographs. One showing the eyebrow below the bony superior orbital rim, and a second photograph with the brow elevated that eliminates the Visual Field defect; and~~
  - ~~Automated peripheral and superior Reliable Visual Field testing, with differential taping (eyebrow and eyebrow + eyelid) showing 30% (or 12 degrees) or more improvement in total number of points seen with the eyebrow taped up. In situations where computerized Reliable Visual Field testing is not available, we will accept manual Reliable Visual Field testing~~
  - ~~In situations where Reliable Visual Field testing is not possible, see section below titled When the Member is Not Capable of Reliable Visual Field Testing~~
- ~~Documentation indicating the specific brow lift procedure (e.g., supra ciliary, mid forehead or coronal, pretrichial, direct brow lift vs browpexy, internal brow lift)~~

~~Brow ptosis repair (CPT 67900) as an adjunct to upper eyelid blepharoplasty (CPT 15822 and 15823) is considered reconstructive and medically necessary when the criteria for each separate service are met (as per above) and:~~

- ~~Automated peripheral and superior Reliable Visual Field testing demonstrates the following:~~
  - ~~Differential taping showing 30% (or 12 degrees) or more improvement in total number of points seen with the eyelid taped up and an additional 30% (or 12 degrees) or more improvement in total number of points seen with the eyelid + eyebrow taped up, confirming the contribution of brow ptosis to visual field obstruction~~

**Note:** ~~For Browpexy/internal brow lift, see Coverage Limitations and Exclusions.~~

**Eyelid surgery for correction of lagophthalmos is considered reconstructive and medically necessary when the upper eyelid is not providing complete closure to the eye, resulting in dryness and other complications.**

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~~Eyelid surgery with an anophthalmic socket (has no eyeball) is considered reconstructive and medically necessary when both of the following criteria are present:~~

- ~~• The member has an anophthalmic condition; and~~
- ~~• The member is experiencing difficulties fitting or wearing an ocular prosthesis.~~

~~Lower eyelid blepharoplasty (CPT 15820 and 15821) is usually cosmetic, however, is considered reconstructive and medically necessary only when all of the following criteria are present:~~

- ~~• There is documented facial nerve damage; and~~
- ~~• Clear, high-quality, clinical photographs document the pathology; and~~
- ~~• The member is unable to close the eye due to the lower lid dysfunction; and~~
- ~~• Functional Impairment including both of the following:~~
  - ~~○ Documented uncontrolled tearing or irritation; and~~
  - ~~○ Conservative treatments tried and failed~~

~~Ectropion (eyelid turned outward) (CPT 67914 through 67917) or punctal eversion is considered reconstructive and medically necessary when all of the following criteria are present:~~

- ~~• Clear, high-quality, clinical photographs document the pathology; and~~
- ~~• Corneal or conjunctival injury with both of the following criteria:~~
  - ~~○ Subjective symptoms include either:~~
    - ~~▪ Pain or discomfort; or~~
    - ~~▪ Excess tearing; and~~
  - ~~○ Any one of the following:~~
    - ~~▪ Exposure keratitis; and/or~~
    - ~~▪ Keratoconjunctivitis; and/or~~
    - ~~▪ Corneal ulcer~~

~~Entropion (eyelid turned inward) (CPT 67921-67924) is considered reconstructive and medically necessary when all of the following criteria are present:~~

- ~~• Clear, high-quality, clinical photographs must document the following:~~
  - ~~○ Lid turned inward; and~~
  - ~~○ At least one of the following:~~
    - ~~▪ Trichiasis; or~~
    - ~~▪ Irritation of cornea or conjunctiva; and~~
  - ~~○ Subjective symptoms including either of the following:~~
    - ~~▪ Excessive tearing; or~~
    - ~~▪ Pain or discomfort~~

**Lid retraction surgery (CPT 67911) is considered reconstructive and medically necessary when all of the following criteria are present:**

- Other causes have been eliminated as the reason for the lid retraction such as use of dilating eye drops, glaucoma medications; and
- Clear, high-quality, clinical photographs document the pathology; and
- There is Functional Impairment (such as 'dry eyes', pain/discomfort, tearing, blurred vision); and
- Tried and failed conservative treatments; and
- In cases of thyroid eye disease two or more Hertel measurements at least 6 months apart with the same base measurements are unchanged

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**Canthoplasty/canthopexy (CPT 21280, 21282, 67950, ~~67961, 67966~~) is considered reconstructive and medically necessary when all of the following criteria are present:**

- Functional Impairment; and
- Clear, high-quality, clinical photographs document the pathology; and
- Repair of ectropion or entropion will not correct condition; and
- At least one of the following is present:
  - Epiphora (excess tearing) not resolved by conservative measures; or
  - Corneal dryness unresponsive to lubricants; or
  - Corneal ulcer

~~Repair of Floppy Eyelid Syndrome (FES) (CPT ~~67961 and 67966~~) is considered reconstructive and medically necessary when all of the following are present when documented and confirmed by history and examination:~~

- ~~Subjective symptoms must include eyelids spontaneously "flipping over" when the member sleeps due to rubbing on the pillow, and one of the following:~~
  - ~~Eye pain or discomfort; or~~
  - ~~Excess tearing; or~~
  - ~~Eye irritation, ocular redness and discharge.~~
- ~~Physical Examination that documents the following:~~
  - ~~Eyelash Ptosis; and~~
  - ~~Significant upper eyelid laxity; and~~
  - ~~Presence of Giant Papillary Conjunctivitis;~~
    - ~~or~~
    - ~~Corneal findings such as:~~
      - ~~Superficial Punctate Erosions (SPK); or~~
      - ~~Corneal abrasion (documentation of a history of corneal abrasion or recurrent erosion syndrome is considered sufficient); or~~
      - ~~Microbial Keratitis~~
- ~~Clear, high-quality, clinical photographs that clearly document Floppy Eyelid Syndrome and demonstrate both of the following:~~
  - ~~Lids must be everted in the photographs; and~~
  - ~~Conjunctival surface (underbelly) of the lids must be clearly visible~~
- ~~Documentation that conservative treatment has been tried and failed. Examples may include:~~
  - ~~Ocular lubricants both drops (daytime) and ointments (bedtime); or~~
  - ~~Short trial of antihistamines; or~~
  - ~~Topical steroid drops; or~~
  - ~~Eye Shield and/or Taping the lids at bedtime~~
- ~~Other causes of the eye findings have been ruled out. Examples may include:~~
  - ~~Allergic conjunctivitis~~
  - ~~Atopic keratoconjunctivitis~~
  - ~~Blepharitis~~
  - ~~Contact lens (CL) complication~~
  - ~~Dermatochalasis~~
  - ~~Ectropion~~
  - ~~Giant Papillary Conjunctivitis (GPC) that is not related to FES~~
  - ~~Ptosis of the lid(s)~~
  - ~~Superior limbic keratoconjunctivitis (SLK)~~

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### When the Member is Not Capable of Reliable Visual Field Testing

~~Reliable Visual Field testing is not required when the member is not capable of performing a Visual Field test. The following are some examples:~~

- ~~• If the member is a child 12 years old or under~~
- ~~• If the member has intellectual disabilities (previously known as mental retardation) or some other severe neurologic disease~~

### Coverage Limitations and Exclusions

~~UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:~~

- ~~• Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.~~
- ~~• Procedure that do not meet the reconstructive criteria above in the Indications for Coverage section.~~
- ~~• Browpexy/internal brow lift is not designed to improve function.~~

## Definitions

Check the definitions within the federal, state, and contractual requirements that supersede the definitions below.

**Congenital Anomaly:** A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

**Cosmetic Procedures:** Procedures or services that change or improve appearance without significantly improving physiological function.

~~**Floppy Eyelid Syndrome (FES):** Is characterized by significant upper eyelid laxity and chronic papillary conjunctivitis in upper palpebral conjunctiva that is poorly respondent to topical lubrication and steroids. FES is known to be associated with obesity, obstructive sleep apnea, Down syndrome, and keratoconus. Keratoconus can be linked to frequent rubbing and mechanical effect on the palpebral conjunctiva and cornea.~~

**Functional or Physical or Physiological Impairment:** A Functional or Physical or Physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

~~**Giant Papillary Conjunctivitis:** Is defined by exam findings of giant papillary hypertrophy primarily affecting the upper tarsal conjunctiva.~~

**Marginal Reflex Distance -1 (MRD-1):** Measures the number of millimeters from the corneal light reflex or center of the pupil to the upper lid margin. (Note: The "-1" in MRD-1 refers to the upper lid and not the measurement in millimeters.) (Nerad, 2021).

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~~**Marginal Reflex Distance -2 (MRD-2):** Measures the number of millimeters from the corneal light reflex or center of the pupil to the lower lid margin. (Note: The "-2" in MRD-2 refers to the lower lid and not the measurement in millimeters.)~~

**Reconstructive Procedures:** Reconstructive Procedures when the primary purpose of the procedure is either of the following:

- Treatment of a medical condition
- Improvement or restoration of physiologic function

Reconstructive Procedures include surgery or other procedures which are related to an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.

~~**Reliable (Visual Fields) Testing:** Visual field measurements with the eyelid skin or ptotic eyebrow in resting position can be used to demonstrate a field defect that improves when the eyebrow and skin fold are lifted (Nerad, 2021). The reliability of the visual fields is indicated in the visual field report with the number of fixation losses, false negative and false positives. A reliable visual field has less than 30% or fewer of fixation losses, false negative and false positives.~~

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

**Note:** The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.

CPT Code	Description
<b>Blepharoplasty (Lower Eyelid)</b>	
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
<b>Blepharoplasty (Upper Eyelid)</b>	
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
<b>Brow Ptosis Repair</b>	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

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CPT Code	Description
<b>Upper Eyelid Blepharoptosis Repair</b>	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso Muller's muscle-levator resection (e.g., Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
<b>Lid Retraction</b>	
67911	Correction of lid retraction
<b>Lagophthalmos</b>	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
<b>Ectropion</b>	
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (e.g., tarsal strip operations)
<b>Entropion</b>	
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation)
<b>Canthus Repair and Lid Repair</b>	
*21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin



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CPT Code	Description
<b><del>Floppy Eyelid Syndrome</del></b>	
<del>67961</del>	<del>Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin</del>
<del>67966</del>	<del>Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin</del>

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Codes labeled with an asterisk(\*) are not on the state of Louisiana Fee Schedule and therefore not covered by the State of Louisiana Medicaid Program.

## Clinical Evidence

### Browpexy/Internal BrowLift

Korn et al (2016) cited that an internal browpexy will not elevate a severely ptotic brow and in general should only be considered when minimal brow ptosis is present or if stabilization and prevention of descent of the eyebrow is desired. The author noted that the principle disadvantage of an internal browpexy is the limited effect and questionable longevity.

### Lagophthalmos

Proper eyelid closure and a normal blink reflex are essential to maintaining a stable tear film and a healthy corneal surface. Patients affected with lagophthalmos are unable to fully close their eyelids, and they may describe symptoms of dry and irritated eyes. Common morbidities of lagophthalmos are corneal exposure and subsequent keratopathy, which may progress to corneal ulceration and infectious keratitis. It is important to recognize lagophthalmos early in the patient's course and begin treatment as soon as possible. The choice of therapy requires an understanding of both the etiology and expected duration of the lagophthalmos. (AAO 2008)

### Upper Eyelid Retraction

Upper eyelid retraction is defined by abnormally high resting position of the upper lid. This produces visible sclera between the eyelid margin and corneal limbus, which produces the appearance of a stare with an accompanying illusion of exophthalmos. Eyelid retraction can lead to lagophthalmos and exposure keratitis, which can cause mild ocular surface irritation to vision-threatening corneal decompensation. The most common causes of upper eyelid retraction include thyroid eye disease, recession of superior rectus muscle, and contralateral ptosis. (AAO 2021)

Hoang T et al (2021) completed the 2022 update on clinical management of graves disease and thyroid eye disease (TED). General treatment of patients with TED includes reversal of hyperthyroidism, monitoring for and prompt treatment of hypothyroidism, and cessation of smoking, if applicable. First-line therapy for individuals with moderate to severe TED would include intravenous glucocorticoids. Surgery for TED is typically performed either emergently, such as for optic neuropathy, globe subluxation, or corneal

thinning/perforation due to exposure keratopathy, or for rehabilitation after the disease has run its active course. Eyelid changes due to TED are common and include upper and lower eyelid retraction and eyelid fat compartment expansion. Eyelid retraction surgery is aimed at lowering the upper eyelid and raising the lower eyelid to correct the "thyroid stare" appearance. Eyelid contouring is targeted to restore the natural height and contour of the eyelid, including decreasing the fat compartment expansion and minimizing the temporal flare, which occur as part of the disease state. Eyelid surgery is typically the last step in the rehabilitation of the patient's appearance. The total time between onset of TED to the final eyelid surgery can span several years.

Velasco Cruz et al (2013) published an article addressing graves upper eyelid retraction. Graves upper eyelid retraction (GUER) is the most common and characteristic sign of Graves orbitopathy. In early case series lid retraction was found in 94.0% of the patients. Population-based studies have yielded similar results. Retraction implies that the resting position of the affected lid is abnormally high. The lid position is usually measured with a millimeter ruler as a linear distance between the pupil center and the edge of the lid margin at the twelve o'clock position. The authors described in historical sequence the evolution of surgical attempts beginning in 1934. In summary, the plethora of technical variations described for the correction of GUER strongly suggests that the results are variable with any type of surgery. The upper lid retractors (LPS and Müller muscle) can be debilitated separately or in combination by an anterior or posterior approach. The muscles can be recessed, partially resected, or lengthened. Various materials have been tried as spacers between the recessed retractors and the upper tarsal border, but the results were not better than those obtained by just weakening the retractors. Residual lateral retraction is a well-known phenomenon, and most surgeons do more aggressive surgery laterally.

Dickinson J et al (2009) published an article describing thyroid-associated orbitopathy (TAO): who and how to treat. In this article she mentions that steroids remain the most useful medical treatment for active TAO. The principal limitations of steroids are the frequent Cushingoid side effects, and the tendency of the disease to relapse when they are withdrawn. Surgical rehabilitation can safely commence about 6 months after all symptoms and signs have stabilized, but there is no clinical detriment to waiting longer. Surgery must follow a strict sequence determined by potential side effects of each step. Thus, orbital decompression precedes strabismus surgery, which precedes eyelid surgery, first to lengthen and finally to debulk the eyelids/brows and remove excess skin. Eyelid lengthening frequently improves exposure symptoms. Upper eyelids can be lengthened via an anterior or posterior approach and are best done under local anesthetic to allow intraoperative adjustment. There are numerous techniques for upper lid lengthening, most showing success rates of 77% to 100%. In summary, the available treatments are far from perfect, but appropriate selection of treatments to the individual and timely intervention can lead to very satisfactory outcomes, with restoration of visual function, appearance, and improved quality of life.

## **Medial and Lateral Canthoplasty/Canthopexy**

### **Clinical Practice Guidelines**

#### **American Academy of Ophthalmology (AAO)**

The AAO clinical coverage guidelines include the following indications for a reconstructive lateral or medial canthoplasty:

- Lid Malposition due to horizontal laxity
  - Involuntional ectropion

- Poor lid-to-globe apposition causing exposure keratopathy
- Punctal ectropion causing epiphora
- Involucional entropion
  - Significant ocular discomfort caused by lashes and keratinized skin rubbing directly on cornea
  - Pathophysiology
    - Lower-lid laxity
    - Dehiscence of lower lid retractors
    - Overriding orbicularis – often exacerbated by irritative symptoms causing blepharospasm ("spastic" entropion)
    - Enophthalmos
- Lower-lid retraction
  - Involucional – lid laxity
  - Cicatricial – infection, inflammation, trauma, burns, postsurgical (e.g., lower-lid blepharoplasty, laser skin resurfacing)
  - Mechanical – midface ptosis, craniofacial anomalies, tumor
  - Paralytic – facial nerve palsy
- Tear pump failure Involucional and/or paralytic
- Medial canthal tendon (MCT) laxity
  - Severe laxity, especially in setting of facial nerve paralysis, can cause punctal ectropion, medial lower lid retraction, lagophthalmos/exposure keratopathy, and epiphora.
  - Performing lateral canthal tendon (LCT) tightening in presence of MCT laxity can lateralize punctum and cause lacrimal outflow deficiency.
- Canthal malposition
  - Involucional, developmental, postsurgical, or traumatic
- Floppy eyelid syndrome
  - Marked lid laxity associated with softening of tarsus
  - Multiple possible factors implicated in pathogenesis:
    - Prone or side sleeping position causes mechanical pressure on lids
    - Ischemia and reperfusion injury
    - Upregulation of matrix metalloproteinases (MMP) implicated in elastin degeneration
  - Lids can spontaneously evert during sleep, causing exposure keratopathy and chronic papillary conjunctivitis
  - Associated with obstructive sleep apnea and obesity
  - Surgical treatment involves upper-eyelid tightening
- Eyelid imbrication
  - Lid laxity causes upper-lid margin to overlap lower lid
    - Upper palpebral conjunctiva rubs across lower lashes, leading to chronic irritation
  - Sometimes associated with floppy eyelid syndrome
  - Can be addressed with lower- and/or upper-lid tightening
- Reconstruction following trauma or surgery
  - Traumatic LCT/MCT avulsion
    - Must rule out canalicular injury with MCT avulsion
  - LCT resuspension following emergent lateral canthotomy and cantholysis for orbital compartment syndrome
  - Tumor resection

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## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

**Brow ptosis repair and eyelid repair are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. See the following website for additional information:**

**<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>dv. (Accessed February 3, 2021)**

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## Policy History/Revision Information

Date	Summary of Changes
Xx/01/202Y	<p><u>Title Change</u></p> <ul style="list-style-type: none"> <li>Previously titled <u>Blepharoplasty, Blepharoptosis, and Brow Ptosis Repair</u></li> </ul> <p><u>Template Update</u></p> <ul style="list-style-type: none"> <li>Changed policy type classification from "Coverage Determination Guideline" to "Medical Policy"</li> </ul> <p><u>Coverage Rationale</u></p> <ul style="list-style-type: none"> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>The InterQual® criteria below only applies to persons 18 years of age and older</li> <li>Brow ptosis repair and repair of the eyelid are considered reconstructive and medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures: <ul style="list-style-type: none"> <li>Blepharoplasty</li> <li>Ectropion Repair</li> <li>Entropion Repair</li> <li>Eyelid Lesion Excision, +/- Reconstruction</li> <li>Eyelid Reconstruction</li> <li>Ptosis Repair</li> </ul> </li> <li>Browpexy or internal browlift are not considered reconstructive and are not medically necessary as they do not correct a functional impairment</li> <li>If multiple procedures are requested, criteria for each individual procedure must be met</li> <li>Eyelid surgery for correction of lagophthalmos is considered reconstructive and medically necessary when the upper eyelid is not providing complete closure to the eye, resulting in dryness and other complications</li> <li>Lid retraction surgery (CPT code 67911) is considered reconstructive and medically necessary when all of the following criteria are present: <ul style="list-style-type: none"> <li>Other causes have been eliminated as the reason for the lid retraction such as use of dilating eye drops, glaucoma medications; and</li> <li>Clear high-quality, clinical photographs document the pathology; and</li> <li>There is Functional Impairment (such as 'dry eyes', pain/discomfort, tearing, blurred vision); and</li> <li>Tried and failed conservative treatments; and</li> <li>In cases of thyroid eye disease two or more Hertel measurements at least 6 months apart with the same base measurements are unchanged</li> </ul> </li> <li>Canthoplasty/canthopexy (CPT codes 21280, 21282, 67950) is considered reconstructive and medically necessary when all of the following criteria are present: <ul style="list-style-type: none"> <li>Functional Impairment; and</li> </ul> </li> </ul> </li> </ul>

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- Clear high-quality, clinical photographs document the pathology; and
- Repair of ectropion or entropion will not correct condition; and
- At least one of the following is present:
  - Epiphora (excess tearing) not resolved by conservative measures; or
  - Corneal dryness unresponsive to lubricants; or
  - Corneal ulcer
- Removed language pertaining to coverage limitations and exclusions
- Definitions
- Added definition of "Visual Field Testing"
- Removed definition of:
  - Floppy Eyelid Syndrome (FES)
  - Giant Papillary Conjunctivitis
  - Marginal Reflex Distance-2 (MRD-2)
  - Reliable (Visual Fields)
- Applicable Codes
- Added notation to indicate CPT code 21280 is not on the state of Louisiana Fee Schedule and therefore is not covered by the State of Louisiana Medicaid Program
- Floppy Eyelid Syndrome
- Removed CPT codes 67961 and 67966
- Supporting Information
- Added Clinical Evidence and FDA sections
- Updated References section to reflect the most current information
- Archived previous policy version CS008LA.P

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.