

**Blepharoplasty**  
**SRG-003**

<b>Iowa Medicaid Program:</b>	Prior Authorization, Claims Pre-Pay	<b>Effective Date:</b>	9/11/2009
<b>Revision Number:</b>	8	<b>Last Rev Date:</b>	4/19/2024
<b>Reviewed By:</b>	Medicaid Medical Director	<b>Next Rev Date:</b>	4/18/2025
<b>Approved By:</b>	Medicaid Clinical Advisory Committee	<b>Approved Date:</b>	6/4/2018

**Criteria**

These criteria apply to eyelid surgeries indicated for symptoms of visual field loss or to correct acquired lid defects which interfere with field of vision or to correct defects due to chronic disease which impair normal function of the eyelid to protect the cornea and conjunctival tissues.

All requests **MUST** come with taped and untaped vision field tests. A history documenting loss or change in visual function is also required. Blepharoplasty, canthoplasty, Muller’s muscle resection, frontalis suspension, and external levator resection may be considered medically necessary when **ONE** or more of the following are met:

1. Upper lid:
  - a. Diagnosis of blepharochalasis, blepharoptosis, dermatochalasis, or pseudoptosis due to tumor or preaponeurotic fat prolapse where there is a visual field loss of at least 25 degrees from the superior field based on the taped and untaped Goldman visual field perimetry or other automated testing.
  - b. Upper lid defect caused by trauma, tumor, or ablative surgery.
    - 1) Pre-operative frontal pictures must be supplied for all upper lid blepharoplasty.
  - c. To correct difficulties in prosthetic placement in an anophthalmic socket.
  - d. To relieve painful symptoms of blepharospasm unresponsive to medical treatments such as botulinum toxin; **OR**
2. Lower lid:
  - a. Ectropion – eyelid turned outward.
  - b. Entropion – eyelid turned inward.
  - c. Trichiasis – inward misdirection of eyelashes caused by entropion.
  - d. Corneal exposure; **OR**
3. Both lids:
  - a. Computer generated visual field testing demonstrates visual impairment that cannot be addressed by one procedure alone.
    - 1) Lateral and full face photographs with attempt at brow elevation must be supplied for all blepharoplasty of both upper and lower lids.

## Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

CPT	Description
67900	Repair of brow ptosis.
67950	Canthoplasty (reconstruction of canthus).
15820	Blepharoplasty, lower eyelid.
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad.
15822	Blepharoplasty, upper eyelid.
15823	Blepharoplasty, upper eyelid; with excessive skin weight.
67903	Repair of blepharoptosis, tarsolevator resect; internal approach.
67904	Repair of blepharoptosis, tarsolevator resect; external approach.
67909	Reduction of overcorrection of ptosis.

## Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

## References

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

## Criteria Change History

Change Date	Changed By	Description of Change	Version
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Change Date	Changed By	Description of Change	Version
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Change Date	Changed By	Description of Change	Version
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4/19/2024	CAC	Annual review.	8
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Signature

William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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4/21/2023	CAC	Annual review.	7
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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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4/15/2022	CAC	Annual review.	6
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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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4/16/2021	CAC	Annual review. Minor formatting changes.	5
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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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4/20/18	CAC	Added narrative under Criteria. Added c and d under Criterion #1. Added CPT codes for Brow Ptosis, Canthoplasty, and Conjunctivo-tarso-Muller's muscle – levator resection.	4
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C. David Smith, MD



Change Date	Changed By	Description of Change	Version
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4/15/16	CAC	Criterion #1 added "due to tumor or preaponeurotic fat prolapse" and "Goldman visual field perimetry or other automated testing." Added criterion #2d	3
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C. David Smith, MD



Change Date	Changed By	Description of Change	Version
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4/17/15	CAC	Added last paragraph in References.	2
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C. David Smith, MD



Change Date	Changed By	Description of Change	Version
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4/18/14	Medical Director	Combined Criterion #1 a-d under #1 a-b. Combined Criterion #3 b under #3 a.	1
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