



**Kaiser Foundation Health Plan of Washington**

**Clinical Review Criteria**

**Blepharoplasty**

- Blepharoptosis
- Brow Lift

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	<a href="#">Blepharoplasty, Eyelid Surgery, and Brow Lift (L36286)</a> For cosmetic purposes See <a href="#">Non-Covered Services (L35008)</a> .
Local Coverage Article	None

**For Non-Medicare Members**

Blepharoplasty or brow ptosis repair will be considered medically necessary when **ONE of the** following are met:

- I. **Blepharoplasty** is considered medically necessary and NOT cosmetic when **ONE of the following** is met:
  - A. Blepharoplasty for the following diagnoses may be considered medically necessary for an affected upper or lower lid without meeting visual loss criteria:
    1. Trichiasis
    2. Ectropian
    3. Entropian
  - B. In the absence of one of the conditions listed above unilateral or bilateral upper lid blepharoplasty or levator resection may be considered medically necessary for reconstructive purposes when the operative eye **meets ALL of the following** criteria:
    1. Visual field less than 20° above central fixation – (untaped eye) OR limited to 10 to 15 degrees (untapped eye) laterally
    2. MRD1 (marginal reflex distance from pupil center to upper eyelid) of 2 mm or less is required for the treatment of ptosis. Submission of MRD1 is not required for dermatochalasis
    3. Frontal or lateral photograph demonstrates visual field limitation consistent with the visual field examination, AND
    4. Does not have unstable myasthenia gravis or a thyroid condition
    5. **ALL of following** information must be submitted:
      - Visual fields, including physician interpretation
      - MRD1 (marginal reflex distance) measurement
      - Documentation of clinically decreased vision
      - Lateral and full face photographs
- II. **Brow ptosis repair** may be considered medically necessary for reconstructive purposes when the operative eye meets **ALL of the following** criteria:
  - A. Photographs demonstrate the eyebrow is below the super orbital rim
  - B. Visual field less than 20° above central fixation
  - C. MRD1 of 2 mm or less
  - D. Frontal or lateral photograph demonstrates visual field limitation consistent with the visual field examination, AND

- E. Does not have unstable myasthenia gravis or a thyroid condition
  - F. **ALL of following** information must be submitted:
    - Visual fields, including physician interpretation
    - MRD1 (marginal reflex distance) measurement
    - Documentation of clinically decreased vision
    - Lateral and full face photographs
- III. **Blepharoplasty in anophthalmia** is considered medically necessary when
- A. The upper eyelid position interferes with the fit of eye prosthesis in the socket.
- IV. Blepharoplasty of the lower lids for excessive skin that does not correct a functional issue is considered **cosmetic** under the member benefit.

If requesting this service, please send the following documentation to support medical necessity:

- Visual fields, including physician interpretation
- MRD1 (marginal reflex distance) measurement
- Documentation of clinically decreased vision
- Lateral and full face photographs

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

This service is covered when it is medically indicated and determined not to be for cosmetic. The Medicare coverage language includes the identification of how to determine medical necessity. This is the language that has been adopted by Kaiser Permanente.

In order to determine coverage, the clinical history submitted by the requesting physician should include the reason for the surgery and the identification of the procedure to be done.

## Evidence and Source Documents

### References:

Kaiser Permanente Coverage Contract Language  
 Medicare Coverage Manual /PROW Criteria

Medicare Part B News 180, March 2000, topic 1143 entry #5782, applicable to Washington State. And effective in March 2000 as of publish date.

Date Created	Date Reviewed	Date Last Revised
04/30/1998	05/04/2010 <sup>MDCRPC</sup> , 03/01/2011 <sup>MDCRPC</sup> , 01/03/2012 <sup>MDCRPC</sup> , 11/06/2012 <sup>MDCRPC</sup> , 09/03/2013 <sup>MPC</sup> , 06/03/2014 <sup>MPC</sup> , 02/03/2015 <sup>MPC</sup> , 12/01/2015 <sup>MPC</sup> , 10/04/2016 <sup>MPC</sup> , 08/01/2017 <sup>MPC</sup> , 07/10/2018 <sup>MPC</sup>	10/04/2016

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
08/27/2015	Added new LCD L35536
09/08/2015	Revised LCD to L36281, L34886, L35008
10/04/2016	Added indication: OR limited to 10 to 15 degrees (untapped eye) laterally

## Codes

**Blepharoplasty – 15820, 15821, 15822, 15823**

**Brow Lift – 67900**

**Blepharoptosis – 67901, 67902, 67903, 67904, 67906, 67908, 67909**