



Guidelines for Medical Necessity Determination for Blepharoplasty, Upper Eyelid Ptosis, and Brow Ptosis Surgery

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for blepharoplasty, upper eyelid ptosis (also known as blepharoptosis), and brow ptosis surgery. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 433.000: Physician Services](#), [130 CMR 450.00: Administrative and Billing Regulations](#), and Subchapter 6 of the [Physician Manual](#) for information about coverage, limitations, service conditions, and prior-authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care Organization, Senior Care Organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care Organization's, SCO's, or PACE's medical policies, respectively, for covered services.

MassHealth requires PA for blepharoplasty, upper eyelid ptosis surgery, and brow ptosis surgery, and reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

These Guidelines do not apply to blepharoplasty or brow surgery that is part of gender-affirming care, which is addressed in the [MassHealth Guidelines for Medical Necessity Determination for Gender-Affirming Surgery](#).

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SECTION I. GENERAL INFORMATION

Eyelids are responsible for covering and protecting the eye, and they contain internal structures that facilitate hydration and drainage of the eye. Defects in the lid mechanism of closure can lead to corneal or conjunctival irritation.

Obstruction of the visual fields may be caused by conditions of the eyelid, brow, and related tissue. Eyelid ptosis is a downward displacement of the eyelid margin and more commonly occurs in the upper eyelid. Upper eyelid ptosis can be caused by structures in the anterior or posterior parts of the eyelid. When an excess of eyelid skin (and often of underlying connective tissue, muscle, and fat) in the anterior lamellar structures causes downward forces on the lid, it is referred to as dermatochalasis. Eyelid ptosis caused by defects in the posterior lamellar structures is called blepharoptosis and can result from multiple causes, including muscular, neurogenic, traumatic, mechanical, or developmental issues. Blepharoplasty refers to surgery performed in the anterior lamellae to remove skin and tissue, whereas blepharoptosis repair refers to surgery that addresses structures in the posterior lamellae (e.g., muscular laxity).

Brow ptosis refers to sagging tissue of the eyebrows or forehead usually caused by aging changes in the forehead muscle and skin. In extreme cases, brow ptosis can obstruct the field of vision. Given aging's association with the brow and lid structures, brow ptosis may coexist with blepharoptosis and dermatochalasis. In cases where the patient would need multiple surgeries to achieve the functional outcome, blepharoplasty surgery, blepharoptosis surgery, and brow ptosis surgery may be performed together. However, the medical necessity of each surgical procedure would need to be demonstrated.

MassHealth considers approval for coverage of blepharoplasty, upper eyelid ptosis, and brow ptosis surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204 and 130 CMR 433.000. Brow and eyelid surgeries are often performed for cosmetic purposes, so medical necessity must be supported with thorough clinical documentation specified below.

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SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for upper eyelid blepharoptosis, blepharoplasty, and brow ptosis surgery on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure.

1. Upper eyelid ptosis surgery
 - a. Upper eyelid blepharoptosis surgery (CPT 67901–67908) may be medically necessary when all of the following criteria (i through iv) are present.
 - i. Clinically significant functional and physical impairment complaints directly related to the position of the eyelid(s);
 - ii. Other causes of ptosis are ruled out (e.g., recent Botox® injections, myasthenia gravis);
 - iii. Color photographs must show eyelid blepharoptosis;
 - iv. Visual field testing must show superior visual field loss of at least 12 degrees untaped, and with lid in taped position must show an improvement of 30% or more in the number of points seen. Visual field testing must correlate with photographic documentation.
 - b. Reduction of a ptosis overcorrection (67909) may be medically necessary when clinical documentation, including the date of the initial operation, postoperative course, and signs and symptoms, as well as photographs of the overcorrection, demonstrate the need for revisional surgery.
2. Upper eyelid blepharoplasty (CPT 15822 and 15823) may be medically necessary if any of the described indications below (a, b, c, *or* d) are met:
 - a. To correct prosthesis difficulties in an anophthalmia socket; or
 - b. To relieve painful symptoms of blepharospasm; or
 - c. To treat peri-orbital sequelae of thyroid disease and nerve palsy; or

- d. To remove excess tissue of the upper eyelid causing functional visual impairment when the following criteria (i through iv) are present.
 - i. The patient must have a complaint of functional physical impairment directly related to an abnormality of the eyelid(s);
 - ii. Blepharoptosis has been ruled out as the primary cause of visual field obstruction;
 - iii. Color photographs in straight gaze must show the redundant eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eyelashes; and
 - iv. Visual field testing must be automated and show superior visual field loss of at least 12 degrees untaped, and with lid in taped position must show an improvement of 30% or more in the number of points seen. Visual field testing must correlate with photographic documentation.
- 3. Lower eyelid blepharoplasty (CPT 15820 and 15821) may be medically necessary when all of the following criteria (a through c) are present.
 - a. The patient must have a complaint of functional physical impairment directly related to an abnormality of the lower eyelid(s);
 - b. Excessive skin or tissue is sufficient to impair eye closing, corneal integrity, or normal tearing;
 - c. Color photograph(s) must show the defect described in (II.A.3.b), and at least two photographs in eye-open and eye-closed positions must be submitted.
- 4. Brow ptosis repair (CPT 67900) may be medically necessary when all of the following criteria (a through e) are present.
 - a. Eyebrow below the superior orbital rim;
 - b. Other causes have been eliminated as the primary cause for the visual field obstruction (e.g., Botox® treatments within the past six months);
 - c. Patient must have a functional complaint related to brow ptosis;
 - d. Brow ptosis must be documented in two color photographs (one photograph showing the eyebrow below the bony superior orbital rim and a second photograph with the brow taped up to eliminate the eyelid ptosis); and
 - e. Automated peripheral and superior visual field testing, with taped and untaped eyebrow, showing 30% or more improvement in total number of points seen with the eyebrow taped up and must correlate with photographic findings.
- 5. If multiple procedures are requested, all criteria for each individual procedure must be met. Differential taping of brows, excess skin, or tissue, and/or lids must document insufficient visual field correction with a single procedure alone. If both a blepharoplasty and ptosis repair are requested, two sets of photographs (front and side views) may be necessary to demonstrate the need for both procedures: one photograph set should show the excess skin above the eye resting on the eyelashes, and a second set of photographs should show persistence of lid lag, with the upper eyelid crossing or slightly above the pupil margin, despite lifting the excess skin above the eye off of the eyelids with tape. If all three procedures (blepharoplasty, blepharoptosis repair, and brow ptosis repair) are requested, three sets of photographs may be necessary.

B. NONCOVERAGE

MassHealth does not consider blepharoplasty, upper-eyelid ptosis, or brow ptosis surgery medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The procedure is performed for cosmetic purposes or solely to improve appearance;
2. The medical necessity clinical coverage indications outlined in Section II.A are not met;
3. The clinical documentation requirements outlined in Section III are not met.

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SECTION III: SUBMITTING CLINICAL DOCUMENTATION

Requests for PA for blepharoplasty, upper eyelid ptosis, and brow ptosis surgery must be submitted by the MassHealth-enrolled surgeon who is performing the procedure and be accompanied by clinical documentation that supports the medical necessity for the procedure(s).

A. Documentation of medical necessity must include all of the following.

1. Diagnosis or condition specific to the procedure being requested;
2. Medical history that has fully evaluated the etiology for the condition and contributing co-morbidities;
3. Physical examination with accurate descriptions and measurements as indicated in the clinical coverage criteria for the procedure;
4. Any related disease process, such as myasthenia gravis, thyroid condition, or oculomotor nerve palsy, is documented as stable and with optimal medical management prior to the consideration of surgery;
5. Documentation of patient complaints, symptoms experienced (including duration and progression), impairment of vision (upper and/or outer fields), and other relevant clinical history;
6. Automated visual field testing (taped and untaped) is required. Exceptions to automated testing will be made for children under 12 years old and in rare instances when automated testing is not able to be performed (e.g., developmental disability). Visual field testing is required for all procedures except lower eyelid blepharoplasty;
7. High-quality lateral and full-face color photographs documenting the physical and/or physiologic abnormality accounting for the functional impairment. The date taken and patient's name must be documented on the photograph(s).
 - Full-face photographs must be frontal and lateral canthus-to-lateral canthus with the head perpendicular to the plane of the camera (i.e., not tilted). The photographs must be of sufficient clarity to show a light reflex on the cornea OR the relationship of the true eyelid margin or the "false lid margin" in the case of severe dermatochalasis/blepharochalasis to the iris or pupil. The photographs for reduction of ptosis overcorrection must include lid position with eyes open and eyes closed.

- B. Clinical information must be submitted by the MassHealth-enrolled qualified health professional performing the procedure. Providers are strongly encouraged to submit requests electronically. Providers must submit the request for PA and all supporting documentation using the Provider Online Service Center (POSC), or by completing a MassHealth Prior Authorization Request form (using the [PA-1 paper form](#) found at www.mass.gov/masshealth) and attaching all supporting documentation. The PA-1 form and documentation should be mailed to the address on the back of the form. Questions about POSC access should be directed to the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

CODING

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

Select References

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2. American Society of Plastic and Reconstructive Surgeons (ASPRS). Practice Parameter for Blepharoplasty. March 2007. Available at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Blepharoplasty-Practice-Parameter.pdf>. Accessed December 13, 2018.
3. Edmonson B, Wulc A. Ptosis Evaluation and Management. Otolaryngol Clin N Am. 38: 921–946, 2005.
4. Mellington F, Khooshabeh R. Brow ptosis: are we measuring the right thing? The impact of surgery and the correlation of objective and subjective measures with postoperative improvement in quality-of-life. Eye (Lond). 2012 Jul; 26(7): 997-1003.
5. Cahill K, Bradley E, Meyer D, Custer P et al. Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery. Ophthalmology. 2011; 118: 2510-2517.
6. An SH, Jin SW, Kwon YH, et al. Effects of upper lid blepharoplasty on visual quality in patients with lash ptosis and dermatochalasis. Int J Ophthalmol. 2016 Sep 18; 9(9): 1320-4.
7. Cole EA, Winn BJ, Putterman AM. Measurement of eyebrow position from inferior corneal limbus to brow: a new technique. Ophthalmic Plast Reconstr Surg. 2010 Nov-Dec;26(6):443-7.

These Guidelines are based on review of the medical literature and current practice in blepharoplasty, upper eyelid ptosis, and brow ptosis surgery. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, they should contact their health care provider for guidance or explanation.

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Approved by: _____



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