



TITLE:	EYELID SURGERY POLICY
POLICY #:	MM-PNP-058
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	4/12/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Eyelid Surgery

2. SCOPE

Medical UM Department

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Medical Necessity

Upper Lid Blepharoplasty

Upper Lid Blepharoplasty is considered medically necessary for *any* of the following indications:

1. To correct prosthesis difficulties in an anophthalmia socket; *or*
2. To remove excess tissue of the upper eyelid causing functional visual impairment when the following criteria are met:
 - Photographs taken within the past 12 months in straight gaze show redundant eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eye lashes; *and*
 - Documentation of visual field testing within the past 12 months, performed with and without the eyelid or brow taped, showing *both* of the following:
 - A superior visual field of 30 degrees or less prior to taping; *and*
 - *Either* of the following after taping of the eyelids: an increase in superior visual fields of 12 degrees or more; *or*
 - A 30 percent or greater increase in superior visual fields; *or*

- To relieve painful symptoms of blepharospasm; *or*
- To treat periorbital sequelae of thyroid disease and nerve palsy, and periorbital sequelae of other nerve palsy (e.g., the oculomotor nerve).

Note: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Lower Lid Blepharoplasty

Lower Lid Blepharoplasty is considered medically necessary for *any* of the following indications.

1. To correct prosthesis difficulties in an anophthalmia socket; *or*
2. To relieve excessive lower lid bulk only if proper positioning of prescription eyeglasses is precluded and is secondary to conditions such as:
 - Chronic systemic corticosteroid therapy;; *or*
 - Dermatomyositis; *or*
 - Graves' disease; *or*
 - Myxedema; *or*
 - Nephrotic syndrome; *or*
 - Polymyositis; *or*
 - Scleroderma; *or*
 - Sjögren's syndrome; *or*
 - Systemic lupus erythematosus.

Notes: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Excess tissue beneath the eye rarely obstructs vision, so the lower lid blepharoplasty is rarely considered medically necessary for functional visual impairment.

Upper Lid Ptosis Surgery

Ptosis (blepharoptosis) repair for laxity of the muscles of the upper eyelid causing functional visual impairment when the following criteria are met:

1. Photographs taken within the past 12 months of the individual looking straight ahead demonstrating the eyelid at or below the upper edge of the pupil; *and*
2. Documentation of visual field testing within the past 12 months, performed with and without the eyelid or brow taped, showing *both* of the following:
 - A superior visual field of 30 degrees or less prior to taping; *and*
 - *Either of the following after taping of the eyelids:*
 - An increase in superior visual fields of 12 degrees or more; *or*
 - A 30 percent or greater increase in superior visual fields; *and*
3. Documentation in the medical records of the margin reflex difference (distance from the upper lid margin to the reflected corneal light reflex at normal gaze) of 2 mm or less with the eyes in a straight gaze.

Note: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Brow Ptosis Surgery

Brow ptosis repair for laxity of the forehead muscles causing functional visual impairment is considered medically necessary when the following criteria are met:

1. Photographs taken within the past 12 months show the eyebrow below the supra-orbital rim; *and*
2. Documentation of visual field testing within the past 12 months, performed with and without the eyelid or brow taped, showing *both* of the following:
 - A superior visual field of 30 degrees or less prior to taping; *and*
 - *Either* of the following after taping of the eyelids:
 - An increase in superior visual fields of 12 degrees or more; *or*
 - A 30 percent or greater increase in superior visual fields; *and*
3. Brow ptosis is causing a functional impairment of upper/outer visual fields with documented interference with vision or visual field related activities such as difficulty reading due to upper eyelid drooping, looking through the eyelashes or seeing the upper eyelid skin.

Note: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Ectropion / Entropion Repair

Eyelid ectropion or entropion repair is considered medically necessary to repair defects predisposing to corneal or conjunctival injury due to ectropion (eyelid turned outward), entropion (eyelid turned inward), or pseudotrachiasis (inward direction of eyelashes due to entropion) when selection criteria are met.

Selection Criteria for Ectropion

Clear high-quality, clinical photographs must document the presence of an ectropion, and corneal or conjunctival injury with *both* of the following:

Subjective symptoms including either excess tearing, or pain/discomfort; *and*

- Any *one* of the following:
- corneal ulcer
- Exposure keratitis
- Kerato-conjunctivitis

Selection Criteria for Entropion

Clear high-quality, clinical photographs must document: Lid turned inward; and at least *one* of the following:

0. Trichiasis or irritation of cornea or conjunctiva; *or*
1. Subjective symptoms include either excessive tearing, or pain/discomfort.

Note: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Upper Eyelid Tightening Procedures

Block resection or tarsal strip with lateral canthal tightening are considered medically necessary for members who have:

1. Refractory corneal; *or*
2. Conjunctival inflammation related to exposure from floppy eyelid syndrome.

Note: For patients with unilateral disease meeting criteria for the above-listed procedures, surgery of the contralateral eye may be considered medically necessary to obtain symmetry.

Note: Where medical necessity criteria indicate need for photographs, photos must be taken with the eyes not dilated or squinting. Photos are to be taken at eye level and depicting a frontal view. Photos must be of sufficient quality to show the light reflex on the cornea and demonstrate the lid margins in relation to the pupil. Excess upper eyelid skin, upper eyelid ptosis, or brow ptosis can be present alone or in any combination, and each may require correction. If both a blepharoplasty and ptosis repair are requested, 2 photographs may be necessary to demonstrate the need for both procedures: 1 photograph should show the excess skin above the eye resting on the eyelashes, and a second photograph 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 3 procedures (i.e., blepharoplasty, blepharoptosis repair, and brow ptosis repair) are requested, 3 photographs may be necessary.

Note: A normal, unobstructed superior visual field measures approximately 45 to 50 degrees. A superior visual field of 30 degrees or less corresponds to a functional superior visual field loss. Surgery is indicated for patients with a superior visual field of 30 degrees or less if there is an increase of 12 degrees or more, or a 30 percent or greater increase, in superior visual fields after taping of the eyelids. This is illustrated by the following examples:

Example A: A visual field of 25 degrees that increases to 37 degrees after taping would meet visual field criteria for surgery.

Example B: A visual field of 30 degrees that increases to 39 degrees after taping would meet visual field criteria for surgery.

Visual field testing should be conducted within the past 12 months. Visual field testing may be completely automated (such as Humphrey Visual Field) or performed by a technician with or without the assistance of a machine (such as Goldmann Perimetry). Both taped and untaped visual fields need to be submitted for each eye for requested surgery.

Note: A margin to reflex distance (MRD) of 2 mm corresponds to a superior visual field impairment of 12-15 degrees. Thus, a baseline superior visual field of 30-35 degrees corresponds to an MRD of 2 mm.

Congenital Ptosis Surgery

Curative considers surgical correction of congenital ptosis medically necessary to allow proper visual development in infants and children when the following criteria are met:

- A. Infant or child has congenital ptosis (present at birth and detected within the first year of life); and
- B. Ptosis interferes with field of vision (visual field testing not required); and

- C. Child has abnormal head posture (e.g., head tilt or turn, chin up or chin down), amblyopia or strabismus.

Experimental, Investigational, or Unproven

Periorbital Microcystic Lymphatic Malformation with Blepharoptosis

Curative considers intralesional bleomycin injection experimental, investigational, or unproven for the treatment of periorbital microcystic lymphatic malformation with blepharoptosis because its effectiveness has not been established.

Cosmetic

Congenital Ptosis

Surgery is considered cosmetic if performed for mild ptosis that is only of cosmetic concern.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

- 7.1.** All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

Documentation required photographs taken within the past 12 months show the eyebrow below the supra-orbital rim; and documentation of visual field testing within the past 12 months, performed with and without the eyelid or brow taped.

REFERENCE DOCUMENTS AND MATERIALS

9.1. Related Policies

- 9.1.1. Cosmetic Surgery

10. COLLABORATING DEPARTMENTS

N/A

11. DOCUMENT CONTROL

APPROVED BY:		
Charles, Brandon	4/16/2024	DocuSigned by: Charles, Brandon
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments

			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A