Blepharoplasty With or Without Levator Muscle Advancement and Brow Ptosis Repair

Policy Number:	**M020214277**
Effective Date:	**2/14/2002**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To provide criteria to determine the medical necessity for **blepharoplasty**, **upper eyelid ptosis** and **brow ptosis** repair.

Policy:

Commercial and Self-Funded:
Blepharoplasty, upper eyelid ptosis, and brow ptosis surgical procedures are not considered medically necessary when performed to improve a patient's appearance in the absence of symptoms of any functional deficit.

Medicare Advantage:
There is currently a Local Coverage Article (LCA) for blepharoplasty and brow ptosis procedures. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan: MediSource, MediSource Connect, Child Health Plus and Essential Plan covers blepharoplasty and brow ptosis procedures utilizing the Commercial criteria below.

Clinical Indications

Upper eyelid ptosis surgery may be medically necessary when **ALL** of the following criteria are present:

- Clinically significant functional and physical impairment complaints directly related to the position of the eyelid(s)
- Other causes of ptosis are ruled out (e.g., recent Botox® injections, myasthenia gravis)
- A **marginal reflex distance (MRD)**-1 of 2.0 mm or less
- Clear photographs must demonstrate the eyelid abnormality(ies) necessitating the procedure(s) by showing eyelid blepharoptosis
- Visual field testing must be automated* and shows 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

Reduction of a ptosis overcorrection may be medically necessary when **ALL** of the following clinical documentation is present:

- Date of the initial operation
- Postoperative course
- Signs and symptoms
- Photographs of the overcorrection that demonstrate the need for revision surgery

Upper eyelid blepharoplasty may be medically necessary if **1 or more** of the following described indications are met:

- To correct prosthesis difficulties in an anophthalmia socket
- To relieve painful symptoms of blepharospasm
- To treat peri-orbital sequelae of thyroid disease and nerve palsy
- To remove excess tissue of the upper eyelid causing functional visual impairment when **ALL** of the following criteria are present:

- The patient must have a complaint of functional physical impairment directly related to an abnormality of the eyelid(s)
- Blepharoptosis has been ruled out as the primary cause of visual field obstruction
- Marginal reflex distance (MRD)-1 of 2.0 mm or less
- Clear photographs in straight gaze must demonstrate the eyelid abnormality(ies) necessitating the procedures(s) by showing the redundant eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eyelashes
- Visual field testing must be automated* and shows 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

Lower eyelid blepharoplasty may be medically necessary when **ALL** of the following criteria are present:

- The patient must have a complaint of functional physical impairment directly related to an abnormality of the lower eyelid(s)
- Excessive skin or tissue is sufficient to impair eye closing, corneal integrity, or normal tearing
- Color photograph(s) must show the defect described in and at least two photographs in eye-open and eye-closed positions must be submitted

Brow ptosis repair, brow lift or browpexy is considered medically necessary when **ALL** of the following criteria are present:

- Eyebrow is below the superior orbital rim
- Other causes have been eliminated as the primary cause for the visual field obstruction (e.g., Botox® treatments within the past six months)
- Patient must have a functional complaint related to brow ptosis
- 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 that eliminates the eyelid ptosis
- 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.

  *Note: Automated visual testing with interpretation must be done by an ophthalmologist or optometrist. Raw data and interpretation must accompany the preauthorization request. Manual, subjective, visual field testing will not be accepted. At the Medical Director's discretion, if there is a discrepancy between the automated visual field testing and submitted photographs, an additional visual field testing performed by an independent third party will be required.

Pre-Authorization Required? Yes ☒ No ☐

Pre-authorization is required for these services.

Definitions

Blepharoplasty removes excess skin from the eyelids. With age, eyelids stretch, and the muscles supporting them weaken resulting in excess skin and fat that can gather above and below the eyelids. This can cause sagging eyebrows, droopy upper lids, and bags under the eyes. Besides aging, severely sagging skin around the eyes can reduce peripheral vision.

Brow ptosis - refers to sagging tissue of the eyebrows and/or forehead. In extreme cases, brow ptosis can obstruct the field of vision.

Browpexy - refers to the repositioning of the eyebrow to a higher location. Typically, it is done along with the upper eyelid blepharoplasty procedure. It is designed to correct the heavy drooping brow line.

Dermatochalasis - redundancy and laxity of the eyelid skin and muscle. Gravity, loss of elastic tissue in the skin, and weakening of the eyelid connective tissues contribute to dermatochalasis, which more frequently involves the upper lids, but is also common in the lower lids.

Marginal reflex distance (MRD) - the distance central pupillary light reflex to the upper eyelid margin which normally measures 4 to 5 mm.

Upper eyelid ptosis occurs when the upper eyelid droops over the eye. The eyelid may droop so much that it covers the pupil. Ptosis can limit or even completely block normal vision. This can be caused by aging or an eye injury or as a side effect after certain eye surgery. Rarely, diseases or tumors can affect the eyelid muscle, causing ptosis.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
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American Society of Plastic and Reconstructive Surgeons (ASPRS). Recommended Insurance Coverage Criteria for Third Party Payers: Blepharoplasty. December 2020. Available at: https://www.plasticsurgery.org/documents/Health-Policy/Reimbursement/insurance-2020-blepharoplasty.pdf. Accessed January 20, 2026.

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Regulatory References

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This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

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