



AMERICAN SOCIETY OF  
PLASTIC SURGEONS

# ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

## Blepharoplasty

### BACKGROUND

Blepharoplasty is performed for both functional and aesthetic reasons. Functional issues include ptosis, floppy eyelid syndrome, blepharochalasis, dermatochalasis, herniated orbital fat, and visual field obstruction. Aesthetic reasons include a desire for a more youthful or less fatigued appearance.

Blepharoplasty is often done in combination with other procedures such as a browlift or facelift. This may be done to restore more complete function or facial expression as well as for aesthetic reasons. Advances in technique, including laser applications, have led to greater patient comfort, fewer complications and more rapid recovery.

### DEFINITIONS

For reference, the following definitions of cosmetic and reconstructive surgery were adopted by the American Medical Association in 1989:

*Cosmetic* surgery is performed to reshape *normal* structures of the body in order to improve the patient's appearance and self-esteem.

*Reconstructive* surgery is performed on *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

**Blepharoplasty** is a procedure that reconstructs eyelid deformities, improves abnormal function and/or enhances appearance of the eyelids. *Cosmetic blepharoplasty* can improve a patient's appearance in the absence of any signs and/or symptoms of functional abnormalities. *Reconstructive blepharoplasty* can restore function by transforming abnormal eyelid structures to a more normal state.

**Blepharochalasis** is a condition in which there is a redundancy of eyelid skin.

**Dermatochalasis** is characterized by deficient elastic fibers of the skin, which may hang in folds. Skin redundancy and/or muscle laxity involving the eyelids that can impair vision.

**Ptosis** occurs when the eyelid droops more than is considered normal, potentially impairing vision. Ptosis is usually categorized as either "true ptosis," an intrinsic disturbance of the eyelid structures, or as a "pseudoptosis," a lack of normal eyelid support or the presence of excess lid tissue that "hoods" the eye, restricting the upward gaze and blocking the peripheral and/or forward vision.

### POLICY

Blepharoplasty should be considered reconstructive when it is performed to correct visual impairment caused by drooping of the eyelids (ptosis) or excess eyelid skin (blepharochalasis); repair congenital abnormalities or defects caused by trauma or tumor-ablative surgery. The procedure may involve rearrangement or excision of the

structures within the eyelids and/or tissues of the cheek, forehead and nasal areas. Occasionally, a graft of skin or other distant tissue is transplanted to replace deficient eyelid components.

When reconstructive blepharoplasty is performed, indications for surgery should be documented by the surgeon in the history and physical and reiterated in the operative note. If the patient is experiencing visual impairment, formal visual field testing by an Optometrist or Ophthalmologist is recommended. A complete eye exam may also be appropriate in certain cases. Such documentation should qualify a procedure as medically necessary and, therefore, eligible for insurance coverage.

Photographs are usually taken to document the pre-operative condition and aid the surgeon in planning surgery. In some cases the pictures may record physical signs; however, they do not substantiate symptoms and should only be used by third-party payers in conjunction with less subjective documentation. In circumstances where photographs may be useful to a third-party payer, the plastic surgeon should provide them. The patient must sign a specific release and confidentiality must be honored. It is recommended that a board-certified plastic surgeon employed or commissioned by a third party payer evaluate all submitted photographs.

Documentation of the severity of the symptoms of eyelid deformities and/or the impact on health related quality of life issues listed below should be noted.

- Edema
- Visual field defects
- Hypertrophy of the obicularis oculi
- Conjunctival inflammation
- Keratitis
- Malar festoons
- Blepharochalasis
- Dermatochalasis
- Lagophthalmos
- Protrusion of orbital fat
- Eyelid and/or eyebrow ptosis

Diagnostic studies, as **clinically indicated**, should be performed and noted.

- Schirmer's test (tearing or dry eye test)
- Visual field evaluation
- CBC/SMA-7
- Bleeding and clotting studies
- Cardiac evaluation
- Ophthalmologist consultation

It is the position of ASPS that blepharoplasty is compensable by third-party payers when performed alone or when combined with other related procedures for reconstructive purposes.

It is the position of ASPS that when blepharoplasty is performed solely to enhance a patient's appearance, in the absence of any signs or symptoms of functional abnormalities, the surgery should be considered cosmetic in nature. It is the opinion of the ASPS that cosmetic blepharoplasty is not compensable by third-party payers unless specified in the patient's policy.

If two surgical procedures (one reconstructive and one cosmetic) are performed during the same operative session, the surgeon should accurately distinguish which components of the procedure are reconstructive and which are cosmetic. The surgeon should also clearly delineate what percentage of the procedure and fees are reconstructive. Third party payers should pay for the reconstructive portion of the surgery.

## CODING

### Diagnosis

#### Cosmetic

Plastic surgery for unacceptable cosmetic appearance V50.1

#### Functional

Other localized visual field defect 368.44

Ptosis of eyelid, unspecified 374.33

Blepharochalasis 374.34

Congenital ptosis 743.61

Congenital deformities of eyelids 743.62

Other specified congenital anomalies of eyelid 743.63

Specific CPT codes alone do not differentiate cosmetic from reconstructive procedures. Categorization of each procedure is to be distinguished by the presence or absence of specific signs and/or symptoms.

### Procedure

#### CPT Code

Blepharoplasty, lower eyelid; 15820

with extensive herniated fat pad 15821

Blepharoplasty, upper eyelid; 15822

with excessive skin weighting

down lid 15823

Temporary closure of eyelids by suture 67875

Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) 67900

Repair of blepharoptosis; frontalis with suture technique 67901

frontalis with autologous fascial sling 67902

tarso levator resection or

advancement, internal approach 67903

tarso levator resection or

advancement, external approach 67904

superior rectus technique with

fascial sling 67906

conjunctivo-tarso-Müller's

muscle-levator resection 67908

## ADDITIONAL REFERENCES

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## PRIMARY REFERENCE

American Society of Plastic Surgeons. *Practice Parameter for Blepharoplasty*. March 2007.

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