

Medical Necessity Guidelines: Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair

Effective: March 18, 2020

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p>Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p>TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</p>	
<p>To obtain InterQual® SmartSheets™:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for blepharoplasty, upper eyelid and lower eyelid, and for brow and/or eyelid ptosis repair.

Refer to [Medical Necessity Guidelines: Transgender Surgical Procedures](#) when authorization request is for procedure(s) related to the treatment of persistent gender dysphoria.

To obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Brow Ptosis Repair**
- **Eyelid Ptosis Repair**
- **Blepharoplasty, Upper Eyelid**
- **Blepharoplasty, Lower Eyelid**

CODES

PROCEDURES REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan uses InterQual SmartSheet(s) for the following procedure code(s).

BROW PTOSIS REPAIR

The following CPT code(s) require prior authorization:

2110020

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Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair

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

EYELID PTOSIS REPAIR

The following CPT code(s) require prior authorization:

Code	Description
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

BLEPHAROPLASTY, UPPER EYELID

The following CPT code(s) require prior authorization:

Code	Description
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid: with excessive skin weighting down lid

BLEPHAROPLASTY, LOWER EYELID

The following CPT code(s) require prior authorization:

Code	Description
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad

APPROVAL HISTORY

March 5, 2007: Reviewed by the Medical Affairs Medical Policy Committee

Subsequent Endorsement Date(s) and Changes Made:

- April 7, 2008: Clarification of severity of ptosis calculations added.
- July 6, 2009: Use of photographs to demonstrate eyelid abnormalities allowed in some circumstances.
- May 2010: Reviewed at MSPAC, no changes.
- April 2011: Reviewed by MSPAC. Title changed to include "Eyelid"; definition of ptosis updated.
- November 1, 2011: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), the policy has been revised to add CPT codes 15822 and 15823 to the list of codes requiring prior authorization.
- August 8, 2012: Reviewed by IMPAC, renewed without changes.
- October 10, 2012: Reviewed by IMPAC. Completed InterQual® SmartSheets™ for these procedures will be required effective January 1, 2013.
- July 10, 2013: Reviewed by IMPAC, no changes.
- June 11, 2014: Reviewed by IMPAC, renewed without changes
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- May 13, 2015: Reviewed by IMPAC, renewed without changes
- September 21, 2015: Coding changes for effective date September 21, 2015, InterQual upgrade.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- May 11, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017

- May 10, 2017: Reviewed by IMPAC, renewed without changes
- April 11, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Tufts Health Freedom Plan. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, Interqual upgrade effective for Tufts Health RITogether. New Interqual subset Brow Ptosis Repair will be used for prior authorization of CPT 67900. MNG title changed to include blepharoplasty, upper eyelid.
- December 12, 2018: Reviewed by IMPAC. Effective April 1, 2019, new Interqual subset Blepharoplasty, Lower Lid, will be used for prior authorization of CPT 15820, 15821.
- February 1, 2019: Link added to Medical Necessity Guidelines: Transgender Surgical Procedures
- March 20, 2019: Reviewed by IMPAC, renewed without changes
- March 18, 2020: Reviewed by IMPAC, renewed without changes
- March 20, 2020: Unify fax number updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.