

Medical Coverage Policy

Policy Number – MP22-031E

Original review date – 11/29/2022

Effective date –

Blepharoplasty

Background

Blepharoplasty is a general term for reconstructive plastic surgery on the upper and lower eyelids. It may also include canthoplasty, which is plastic surgery of the medial and/or lateral canthus (formed by the meeting of the upper and lower eyelids on either side of the eye).

Blepharoptosis is the drooping of the upper eyelids, usually caused by weakness of the levator muscle and laxity of the eyelid skin. It may be due to aging, birth defects, disease or injury. Severe ptosis can result in partial or complete obstruction of vision.

Ectropion is an outward turning of the eyelid, so that the lid margin does not rest against the eyeball. The corneal exposure can cause excessive drying, irritation and ulceration.

Entropion is an inward turning of the eyelid so that the lid margin rests against and rubs the eyeball, which can lead to trichiasis, permanent corneal scarring and pain.

Dermatochalasis is excessive eyelid skin, and can also involve underlying muscle, connective tissue and fat.

Margin reflex distance 1 is a measurement of the distance from the central corneal light reflex to the upper eyelid margin. A margin reflex distance 1 of 2mm in primary gaze has been shown to correlate with superior visual field impairment of 24-30% and superior visual field loss of 12 to 15 degrees.

Central gaze is the position in which both the eyes are fixed on a distant object straight in front of the patient.

Down gaze is the position in which both the eyes are fixed on an object 40 degrees downward from central gaze, such as when reading.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Blepharoplasty, canthoplasty or related procedures are considered medically necessary when a pre-operative ophthalmic examination has been conducted, for the following conditions:

- I. Ectropion, with evidence of symptomatic corneal exposure (eg, excessive drying, tearing, irritation, foreign body sensation, keratitis, corneal ulcer)
- II. Entropion, when local measures fail to control symptoms such as eye pain or corneal irritation
- III. Exposure keratitis due to **one or more** of the following:
 - a. Eyelid laxity
 - b. Inability to properly close eye due to Bell palsy or other disorder
 - c. Postoperative complication (eg, absence of part of eyelid from previous surgery)
- IV. Ptosis of lid or dermatochalasis, as indicated by **one or more** of the following:
 - a. Congenital ptosis with amblyopia
 - b. Margin reflex distance 1 (MRD1) less than or equal to 2 mm in central gaze
 - c. Margin reflex distance 1 (MRD1) less than or equal to 2 mm in down gaze with impairment of reading
 - d. Visual field testing shows superior visual field loss[I] of 12 degrees of vision or 24% impairment

Limitations of coverage

- I. Preoperative ophthalmic examination should include a complete periocular examination, including the brow, lid, cheek, and ocular surface, and complete ocular examination, including documentation of vision and evaluation of pupil, extraocular motility, and corneal status via slit-lamp examination
- II. Procedures performed without a significant impairment of vision are considered cosmetic and are excluded from coverage

TRICARE Policy Manual (TPM) Chapter 4, Section 2.1

3.0 Exclusions

3.9 Blepharoplasty (except when performed for correction of documented significant impairment of vision).

Coding information

15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining 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
67911	Correction of lid retraction
67914	Repair of entropion; suture
67915	Repair of entropion; thermocauterization
67916	Repair of entropion; excision tarsal wedge
67917	Repair of entropion; extensive (e.g., tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair on entropion; excision tarsal wedge
67924	Repair of entropion; extensive (e.g., tarsal strip or capsulopalprebral fascia repairs operation)
67950	Canthoplasty (reconstruction of canthus)

References

1. TRICARE Policy Manual Chapter 4, Section 2.1 [TRICARE Manuals - Display Chap 4 Sect 2.1 \(Change 118, Sep 25, 2023\) \(health.mil\)](#)
2. MCG Health. Ambulatory Care. 28th edition. ACG: A-0195 (AC). Last reviewed: 03/14/2024

Revision History:

December 2023: Updated references

November 2024: Updated references

Approved by:



Joseph F. McKeon, MD, MPH

Chief Medical Officer

Date of approval: 11/27/2024