Subject: Blepharoplasty*

Effective Date: August 1, 1998

Department: Utilization Management

Policy: Blepharoplasty (CPT 15822 – 15823; 67901 through 67908) is reimbursable under plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement for a medically necessary service and to delineate criteria that distinguishes it from cosmetic applications.

Procedure: A. Requests for coverage of blepharoplasty must be submitted in writing and must include the following documentation:

1. A description of symptoms and signs related to the condition for which blepharoplasty is planned as remedy, including but not limited to ptosis (ICD-9 374.30 – 347.33) (ICD-10, H02.401, H02.402, H02.403, H02.409, H02.411, H02.412, H02.413, H02.419, H02.431, H02.432, H02.433, H02.439) and/or dermatochalasia/blepharochalasis (374.87/374.34) (ICD-10 02.831, H02.834, H02.31, H02.34).

2. Photographs demonstrating ptosis and/or dermatochalasia or other abnormality for which blepharoplasty is planned.

3. A report of the impact of these symptoms and signs on the patient’s visual fields and the impact, on the visual fields, of taping the eyelids open.
B. Medical review is required for all requests for blepharoplasty.

References:


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.