Eyelid Surgery (Blepharoplasty) and Visual Field Testing: Medically Necessary or Cosmetic?

Michael Wheatley, MD
Board-Certified Hand Surgeon and Plastic Surgeon

Ann M. Correa, RN, OCN
Clinical Training & Special Projects Lead
AllMed Healthcare Management

© AllMed Healthcare Management, Inc.
Overview

• What is blepharoplasty?
• Associated conditions
• Evaluating the severity of eyelid defects
• Professional society guidelines
• Health plan coverage
• The role of external independent medical review in determining medical necessity for blepharoplasty
What Is Blepharoplasty?

- A procedure to remove excess skin, muscle, or fat from the upper and lower eyelids
  - Can correct dropping upper lids, as well as puffy bags below the eyes
  - Performed for various functional and cosmetic indications
- Can be done alone, or in conjunction with other facial surgery procedures such as a facelift or brow lift
- Does not remove crow’s feet or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows
Upper vs. Lower Lid Blepharoplasty

- The upper eyelids protect the globe, distribute tears on the surface of the eye, and facilitate the drainage of tears through the lacrimal apparatus
  - Surgery may be indicated if any of these functions is impaired or if significant ptosis (drooping) of the upper eyelid blocks vision

- Lower eyelid blepharoplasty is almost always done for cosmetic reasons
  - To improve puffy lower eyelid bags
  - To reduce the wrinkling of skin
Associated Conditions

- **Blepharochalasis**
  - Redundant skin of the upper eyelid hangs down, impairing the visual field

- **Blepharospasm**
  - Muscles in the eyelids and around the eyes twitch uncontrollably

- **Dermatochalasis**
  - Excess of eyelid skin, underlying muscle, connective tissue and/or fat
  - Most often results from specific disorders (e.g., thyroid eye disease, floppy eyelid syndrome, blepharochalasis syndrome, trauma)
Associated Conditions (cont’d)

- **Ectropion**
  - Turning out or sagging of the upper or lower eyelid
  - Mainly affects the lower eyelid, leaving the eye exposed and dry (excessive tearing is common)

- **Entropion**
  - Abnormal inward rotation of the eyelid
  - Occurs most commonly as a result of aging, but may occur after trauma and scar contraction or after surgery

- **Epiblepharon**
  - A congenital horizontal fold of skin stretches across the border of the eyelid, pressing the eyelashes inward against the eyelid

- **Thyroid disease**
  - May cause unilateral or bilateral upper eyelid retraction and proptosis (protruding eye)
Evaluating the Severity of Eyelid Defects
Preoperative Consultation

- Patients present with a variety, or combination of symptoms
- Evaluate patient’s reasons for seeking surgery
- Medical history
  - Illnesses
  - Dry eye
  - Medications
  - Allergies
  - History of eyelid swelling, thyroid disease, heart failure, and bleeding tendencies
Physical Examination

- Evaluate the amount of skin on the upper and lower eyelids

- Patients with a history of dry eye may need to undergo a Schirmer’s test
  - Paper strips inserted into the eye for several minutes measure the production of tears

- Ptosis of the upper eyelid is determined by measuring:
  - Palpebral fissure width: separation between the upper and lower eyelids
  - Margin reflex distance: distance from the corneal light reflex to the lid margin
Physical Examination (cont’d)

• Assess levator excursion by:
  - Having the patient look down and up
  - Measuring the excursion of the upper lid in millimeters

• Evaluate the forehead and eyebrow for brow ptosis
Visual Field Testing

• Superior visual field is the most significant measurement in determining the need for eyelid/brow surgery

• Normal extent of the superior visual field
  - ~55 to 60 degrees at 90-degree meridian

• Impairment of the superior visual field
  - Ranges from 20% (mild ptosis) to 64% (more severe cases where the eyelid crosses the middle of the pupil)
Visual Field Testing: *When Is Surgery Needed?*

- Obstruction of the visual field interferes with patient’s ability to perform daily activities
- Testing demonstrates a minimum of at least 12-degree or 30% loss of upper field vision
  - Upper lid skin and/or upper lid margin should be in repose and elevated (by taping the lid) to show potential correction by proposed procedure(s)

CMS. *LCD for Blepharoplasty (L31828)*. Effective July 1, 2012.
Additional Documentation: *Using Photography*

• Preoperative photographs may be used:
  - In patient assessment
  - To meet healthcare plan requirements
  - To help the surgeon in planning surgery

• Additional photographs may include:
  - Upward and downward gaze
  - Oblique views
Professional Society Guidelines for Blepharoplasty
The American Society of Plastic Surgeons (ASPS)

- Blepharoplasty is reconstructive when there is visual field impairment
  - Visual impairment caused by ptosis, blepharochalasis
  - Congenital abnormalities or defects caused by trauma or tumor-ablative surgery
- Formal visual field testing by an optometrist or ophthalmologist is recommended
- Blepharoplasty is cosmetic when performed to improve appearance in the absence of any signs/symptoms of functional abnormalities
The American Academy of Ophthalmology (AAO)

- Blepharoplasty and repairs of blepharoptosis are functional/reconstructive to correct:
  - Visual impairment with near or far vision due to dermatochalasis, blepharochalasis, or blepharoptosis
  - Symptomatic redundant skin weighing down the upper lashes
  - Chronic, symptomatic dermatitis of pretarsal skin caused by redundant upper lid skin
  - Prosthesis difficulties in an anophthalmic socket
The AAO (cont’d)

• Documented patient complaints that justify functional surgery (commonly found in patients with ptosis, pseudoptosis, or dermatochalasis) include:
  - Interference with vision or visual field
  - Difficulty reading due to upper eyelid drooping
  - Looking through the eyelashes or seeing the upper eyelid skin
  - Chronic blepharitis

The AAO (cont’d)

- Photographs should demonstrate one or more of the following:
  - The upper eyelid margin approaches to within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex
  - The upper eyelid skin rests on the eyelashes
  - The upper eyelid indicates the presence of dermatitis
  - The upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket
  - Visual fields recorded to demonstrate a minimum of 12-degree or 30% loss of upper field of vision*

*With upper lid skin and/or upper margin in repose and elevated (by taping of the lid) to demonstrate potential correction by proposed procedure(s).

Health Plan Coverage

• Most health plans do not cover blepharoplasty when performed solely for the purpose of:
  - Improving or altering appearance or self-esteem
  - Treating psychological symptomatology or psychosocial complaints related to one’s appearance

• Blepharoplasty is specifically excluded under some plans

• Specific criteria must be well documented in order to consider blepharoplasty medically necessary
Indications for Blepharoplasty: Sample Plan Language

• Blepharochalasis, dermatochalasis, or pseudoptosis with upper visual field loss of at least 20 degrees or 30% on visual field testing that is corrected when the upper lid margin is elevated by taping the eyelid AND preoperative frontal photographs demonstrate BOTH of the following:
  - Light reflex in the cornea with the head perpendicular to the plane of the camera (i.e., not tilted)
  - Findings consistent with visual field loss documented on visual field testing
Sample Plan Language (cont’d)

- Difficulty tolerating a prosthesis in an anophthalmic socket
- Epiphora (i.e., excessive tearing) due to ectropion and/or punctual eversion
- Painful blepharospasm that is refractory to medical management (e.g., botulinum toxin injections)
- Orbital sequelae of thyroid disease or nerve palsy (e.g., exposure keratitis)
- Upper eyelid defect caused by trauma, tumor, or ablative surgery resulting in a severe physical deformity or disfigurement that is causing functional visual impairment as confirmed by preoperative frontal photographs
External Independent Medical Review: *Determination of Medical Necessity*

- The versatility of blepharoplasty for both cosmetic and medical conditions complicates the process of determining medical necessity for the procedure.
- Medical necessity must be supported by thorough clinical documentation, including:
  - Medical history
  - Physical exam
  - Visual field testing
  - Photographs
- Independent medical review looks at whether a specific procedure was medically necessary.
External Independent Medical Review

- Allows access to a range of board-certified physician specialists who keep up-to-date with the latest medical research literature and with the latest standard of care.
- Provides specialty match to allow healthcare plans to ensure that the requested treatment falls under the medical necessity requirements before approving a course of treatment.
  - Reviewers stay on top of treatments as they are studied more extensively and potentially accepted into clinical guidelines.
- Avoids conflicts of interest, which can relate to economics, lack of specialists to review cases, or having the same doctor who denied a case review an appeal.
Conclusions: Blepharoplasty

- Probably best known for its cosmetic indication
- Also used for numerous functional indications that require restoration of impaired vision
- Indications have remained unchanged for a number of years
- Professional societies, as well as many health insurance plans, have specific documentation requirements and require visual field testing to demonstrate medical necessity
Questions & Answers
Thank you for attending. All participants will receive a free copy of our latest publication via email:

“Eyelid Surgery (Blepharoplasty) & Visual Field Testing: Medically Necessary or Cosmetic?”

For more information, contact us at:

AllMed Healthcare Management, Inc.
621 SW Alder Street, Suite 740
Portland, OR 97205
(800) 400-9916
info@allmedmd.com
www.allmedmd.com