Executive Summary

Blepharoplasty, which involves the surgical removal of excess skin and fatty tissue around the eyes, is commonly performed for cosmetic reasons to improve appearance. However, in some cases, the surgery may be necessary to remove overhanging skin folds to improve the function of the upper eyelid, as well as to improve vision. In addition to specific documentation requirements, many health insurance plans require visual field testing to demonstrate medical necessity for blepharoplasty.

An independent review organization (IRO) can provide ready access to specialists, which healthcare plans may lack internally, allowing for timely determination of whether the requested procedures fall under medical necessity guidelines. Independent medical reviews provide unbiased evaluation of medical need for blepharoplasty, thereby facilitating the individualization and optimization of patient care.

Introduction

Eyelid surgery, or blepharoplasty, is a procedure to remove excess skin, muscle, or fat from the upper and lower eyelids. Blepharoplasty can correct dropping upper lids, as well as puffy bags below the eyes—features that make individuals appear older and more tired and that may interfere with vision. However, it does not remove crow’s feet or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows. Blepharoplasty can be done alone, or in conjunction with other facial surgery procedures such as a facelift or brow lift.

Conditions Associated With Blepharoplasty

Blepharoplasty is performed for various functional or cosmetic indications. The upper eyelids protect the globe, distribute tears on the surface of the eye, and facilitate the drainage of tears through the lacrimal apparatus. If any of these functions is impaired or significant ptosis (drooping) of the upper eyelid blocks vision, a surgical procedure may be indicated. Lower eyelid blepharoplasty is almost always done for cosmetic reasons, to improve puffy lower eyelid “bags” and to reduce the wrinkling of skin. Please see below for conditions associated with blepharoplasty.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharochalasis</td>
<td>Redundant skin of the upper eyelid hangs down, impairing the visual field</td>
</tr>
<tr>
<td>Blepharospasm</td>
<td>Muscles in the eyelids and around the eyes twitch uncontrollably</td>
</tr>
<tr>
<td>Dermatochalasis</td>
<td>Excess of eyelid skin; underlying muscle, connective tissue, and fat; most often results from natural aging, but can result from specific disorders (e.g., thyroid eye disease, floppy eyelid syndrome, blepharochalasis syndrome, trauma)</td>
</tr>
<tr>
<td>Ectropion</td>
<td>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)</td>
</tr>
<tr>
<td>Entropion</td>
<td>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</td>
</tr>
<tr>
<td>Epiblepharon</td>
<td>A congenital horizontal fold of skin stretches across the border of the eyelid, pressing the eyelashes inward against the eyelid</td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>May cause unilateral or bilateral upper eyelid retraction and proptosis (protruding eye)</td>
</tr>
</tbody>
</table>
Evaluating the Severity of Eyelid Defects

**Preoperative Consultation**

Preoperative consultation should evaluate the patient’s reasons for seeking surgery. Patients present with a variety of symptoms or combination of symptoms. The medical history should include any illnesses, dry eye, medications, allergies, and history of eyelid swelling, thyroid disease, heart failure, and bleeding tendencies.

**Physical Examination**

The physical examination should include an evaluation of the amount of skin on the upper and lower eyelids; distribution of orbital fat; vector of the lower eyelid; and physical characteristics of the skin, including degree of elasticity and pigmentation. It may be necessary for patients with a history of dry eye to undergo a Schirmer’s test, which uses paper strips inserted into the eye for several minutes to measure the production of tears. Ptosis of the upper eyelid is determined by measuring the palpebral fissure width (the separation between the upper and lower eyelids) and margin reflex distance (distance from the corneal light reflex to the lid margin). Levator excursion is also assessed by having the patient look down and up, and measuring the excursion of the upper lid in millimeters. The forehead and eyebrow should be evaluated for brow ptosis.

**Visual Field Testing**

Visual field testing is used to measure the severity of eyelid and brow defects. The most significant visual field measurement associated with determining the need for blepharoplasty, blepharoptosis repair and/or brow lift is the superior visual field. The normal extent of the superior visual field is approximately 55 to 60 degrees at the 90-degree meridian. Impairment of the superior visual field can range from 20%, considered mild ptosis, to 64% in more severe cases where the eyelid crosses the middle of the pupil.

In general, mild to moderate impairment of the visual field is of no clinical significance and requires no intervention. When obstruction of the visual field becomes severe or significant enough to interfere with the patient’s ability to perform activities of daily living, surgical intervention may be warranted.

It is recommended that visual field testing demonstrates a minimum of at least 12-degree or 30% loss of upper field vision with upper lid skin and/or upper lid margin in repose and elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures.

**Additional Documentation Using Photography**

Preoperative photographs may be used in patient assessment. Preoperative photographs may be taken to meet healthcare plan requirements and to help the surgeon in planning surgery. Additional photographs may include upward and downward gaze, as well as oblique views.

**Professional Society Guidelines for Blepharoplasty**

*The American Society of Plastic Surgeons (ASPS)*

The ASPS practice parameter for blepharoplasty and the ASPS recommended insurance coverage criteria for third-party payers states that when there is a visual field impairment, blepharoplasty procedures are considered to be reconstructive. The ASPS considers blepharoplasty reconstructive when it is performed to: correct visual impairment caused by ptosis, blepharochalasis; or repair congenital abnormalities or defects caused by trauma or tumor-ablative surgery. If the patient is experiencing visual field impairment, formal visual field testing by an optometrist or ophthalmologist is recommended.
Eyelid Surgery (Blepharoplasty) & Visual Field Testing

The ASPS states that when blepharoplasty is performed to improve a patient’s appearance, in the absence of any signs and/or symptoms of functional abnormalities, the procedure is considered cosmetic. There have been no updates to the practice parameter or recommended insurance coverage criteria since 2007.

*The American Academy of Ophthalmology (AAO)*

According to the AAO, blepharoplasty procedures and repairs of blepharoptosis are considered functional or reconstructive surgery to correct any of the following:

- 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

Documented patient complaints that justify functional surgery and are 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

Photographs should demonstrate one or more of the following:

- The upper eyelid margin approaches to within 2.5mm (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 field 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 or procedures

*Health Plan Coverage*

Most health plans do not cover blepharoplasty when performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one’s appearance. In addition, blepharoplasty is specifically excluded under some plans.

In order to consider blepharoplasty medically necessary, many plans require specific criteria that must be well documented. For example, some plans consider blepharoplasty as medically necessary when any of the following indications when the associated criteria are met:

- 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 plan of the camera (i.e., not tilted)
  - Findings consistent with visual field loss documented on visual field testing
- 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 injection)
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 deformation or disfigurement that is causing functional visual impairment as confirmed by preoperative photographs

The Role of External Independent Medical Review in Determining Medical Necessity for Blepharoplasty

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, and photographs. An independent medical review, which is normally used by healthcare payers, looks at whether or not a specific procedure was medically necessary.

The board-certified physician specialists who work with IROs keep up-to-date with the latest medical research literature and with the latest standard of care. These specialists allow healthcare plans to make sure that the requested procedures fall under the medical necessity requirements before approving a course of treatment. Independent medical review also 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 is probably best known for its cosmetic indication to create a more youthful, wide-eyed appearance, but the procedure is also used for numerous functional indications that require restoration of impaired vision. Although new technologies continue to alter and refine blepharoplasty techniques, the indications for blepharoplasty have remained unchanged for a number of years. By providing unbiased evaluation of medical need, external independent medical review facilitates effective use of blepharoplasty, which can result in both functional and cosmetic benefits.
**Bibliography**


**About AllMed**

AllMed Healthcare Management provides physician review outsourcing solutions to leading health plans, medical management organizations, TPAs and integrated health systems, nationwide. AllMed offers MedReview™, MedCert™, and Medical Director staffing services that cover initial pre-authorizations and both internal and external appeals, drawing on a panel of over 400 board-certified specialists in all areas of medicine. Services are deployed through PeerPoint®, AllMed’s state-of-the-art medical review portal. For more information on how AllMed can help your organization improve the quality and integrity of healthcare, contact us today at info@allmedmd.com or visit us at www.allmedmd.com