

Eye Surgeries

DOCUMENTATION REQUIRED:

- PHOTOGRAPHS submitted must be frontal, canthus to canthus, with the head perpendicular to the plane of the camera (not tilted); the photographs must be of sufficient clarity to show a light reflex on the cornea. Upload your photographs with prior authorization submission on the Provider Portal.
- VISUAL FIELD TESTING may not be required in the presence of conditions where individuals are unable to cooperate with testing, such as intellectual disabilities or severe neurological disease. Documentation of the condition preventing cooperation is required.
- COMPREHENSIVE EYE EXAMINATION and documentation of interference with activities of daily living is required. If the member's only complaint is obstruction of vision when reading, two photographs are obtained to demonstrate the eyelid position in primary gaze (straight ahead) and down gaze (visual axis and camera lens coaxial).

INDICATIONS FOR PROCEDURES:

Lower Lid Blepharoplasty:

Considered medically indicated when one of the following is documented:

- Documentation supports horizontal lower eyelid laxity of medial and lateral canthus resulting in dacryostenosis and infection and documentation supports significant lower eyelid edema; **OR**
- Documentation reveals that eye glasses rest upon the lower eyelid tissues and cause lower eyelid ectropion as a result of the weight of the glasses and weight of the tissue regardless of eye glasses style; **OR**
- Poor eyelid tone (with or without entropion or ectropion) causes dysfunction of the "lacrima pump", lid retraction, and/or exposure keratoconjunctivitis which often results in epiphora.

Upper Lid Blepharoplasty:

Considered medically indicated when **one** of the following is documented:

- Inability to tolerate a prosthesis in an anophthalmic socket; **OR**
- To relieve painful blepharospasm or hemifacial spasm after failed conservative treatment; **OR**
- To repair defects predisposing to corneal or conjunctival irritation, such as corneal exposure, ectropion, entropion, or pseudotrachiasis; to repair functional defects caused by trauma, tumor or previously covered surgical procedure where VF testing confirms impairment; **OR**
- For chronic dermatitis due to redundant skin after failed conservative treatment; **OR**
- Individual is <9 years old and documentation and photographs indicate the procedure is intended to relieve obstruction of central vision severe enough to produce occlusion amblyopia; **OR**
- Functional visual impairment, where visual field is limited to 20 degrees or less superiorly, or 15 degrees or less laterally; **AND**
 - Photographs document obvious dermatochalasis, blepharochalasis, ptosis or brow ptosis, compatible with VF determination; **AND**
 - MRD-1 pf 2.5mm or less; **AND**
 - Taping of the upper eyelid tissue results in correction of the defect and normal VF; **AND**
 - Any related disease, such as myasthenia gravis, thyroid disorders, etc. is stable

Repair of Brow Ptosis:

Considered medically indicated when **all of the following** are documented:

- Functional visual impairment, where visual field is limited to 20 degrees or less superiorly, or 15 degrees of less laterally; **AND**
- Photographs document brow droop, with the brow at rest showing eyebrow is below the superior orbital rim; taped brow must document upper eyelid margin and excess skin no longer obscures the upper iris; **AND**
- Documented interference with driving, reading or other activities of daily living due to the eyelid position; **AND**
- Taping of the upper eyelid tissue results in correction of the defect and normal VF.

Repair of Blepharoptosis:

Considered medically indicated when the following are documented:

- Functional visual impairment, where visual field is limited to 20 degrees or less superiorly, or 15 degrees or less laterally; **AND**
- Photographs document brow droop, and the upper eyelid margin obscures at least 1/4 of the diameter of the visible upper iris; taped brow must document upper eyelid margin and excess skin no longer obscures the upper iris; **AND**
- MRD-1 of 2.5mm or less; **AND**
- Documented interference with driving, reading or other activities of daily living due to the eye- lid position; **AND**
- Taping of the upper eyelid tissue results in correction of the defect and normal VF.

Reduction of Overcorrection of Ptosis:

Considered medically indicated when **all of the following** are documented:

- Functional impairment; **AND**
- Photographs document upper eyelid ascends past its ideal position; **AND**
- Previous medically indicated Bleparoptosis surgical procedure

Correction of Lid Retraction—Upper OR Lower Eyelid:

Considered medically indicated when **all of the following** are documented:

- Functional impairment; **AND**
- Any related disease, such as myasthenia gravis, thyroid disorders, etc. is stable; **AND**
- Presence of **one** of the following:
 - Exposure keratoconjunctivitis; **OR**
 - Lagophthalmos; **OR**
 - Eyelid retraction of the eyelid; **OR**
 - Congenital Deformity of the eyelid