

Network Health: Commercial

Blepharoplasty/Canthoplasty and Related Procedures

Important Notice

Except where there are limitations or exclusions for coverage written into a member's individual insurance coverage document, Network Health utilizes MCG guidelines for guidance regarding medical necessity criteria for coverage. MCG guideline—Blepharoplasty, Canthoplasty and Related Procedures (A-0195).

Date of preoperative ophthalmologic exam _____

Date of examination for evaluation for surgery _____

Members current visual complaints that support reduced field of vision

Does the member have Ectropion/Entropion? ☐ Yes ☐ No

If yes, what is the evidence of corneal exposure/irritation?

Does the member have exposure keratitis? ☐ Yes ☐ No

If yes, what is causing the exposure keratitis? _____

Does the member have Ptosis of lid or dermatochalasis? ☐ Yes ☐ No

Indicated by (select all that apply).

Congenital ptosis with amblyopia ☐ Yes ☐ No

Margin reflex distance one (MRD1) less than or equal to two mm in central gaze ☐ Yes ☐ No

Margin reflex distance one (MRD1) less than or equal to two mm in down gaze with impairment of reading ☐ Yes ☐ No

Visual Field testing showing superior visual field loss of 12 degrees of vision or 24 percent impairment ☐ Yes ☐ No

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR MEDICAL NECESSITY REVIEW (include all)

- Preoperative ophthalmologic exam
- Documentation of evaluation for surgery exam that includes the member's current symptoms, physical findings and conservative treatment that have been tried and failed.
- **If diagnosis of Ptosis or Dermatochalasis**—visual field testing in taped and untapped views of the eye(s) surgery is intended on, including provider interpretation of results on superior visual field loss in degrees or percent.