

Network Health: Medicare Blepharoplasty/Ptosis Repair or Ectropion Repair

Important Notice

Network Health follows Medicare’s National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. Requests that are cosmetic in nature or do not meet the Centers for Medicare & Medicaid Services (CMS) coverage guidelines will be pended to the Medical Director for review and denial in accordance with Local Coverage Article (LCA)—Blepharoplasty - Medical Policy Article A52837. Please refer to [cms.gov medicare coverage](https://www.cms.gov/medicare-coverage-database) database for more information.

Date of examination for evaluation for surgery _____

Members current visual complaints that support reduced field of vision

Visual impairment is caused by anatomical or pathological defects (list defects if applicable)

If anatomical or pathological defects, pertinent examination findings to justify the medical necessity for functional, restorative procedures(s) for the treatment

Visual Impairment is caused by Dermatochalasis/pseudoptosis Blepharochalasis
 Blepharoptosis Brow ptosis*

Date of Visual Field Testing _____

Results of Visual Field Testing (in degrees or percent of improvement)

Right Eye _____ Left Eye _____

* If brow ptosis requires repair—justification why it is needed for improved functional result

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

- Documentation of evaluation for surgery exam that includes the member’s current symptoms, physical findings and conservative treatment that have been tried and failed **and**
- Visual field testing in taped and untaped views including graph of the eye(s) surgery is intended on, including provider interpretation of results on superior visual field loss in degrees or percent **and/or**

- Photographs demonstrating the eyelid abnormality(ies) necessitating the procedure(s) must be available on request but do not have to be sent with clinical. They may be requested as part of the medical necessity review. Necessary views—frontal and canthus-to-canthus with the head perpendicular to the plane of the camera.

Please Note—In cases of induction of visually compromising dermatochalasis by ptosis repair in patients having large dehiscence of the levator aponeurosis documentation must demonstrate the following.

- Dehiscence of the levator aponeurosis **and**
- An operative note indicating the skin excess after the ptosis has been repaired and blepharoplasty is necessary.