

BENEFIT COVERAGE POLICY

Title: BCP-76 Repair of Brow Ptosis

Effective Date: 7/1/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers the repair of brow ptosis (browplasty) when InterQual criteria are met.

Services for the repair of brow ptosis require prior approval for coverage of the health service being provided.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines. Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions.

2.0 Background:

Brow ptosis (drooping of the eyebrows) is usually the result of aging. It is a condition in which excess tissue of the brow may result in obstruction of the visual field or chronic dermatitis. Brow ptosis may also occur secondary to paralysis or weakness of the forehead muscle caused by facial nerve palsy – Bell's palsy, acoustic neuroma, surgical trauma, birth trauma, myasthenia gravis, myotonic dystrophy or oculopharyngeal dystrophy.

Repair of brow ptosis, a brow lift, can be performed alone or in conjunction with a blepharoplasty to correct droopy eyelids.

Patients considering an eyelid and brow surgery need to undergo a complete ophthalmic plastics examination that includes visual acuity, exam of the pupils, eye movement, facial nerve function, history of trauma, or diagnoses that may cause drooping of the eyelids or brows.

3.0 Clinical Determination Guidelines:

- A. Coverage: brow ptosis repair is considered medically necessary and appropriate when InterQual criteria are met, and prior approval is obtained.
- B. Exclusions: ptosis repair or brow lift surgery to improve the appearance when no functional impairment exists is considered cosmetic.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Y	Professional Fees for Medical and Surgical Services

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Brow ptosis – usually the result of changes from aging that affect the forehead muscles and soft tissue but may also occur as a result of other conditions such as facial palsy, or after trauma or surgery.

Visual field - a subjective measure of central and peripheral vision and may be done by a number of methods. Many diseases can adversely affect the visual field including glaucoma, stroke, high blood pressure, diabetes, multiple sclerosis, hyperthyroidism. Medications that can affect the visual field include anti-malarial drugs (chloroquine/ Atabrine and hydroxychloroquine/ Plaquenil).

7.0 References, Citations & Resources:

InterQual – CP: Procedures, Ptosis Repair

8.0 Associated Documents [For internal use only]:

Policies and Procedures (P&Ps) - MMP-09 Benefit Determinations MMP-02 Transition and Continuity of Care; UMPP-02 Peer to Peer Conversations

Standard Operating Procedure (SOPs) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations, MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letters – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter, Lack of Information Letter

Forms – Request Form: Out of Network/Prior Authorization.

9.0 Revision History

Original Effective Date: 09/25/2018

Next Review Date: 07/01/2025

Revision Date	Reason for Revision
6/18	Policy created; initial review and approval by BCC 9/18/18
9/19	Annual review; citation updated, approved by QIMRM 8/14/19 and BCC 9/9/19
4/20	Annual review; updated formatting, approved 7/6/20 by BCC
3/21	Annual review; changed to InterQual criteria
4/22	Annual review, formatting changes, added ASO group L0002237.
4/23	Annual review, added ASO group L0002193 to section 4.0, updated references in section 7.0, updated associated documents in section 8.0.
4/24	Annual review, updated InterQual reference in section 7.0, updated associated documents in section 8.0.

