

Medical Policy Manual

Approved Revised Policy: Do Not Implement Until 4/30/19

Browplasty

DESCRIPTION

Browplasty, also known as brow lift, forehead lift, and browpexy, is generally performed as a cosmetic procedure; however, it may also be performed to repair severe brow ptosis resulting in excess tissue being pushed into the upper eyelid causing visual impairment. Browplasty may be performed alone or in conjunction with blepharoplasty to achieve a satisfactory functional repair.

Most cases of brow ptosis occur secondary to age-related changes of the periorbital soft tissues and soft tissues of the face. Brow ptosis may also occur secondary to paralysis or weakness of the frontalis muscle (e.g., facial nerve palsy, myasthenia gravis, myotonic dystrophy, oculopharyngeal dystrophy), blepharospasm, facial dystonias, or cancer.

Cosmetic browplasty is a surgical procedure to improve an individual's appearance due to sagging tissue, wrinkles or loss of elasticity in the brow region.

POLICY

- Browplasty is considered **medically necessary** if the medical appropriateness criteria are met. **(See Medical Appropriateness below.)**
- Browplasty **performed to improve appearance in the absence of functional abnormalities** is considered **cosmetic**.

MEDICAL APPROPRIATENESS

- Browplasty is considered **medically appropriate** if **ALL** of the following criteria are met:
 - **Brow ptosis is causing functional impairment of upper/outer visual fields with documented complaints of interference with vision or visual field-related activities (e.g., difficulty reading due to upper eyelid drooping, looking through the eyelashes, seeing the upper eyelid skin)**
 - **Peripheral visual field testing performed with ALL of the following met:**
 - **Baseline superior visual field 30 degrees or less**
 - **Improvement of minimum 12 degrees over baseline with brow elevated**
 - **Pre-operative photographs (color preferred) demonstrate the following:**
 - **Photos taken before and after taping brows demonstrate the functional effect of the proposed browplasty**
 - **Lateral photos document the degree of hooding and relationship of brow to supraorbital rim**

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.
- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits, or a contract for the service (or supply) that is referenced in the Medical



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Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

SOURCES

American Academy of Ophthalmology. (2018). *Brow ptosis and repair*. Retrieved December 5, 2018 from <https://www.aao.org>

American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). (2014). *White paper on functional blepharoplasty, blepharoptosis, and brow ptosis repair*. Retrieved December 4, 2018 from <https://www.asoprs.org/>

CMS.gov. Centers for Medicare & Medicaid Services. Palmetto GBA. (2018, October). *Blepharoplasty, eyelid surgery, and brow lift (L34411)*. Retrieved December 4, 2018 from <https://www.cms.gov>

EFFECTIVE DATE 4/30/2019

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