



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject **Gold Weight Eyelid Implants**

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Hyperlink to Related Coverage Policies

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2008 CIGNA

Coverage Policy

CIGNA covers gold weight eyelid implants as medically necessary for the treatment of paralytic lagophthalmos when ALL of the following criteria are met:

- unprotected cornea
- failure of standard nonsurgical management such as lubrication, moisture chambers, or lid taping
- individual is expected to have prolonged or incomplete recovery of facial nerve function

General Background

Paralytic lagophthalmos is a potentially blinding complication of facial nerve palsy. Lagophthalmos describes the inability to completely close the eye or blink when the orbicularis muscle that controls the "blink" function becomes paralyzed. Usually only one eye is affected. The most common causes of paralytic lagophthalmos include Bell's palsy, trauma to the seventh cranial nerve, neurosurgical procedures involving the cerebellar pontine angle, cerebral vascular accidents, and previous eyelid surgery. The ocular manifestations of facial nerve palsy include paralytic ectropion (sagging or rolling-out of eyelid), incomplete eye closure, brow ptosis (drooping eyelid), decreased tear production, and loss of the corneal "squeegee effect." These manifestations contribute to inadequate corneal protection, which can result in corneal ulceration, exposure keratitis, and possible blindness. The complications are made more likely in the event of reduced lacrimation associated with coexistent trigeminal nerve palsy and an absent Bell's phenomenon (i.e., automatic turning upward of the

eyeball when trying to close the eyelids). Conservative management includes lubrication, moisture chambers, and lid taping. These options are cumbersome and provide inadequate corneal protection. Surgical management of the paralyzed eyelid includes a number of techniques such as tarsorrhaphy (i.e., procedure in which the eyelids are partially sewn together to narrow the opening), canthoplasty (i.e., repositioning and firmly reinforcing the lower eyelid by dividing and permanently repositioning the lateral canthal tendon), temporalis muscle transfer, and implantation of lid springs or weights (Lavy, et al., 2004; Tower and Dailey, 2004; Snyder, et al., 2001).

Gold weight lid loading is a technique for the treatment of the paralytic lagophthalmos and has become the standard in management of paralytic lagophthalmos. Gold weight insertion is effective and very popular because of its reliability, relative ease of insertion, and minimal cosmetic deformity. This method takes advantage of the relaxation of the levator muscle which lifts the eyelid out of the line of vision. Gold is the material of choice for lid weighting because of its high density, relative inertness, and color, which blends with most skin tones. Commercially manufactured gold implants are available in several weights. The appropriate weight is selected in a standard preoperative gold weight trial procedure in which various weights are taped to the upper lid. Closure of the eyelid is assessed in both the upright and supine positions. Placement of a gold weight lid load is a simple procedure that can be performed under local anesthesia. Various techniques are used to implant the gold weight. Potential complications of lid loading include incomplete closure, displacement or migration of the weight, foreign body reaction, cosmetic lid deformity, shifts in the astigmatic axis of refraction, and the most serious complication of extrusion. The complication rates are generally low. Careful attention to pocket size and to securing the implant to the tarsus can minimize complications of migration. Closing the orbicularis over the implant reduces the risk of extrusion. If necessary, revision procedures can be performed to reposition or replace the implant with a different weight. Removal of the implant is simple, and post-removal sequelae have not been described. Because of its effectiveness, safety, and reversibility, early use of gold weight lid implants is advocated. The procedure can be performed at the time of the initial nerve injury or resection. In situations of nerve repair or grafting, recovery of facial nerve function may take several months. Gold weight lid implants provide corneal protection during the recovery period, and with return of facial nerve function, the lid implant is easily removed (Aggarwal, et al., 2007; Kim, et al., 2007; Crumley, et al., 2005; Tower, et al., 2004; Snyder, et al., 2001).

U.S. Food and Drug Administration (FDA)

The FDA 510(k) database lists multiple manufacturers of gold eyelid implants under classification product code MML. They are Class II devices with indications for the gravity-assisted treatment of protracted or permanent lagophthalmos, usually resulting from facial paralysis. The FDA does not necessarily require clinical data or outcomes studies in making a determination of substantial equivalency for the purpose of device approval under section 510(k) (FDA, 2007).

Literature Review

The safety and efficacy of upper eyelid gold weight implants using various techniques has been reported in a number of case series (Tower and Dailey, 2004; Caesar, et al., 2004; Lavy, et al., 2004; Harrisberg, et al., 2001; Seiff, et al., 1989).

In a retrospective case series, Harrisberg et al. (2001) assessed the safety and efficacy of upper eyelid gold weight implants in managing paralytic lagophthalmos and compared two surgical techniques for insertion, with the following results: 104 patients had implants with more than two years of follow-up of lid load function; 103 patients maintained corneal integrity; 46 patients had their lid loads removed, and 58 lid loads remained in situ. Seventy-eight percent of the lid loads that were removed were a result of recovery of facial nerve function; 22% of the lid loads were removed due to cosmetic dissatisfaction, lid load becoming too superficial, migration, partial extrusion and ptosis resulting from too heavy a weight. The authors reported that gold weights are well-tolerated and effective in managing paralytic lagophthalmos using an open surgical technique, with direct suture fixation of the gold weight to the tarsal plate producing fewer complications than inserting the lid load into a prefashioned tissue pocket.

In a prospective observational cohort study (Chepeha, et al., 2001), 16 patients received gold weight implants. Additionally, six of the patients underwent a lower eyelid procedure. The object of the study was to assess which signs and symptoms were relieved and which persisted following gold weight implantation. Outcome measures were surgical complications, static and dynamic lagophthalmos, static and dynamic corneal coverage, visual acuity, keratitis, topical treatment, and patient satisfaction. The researchers reported that gold weight

implantation provides significant reduction in lagophthalmos with significant improvement in corneal coverage. Some patients may require ongoing topical treatments to the eye due to delayed closure time and disrupted tear film.

Dinces et al. (1997) studied unusual complications in six patients after gold weight upper eyelid implants for fifth and seventh nerve palsies. They concluded that adequate preoperative evaluation is necessary to determine optimum size, weight, and position of the gold implant. Other supplemental procedures are required to provide greater corneal protection. Superior and meticulous operative technique is important, and adequate short-term follow-up evaluation of corneal integrity needs to be maintained in patients who undergo gold weight eyelid implants.

Snyder et al. (2001) and Linder et al. (1996) studied early versus late gold weight implantation of the paralyzed eye. Linder performed a retrospective analysis of 45 patients who had upper lid weight insertions and lower lid shortening procedures. One patient had an extrusion of the gold weight, and three patients had delayed infections. Sixty percent of the gold weight insertions were performed within four weeks after the onset of facial nerve paralysis. The authors reported that gold weight insertion, often combined with lower lid shortening procedures, is a reliable, safe, reversible, and successful technique for early rehabilitation of the paralyzed eyelid. Snyder and colleagues reported similar conclusions in their research.

Summary

Gold weight lid loading is a technique for the treatment of the paralytic lagophthalmos and has become the standard in management of paralytic lagophthalmos. The safety and efficacy of gold weight implants has been reported in several case series studies. Although the evidence is limited, implantation of gold lid weights (i.e., lid loading) has become an accepted and widely used treatment for patients with paralytic lagophthalmos.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT®*	Description
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)

ICD-9-CM Diagnosis Codes	Description
374.21	Paralytic lagophthalmos

*Current Procedural Terminology (CPT®) © 2007 American Medical Association: Chicago, IL.

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	11/15/2007	0424	Gold Weight Eyelid Implants

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