



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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Coverage Policy Number 0424

Subject **Weighted 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 ©2009 CIGNA

Coverage Policy

CIGNA covers weighted upper eyelid implants (e.g., gold or platinum weight) 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. 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).

Implantation of an upper eyelid lid load (e.g., gold or platinum weight) is a technique for the treatment of the paralytic lagophthalmos and has become the standard in management of this condition. Gold is the material of choice for lid weighting because of its high density, relative inertness, and color, which blends with most skin tones. Gold weight insertion is effective because of its reliability, relative ease of insertion, and minimal cosmetic deformity. Since rare adverse effects and complications are known to occur (e.g., allergic reaction, astigmatism, pseudoptosis, migration, bulging, and extrusion) with gold weight implants, platinum eyelid implants have been used as a replacement for gold weight eyelid implants or as primary eyelid implants. The appropriate eyelid weight is selected in a standard preoperative 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 lid load is a simple procedure that can be performed under local anesthesia. Various techniques are used to implant the eyelid 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 eyelid weight 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. Eyelid implants provide corneal protection during the recovery period, and with return of facial nerve function, the lid implant is easily removed (Silver, et al., 2009; Aggarwal, et al., 2007; Kim, et al., 2007; Crumley, et al., 2005; Tower, et al., 2004; Berghaus, et al., 2003; Snyder, et al., 2001).

U.S. Food and Drug Administration (FDA)

The FDA 510(k) database lists multiple manufacturers of 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, 2009; FDA, 1999; FDA, 2001; FDA, 2002).

Literature Review

Upper eyelid loading with gold or platinum weights has become the standard in management of paralytic lagophthalmos when the individual has an unprotected cornea, failed standard nonsurgical management (e.g., lubrication, moisture chambers, or lid taping) and is expected to have prolonged or incomplete recovery of facial nerve function. The safety and efficacy of weighted upper eyelid implants using various techniques has been reported in a number of clinical trials which include mainly case series studies (Silver, et al., 2009; Tower and Dailey, 2004; Caesar, et al., 2004; Lavy, et al., 2004; Berghaus, et al., 2003; Chepeha, et al., 2001; Harrisberg, et al., 2001; Snyder, et al., 2001; Dinces, et al., 1997; Linder, et al., 1996; Seiff, et al., 1989).

Summary

Upper eyelid lid loading with gold or platinum weight implants 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 upper eyelid implants has been reported in several case series studies. Although the evidence is limited, implantation of gold or platinum upper eyelid 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®* Codes	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®) © 2008 American Medical Association: Chicago, IL.**

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<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>

Policy History

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

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