

Blepharoplasty and repair of brow ptosis (outpatient)

Blue Care Network provides coverage for this procedure for adult members who meet medical necessity criteria. Submit prior authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes for blepharoplasty and repair of brow ptosis: *15822, *15823, *67900, *67901, *67902, *67903, *67904, *67906, *67908

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See below for the questions you'll encounter in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Blepharoplasty and Repair of Brow Ptosis

Q Is this surgery being requested for ONE eye only or BOTH the left and right eyes?

A Possible answers: One eye Both eyes N/A

Q Does the patient's medical record include visual field testing reports of the upper eyelids untaped (before) and taped (after manual elevation)?

A Possible answers: Yes N/A No

Q Does the visual field testing report demonstrate EITHER a difference of AT LEAST 12 degrees OR AT LEAST 30 percent of the superior visual field?

A Possible answers: Yes N/A No