

### Blepharoplasty and repair of brow ptosis (outpatient)

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*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.

<p><b>Q</b> Is this surgery being requested for ONE eye only or BOTH the left and right eyes?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> One eye <input type="checkbox"/> Both eyes <input type="checkbox"/> N/A</p>
<p><b>Q</b> Does the patient's medical record include visual field testing reports of the upper eyelids untaped (before) and taped (after manual elevation)?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>Q</b> 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?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>