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.


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

**Question 1:** Is this surgery being requested for ONE eye only or BOTH the left and right eyes?

**Possible answers:** □ One eye □ Both eyes □ N/A

**Question 2:** Does the patient’s medical record include visual field testing reports of the upper eyelids untaped (before) and taped (after manual elevation)?

**Possible answers:** □ Yes □ No □ N/A

**Question 3:** 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?

**Possible answers:** □ Yes □ No □ N/A