Preview questionnaire:
Excess skin removal
For BCN HMO™ (commercial) and BCN Advantage™ members
Effective June 23, 2019

Excess skin removal
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.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

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.

Q Is the surgery SOLELY to preserve or enhance the patient's appearance or self-esteem? NOTE: If the surgery is NOT SOLELY to preserve or enhance the patient’s appearance or self-esteem, you MUST select "No."

A □ Yes □ No □ N/A

Q Is the surgery to repair a defect caused by EITHER a congenital (birth) defect or developmental abnormality?

A □ Yes □ N/A □ No

Q Is the surgery being performed because the patient has an abnormal body structure caused by EITHER trauma, infection, tumor or disease and the surgery is required to restore the patient’s appearance to a state of normalcy?

A □ Yes □ N/A □ No
Preview questionnaire:
Excess skin removal
For BCN HMO℠ (commercial) and BCN Advantage℠ members
Effective June 23, 2019

See below for the questions you'll encounter in the e-referral system. (continued)
You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

| Q | Is the surgery being performed because the patient has an abnormal body structure caused by a massive weight loss (100 pounds) and the surgery is required to restore the patient’s appearance to a state of normalcy? |
| A | Possible answers: ☐ Yes ☐ No ☐ N/A |

| Q | Is there documentation in the patient’s record of a functional impairment such as difficulty walking or standing, pain, or skin irritation or rash that CONTINUES AFTER treatment with conventional medical therapy (for example, topical antifungals, topical or systemic corticosteroids, local or systemic antibiotics etc.)? |
| A | Possible answers: ☐ Yes ☐ N/A ☐ No |

Please include in the free text section provided the condition being treated, the functional impairment and what conventional treatment was tried and did not work.