Blue Cross Blue Shield Blue Care Network of Michigan

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Preview questionnaire

Blepharoplasty and repair of brow ptosis

For Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

Effective July 30, 2023

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 may 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.

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 ☐ No ☐ N/A

Q Does the visual field testing report demonstrate EITHER (A or B)? A. A difference of AT LEAST 12 degrees. B. AT LEAST 30 percent of the superior visual field. NOTE: If the surgery is being requested for BOTH eyes, ONLY select "Yes" if BOTH eyes demonstrate this visual field difference.

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

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Q Is a blepharoplasty necessary because the patient has an anophthalmic socket with ONE of the following (A-C)? A. There are documented difficulties with a prosthesis due to lid position. B. A margin reflex distance of 2.5 mm or less. C. A palpebral fissure height on down-gaze of 1 mm or less. NOTE: Must select N/A if the request is NOT related to an anophthalmic socket.

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

Q Is a blepharoplasty necessary because the patient has symptoms associated with blepharospasm (such as, severe squinting secondary to uncontrollable spasms of the periorbital muscles) and EITHER of the following (A or B)? A. Failed treatment with an injection of Botulinum Toxin A. B. Treatment with an injection of Botulinum Toxin A is contraindicated. NOTE: Must select N/A if the request is NOT related to blepharospasms.

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A