



PRIOR AUTHORIZATION for EYELID SURGERY

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:
------------------------	------	------	------------

Section II: PROVIDER INFORMATION

Date Requested:	Service Provider Name:		
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:	
Contact Person:	Phone: ()	Facsimile: ()	

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: <i>Please check.</i> <input type="checkbox"/> Auth Extension <input type="checkbox"/> Pre-Auth <input type="checkbox"/> Retro Auth <input type="checkbox"/> Urgent	Requested Date of Service:	Place of Service: <i>Please check.</i> <input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Inpatient <input type="checkbox"/> Office <input type="checkbox"/> Outpatient
Facility Name:	Facility NPI #:	Facility Tax ID #:
Facility Address:	Facility Phone: ()	Facility Facsimile: ()
Primary Diagnosis/ICD-10 Code:	Secondary Diagnosis/ICD-10 Code:	What type of ptosis does the patient have? <input type="checkbox"/> Acquired <input type="checkbox"/> Congenital

Service (s) Requested: *Please list all requested services/CPT codes regardless of pre-auth requirement.*

Procedure/Service: _____ CPT/HCPCS code: _____ Left Right Bilateral

<i>(Please check service being requested.)</i>	QUESTION	YES	NO	COMMENTS/NOTES
A. <input type="checkbox"/> Blepharoplasty (Acquired Ptosis):				
	1. Is blepharoplasty being requested to correct prosthesis difficulties in an anophthalmia socket?	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Is blepharoplasty being requested to remove excess tissue of the upper eyelid that is causing functional visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Do photographs in straight gaze show redundant (no longer needed or useful) eyelid tissue overhanging the upper eyelid margin or resting on or pushing down on the eye lashes?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
	4. Is blepharoplasty being requested to repair defects predisposing the patient to corneal or conjunctival irritation? <i>Please check all that apply.</i> <input type="checkbox"/> Corneal Exposure <input type="checkbox"/> Ectropion (Eyelid turned outward) <input type="checkbox"/> Entropion (Eyelid turned inward) <input type="checkbox"/> Pseudotrachiasis (Inward misdirection of eyelashes caused by entropion)	<input type="checkbox"/>	<input type="checkbox"/>	
	5. Is blepharoplasty being requested to relieve painful symptoms of blepharospasm?	<input type="checkbox"/>	<input type="checkbox"/>	
	6. Is blepharoplasty being requested to treat peri-orbital sequelae of thyroid disease and nerve palsy, or peri-orbital sequelae of other nerve palsy (e.g. the oculomotor nerve)?	<input type="checkbox"/>	<input type="checkbox"/>	
	7. Is lower lid blepharoplasty being requested to relieve excessive lower lid bulk because proper positioning of prescription eyeglasses is precluded (impossible) and is secondary to conditions such as: chronic systemic corticosteroid therapy, dermatomyositis, Graves' disease, myxedema, nephrotic syndrome, polymyositis, scleroderma, Sjogren's syndrome, or systemic lupus erythematosus?	<input type="checkbox"/>	<input type="checkbox"/>	
B. <input type="checkbox"/> Blepharoptosis / Ptosis Repair (Acquired Ptosis):				
	1. Is ptosis (blepharoptosis) repair being done for laxity of the muscles of the upper eyelid that are causing functional visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>



PRIOR AUTHORIZATION for EYELID SURGERY

Name (Last, First MI):	DOB:	Age:	PEHP ID #:		
<i>(Please check service being requested.)</i>		QUESTION (CONT'D)	YES	NO	COMMENTS/NOTES
2.		Do photographs in straight gaze show the margin reflex difference (distance from the upper lid margin to the reflected corneal light reflex at normal gaze) of 2 mm or less?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
3.		Do photographs of the patient looking straight ahead demonstrate the eyelid at or below the upper edge of the pupil?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
C. <input type="checkbox"/>		<u>Brow Ptosis Repair (Acquired Ptosis):</u>			
1.		Is brow ptosis repair being done for laxity of the forehead muscles causing functional visual impairment of upper/outer visual fields?	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Do photographs show the eyebrow below the supra-orbital rim?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
D. <input type="checkbox"/>		<u>Canthoplasty / Canthopexy (Acquired Ptosis):</u>			
1.		Will a canthoplasty be done as part of a medically necessary blepharoplasty procedure to correct eyelids that sag so much that they pull down the upper eyelid causing visual obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Will canthoplasty be done as an adjunct to a medically necessary ectropion or entropion repair?	<input type="checkbox"/>	<input type="checkbox"/>	
3.		Will canthoplasty be done for reconstruction of the eyelid following resection of benign or malignant lesions involving the medial or lateral canthus?	<input type="checkbox"/>	<input type="checkbox"/>	
4.		Will canthoplasty be done for management of exposure keratoconjunctivitis resulting from proptosis with lower lid retraction following orbital decompression surgery for Grave's ophthalmopathy or Crouzon's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
E. <input type="checkbox"/>		<u>Eyelid Ectropion Repair:</u>			
1.		Is eyelid ectropion repair being done to repair defects predisposing the patient to corneal conjunctival injury due to ectropion, entropion or pseudotrachiasis?	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Do photographs demonstrate the presence of an ectropion, and corneal or conjunctival injury?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
3.		Does the patient have subjective symptoms, including either excess tearing or pain/discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
4.		Does the patient also have a corneal ulcer, exposure keratitis, or kerato-conjunctivitis?	<input type="checkbox"/>	<input type="checkbox"/>	
F. <input type="checkbox"/>		<u>Eyelid Entropion Repair:</u>			
1.		Is eyelid entropion repair being done to repair defects predisposing the patient to corneal conjunctival injury due to ectropion, entropion, or pseudotrachiasis?	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Do photographs demonstrate that the eyelid is turned inward?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
3.		Does the patient have subjective symptoms, including either excess tearing or pain/discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	
4.		Does the patient have trichiasis or irritation of cornea or conjunctiva?	<input type="checkbox"/>	<input type="checkbox"/>	
G. <input type="checkbox"/>		<u>Upper Eyelid Tightening Procedure:</u>			
1.		Is the upper eyelid tightening procedure (i.e., block resection or tarsal strip with lateral canthal tightening) being done because the patient has refractory corneal or conjunctival inflammation related to exposure from floppy eyelid syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
H. <input type="checkbox"/>		<u>Congenital Ptosis Repair:</u>			
1.		Is surgical correction of congenital ptosis repair needed to allow proper visual development?	<input type="checkbox"/>	<input type="checkbox"/>	
2.		Was congenital ptosis present at birth and detected within the first year of life?	<input type="checkbox"/>	<input type="checkbox"/>	
3.		Does ptosis interfere with the child's field of vision?	<input type="checkbox"/>	<input type="checkbox"/>	
4.		Does the child have abnormal head posture (e.g., head tilt or turn, chin up or chin down), amblyopia, or strabismus?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:					

**Please fax completed form and medical records to 801-366-7449.*