



PRIOR AUTHORIZATION for PTOSIS 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 #:
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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

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

QUESTION	YES	NO	COMMENTS/NOTES
1. Is blepharoplasty being requested to correct 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 <i>and</i> photographs in straight gaze show eyelid tissue resting on or pushing down on the eye lashes?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
3. Is blepharoplasty being requested to repair defects predisposing 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"/> Pseudotrichiasis (inward misdirection of eyelashes caused by entropion)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is blepharoplasty being requested to relieve painful symptoms of blepharospasm?	<input type="checkbox"/>	<input type="checkbox"/>	
5. 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"/>	
6. Will a canthoplasty be done as part of a blepharoplasty procedure to correct eyelids that sag so much that they pull down the upper eyelid so that vision is obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is ptosis (blepharoptosis) repair being done for laxity of the muscles of the upper eyelid that are causing functional visual impairment <i>and</i> photographs in straight gaze show the margin reflex difference (distance from the upper lid margin to the midpoint of the pupil) of 2 mm or less?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
8. Is brow ptosis repair being done for laxity of the forehead muscles causing functional visual impairment <i>and</i> photographs show the eyebrow below the supra-orbital rim?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please submit photos with request.</i>
9. Is eyelid ectropion or entropion repair being done for corneal or conjunctival injury due to ectropion, entropion or trichiasis?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is upper eyelid tightening procedure being done for refractory corneal or conjunctival inflammation related to exposure from floppy eyelid syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments:**

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