

JE PRIOR AUTHORIZATION CHECKLIST – BLEPHAROPLASTY

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [Blepharoplasty, Eyelid Surgery and Brow Lift LCD Policy \(L34194\)](#)
- [Policy Article \(A57190\)](#)

Documentation Reference

- [Part A Prior Authorization for Blepharoplasty](#)
- [Part A Prior Authorization Request Coversheet](#)

General Documentation Requirements

Documentation is for the correct beneficiary and date of service

Documentation of intent to perform procedure or qualified provider's order for procedure

Documented excessive upper/lower lid skin

Supporting pre-op photos

Signed clinical notes support a decrease in peripheral vision and/or upper field vision

Signed physician's or non-physician practitioner recommendations

Documented subjective patient complaints justifying functional surgery (vision, ptosis, etc.)

Visual field studies/exams (when applicable)

Documentation to support the code(s) and modifier(s) billed

Complete Prior Authorization Request Coversheet

For Blepharoplasty Repair

A margin reflex distance (MRD sometimes referred to as MRD1) of 2.0 mm or less

If applicable, the presence of Herring's effect defending bilateral surgery when only the more ptotic eye clearly meets the MRD criteria

For Upper Blepharoplasty and/or Brow Ptosis Repair

Redundant eyelid tissue hanging over the eyelid margin resulting in pseudoptosis where the "pseudo" margin produces a central "pseudo-MRD" of 2.0 mm or less, or

Redundant eyelid tissue predominantly medially or laterally that clearly obscures the line of sight in corresponding gaze