

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 B Prior Authorization for Blepharoplasty](#)
- [Part B ASC 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