North Carolina Healthy Blue® prior authorization request form

Prior authorization requests may be submitted via fax to **513.492.6739** or via email to **EyeMed_UM@eyemed.com**. Prior authorization submission is also available electronically through the **EyeMed online claims system**.

EyeMed Vision Care conducts utilization review for the following codes:

Code	Description
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
65855	Trabeculoplasty, Laser Surgery, 1+ sessions
66982	Extracapsular Cataract removal w/insertion, lens prosthesis (1stage); complex
66984	Extracapsular Cataract removal w/insertion, lens prosthesis (1 stage)
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g. irrigation or aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery with insertion of intraocular aqueous drainage device
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g. irrigation or aspiration or phacoemulsification), with insertion of intraocular (e.g. trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
67901	Repair of blepharoptosis, frontalis muscle
67902	Repair of blepharoptosis, frontalis w/sling
67903	Repair of blepharoptosis, levator resection, internal approach
67904	Repair of blepharoptosis, levator resection, external approach
67906	Blepharoptosis, superior rectus technique with fascial sling (includes obtaining fascia)
67908	Blepharoptosis, Fasanella-Sevat type
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g. gold weight)
67914	Repair of ectropion; suture

Prior authorization turnaround times

- **Standard requests:** 14 calendar days
- **Expedited requests:** 72 hours
- **Emergency services:** Emergency services do not require prior authorization.

Check request status

- The EyeMed UM team will process your prior authorization request as soon as possible within the requested timeframe. If you have additional questions, please call **866.652.0038.**

Utilization Management prior authorization request form

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□ **STANDARD Request** □ **EXPEDITED Request** □ **Retrospective Request**	
Member First Name:	**Member Last Name:**
Date of Birth:	**Member Phone Number:**
Insurance Identification Number:	**Insurance Plan:**
Provider First Name:	**Provider Last Name:**
Provider NPI:	**Provider Tax ID:**
Provider EyeMed Number:	**Office Contact**
Office Address:	
City and State:	**Zip Code:**
Office Phone:	**Office Fax:**
Office Email:	
Facility Type: □ **ASC** □ **ER** □ **Office** □ **Outpatient Hospital** □ **Other**	
Facility Name:	
Facility Address:	
City and State:	**Zip Code:**
Service(s) Requested (include CPT code):	
Date Range of Service:	**Appropriate Eye(s):** □ **RT** □ **LT** □ **BOTH** **Number of Units:**
Diagnosis (include ICD-10):	

Authorization approves the medical necessity off the requested service(s) only. Authorization does not guarantee payment, nor does it guarantee the amount billed will be the amount reimbursed. The beneficiary must be NC Medicaid or NC Choice eligible on the date of service.

EyeMed is an independent company providing vision service for Healthy Blue members on behalf of Blue Cross® and Blue Shield® of North Carolina.

NCHB-CD-003693-22