



Reconstructive Eyelid Surgeries

Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form

We recommend reviewing [GEHA's coverage policy for Reconstructive Eyelid Surgeries](#) before completing this form. You can find our coverage policies at [Provider resources](#). These will allow you to see the criteria used to determine medical necessity and procedures that are not allowable.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need help, you can speak with a surgical specialist at 800.821.6136, ext. 3100.

After you have completed the form

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



Reconstructive Eyelid Surgery Authorization Form

Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Date of request: _____ Anticipated service date: _____
Patient name: _____ Phone: _____
Preferred pronouns: _____ (optional)
ID number: _____ Date of birth: _____
Member address: _____

Physician: _____
Tax ID: _____
Address: _____

Contact: _____
Phone: _____ Ext. _____ Fax: _____
DX: _____ ICD-10 code: _____
List all proposed CPT/procedure codes: _____
Please specify for each code if Bilateral or Single: _____

IMPORTANT: In addition to this form, submit:

- Color photos to include front and side views
- Pre-operative ophthalmologic exam with recent visual field testing,
- Tried and Failed Treatments
- Recent History and Physical — within last 12 months
- Letter of medical necessity
- Operative/Procedure Report (post-procedure only)

Submit completed form and supporting documents to:

GEHA
P.O. Box 21542
Eagan MN 55121

Fax: 816.257.3255 or
Color photos to secure email:
caremanagementsurgery@geha.com

Questions: Call GEHA at 800.821.6136, ext. 3100.

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided or the supply delivered.