Denver Eyelid Specialists
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Understanding Cost with Eyelid Surgery

Surgery costs can be confusing. This guide explains, in plain language, when insurance helps, what you may still owe, and how costs work when cosmetic and functional surgery are done together.

Two things every patient should know

1. Insurance pays only when criteria are met.

Each type of eyelid surgery has its own rules. Insurance covers it only when your exam and tests show it is **medically needed**, usually because your eyelids block your vision.

2. "Covered" does not mean free.

Even when insurance approves surgery, you may still pay a **co-pay, deductible, and coinsurance**. These are set by your plan, not by our office.

When Does Insurance Cover Eyelid Surgery?

Insurance covers eyelid surgery when it fixes a **medical problem**, not just appearance. This is called **functional** surgery. To approve it, your plan usually wants proof like this:

- ☑ **Photos** showing the eyelid skin or lid edge hanging over your lashes or pupil.
- ☑ **A visual field test.** This maps your side and upper vision, with and without the lids taped up, to show the lids are blocking your sight.
- ☑ **Exam measurements** of how low the eyelid sits.
- ☑ **Your symptoms** in your chart, such as trouble seeing above or to the sides, or raising your brows to see.

Each insurance plan sets its own criteria. Our office does the testing, gathers the photos and records, and sends the documentation your plan asks for. Some plans also need approval before surgery (called prior authorization). Meeting the criteria makes approval likely, but the final decision belongs to your insurance company.

FUNCTIONAL

May be covered by insurance

Upper-eyelid skin, or a droopy lid (ptosis), that blocks your vision for everyday things like driving or reading.

COSMETIC

Self-pay

Surgery to improve appearance, such as under-eye bags, puffiness, or a "tired" look. **Insurance does not pay for cosmetic surgery**, including lower blepharoplasty.

Why "Looking Tired" Doesn't Count

Insurance asks one question: **is the eyelid blocking your vision?** Heavy-feeling lids or a tired look matter to you, and to us, but on their own they don't meet insurance rules. If testing shows your vision isn't blocked enough, the surgery can still be done as cosmetic, self-pay surgery.

What if Only Part of My Surgery Qualifies?

That's common. For example, your upper eyelids may qualify as functional while lower-lid bags are cosmetic. The two can often be done in the same surgery, with the functional part billed to insurance and the cosmetic part self-pay. **Page 3 explains how those costs work.**

"Covered" Does Not Mean Free

When insurance approves your surgery, it pays its share and you pay yours. Your share comes from four parts of your plan. Here is what each one means:

Deductible
The amount **you pay first** each year before insurance starts paying.
If your deductible is $1,000 and you haven't used any yet, you pay the first $1,000.

Coinsurance
A **percentage** you pay after your deductible is met.
With 20% coinsurance, you pay $20 of every $100; insurance pays $80.

Co-pay
A **set fee** for a visit or service, like $40 for an office visit.
Some plans have co-pays for surgery or office visits; some don't.

Out-of-pocket maximum
The **most you'll pay** in a plan year for covered care. After you reach it, insurance pays 100% of covered costs.

EXAMPLE ONLY — YOUR NUMBERS WILL DIFFER

Say the insurance-approved cost of your functional surgery is **$5,000**, you have **$1,000** of your deductible left, and your coinsurance is **20%**.

1. You pay the rest of your deductible	$1,000
2. That leaves $4,000. You pay 20%	$800
You pay in total	**$1,800**
Insurance pays (80% of $4,000)	$3,200



The whole bar is the $5,000 approved cost. The rose parts are what you pay.

If you've already met your deductible this year, you'd pay only the 20% ($1,000 in this example). If you've reached your out-of-pocket maximum, you'd pay nothing more for covered care.

Timing matters. Deductibles and out-of-pocket maximums usually reset each year. If you've already had other medical care this year, your share for surgery may be lower.

Check Your Benefits: Call Your Insurance

Only your insurance company can tell you exactly what you'll owe. Call the member services number on the back of your insurance card and ask:

- ☑ Is functional eyelid surgery (upper blepharoplasty or ptosis repair) a covered benefit on my plan?
- ☑ Do I need prior authorization or a referral?
- ☑ How much of my deductible is left this year?
- ☑ What is my co-pay or coinsurance for outpatient surgery?
- ☑ What is my out-of-pocket maximum, and how much have I already paid toward it?
- ☑ Are the surgery center and anesthesia provider in my network?

Write it down. Note the date, the name of the person you spoke with, and the call reference number. It helps if there are questions later.

Combined Surgery: Cosmetic + Functional Together

Many patients have a functional surgery that insurance covers, such as upper eyelids blocking vision, and a cosmetic surgery at the same time, such as lower-lid bags. This is called **combined** (or mixed) surgery. It means **two separate sets of costs**: one billed to insurance, and one you pay yourself.

Part 1: The functional part is billed to insurance, as three separate fees

Surgery center
The facility fee for the operating room, staff, and supplies

Anesthesia
The anesthesia provider who keeps you comfortable and safe

Surgeon
Dr. Thiagarajah's fee for performing the surgery

Each of these three fees is subject to your co-pay, deductible, and coinsurance. You may get a separate bill, or explanation of benefits, from each one.

Part 2: The cosmetic part has its own self-pay cost

Cosmetic surgery adds **extra time in the operating room**. The surgery center and the anesthesia provider charge for that extra time, and the surgeon charges for the cosmetic surgery. **Insurance won't pay for any of it, so the cosmetic part is not free**, even when it's done during a covered surgery.

> **The good news:** the cosmetic cost is **often lower** than having the same cosmetic surgery by itself. You share one trip to the operating room, one anesthesia start, and one recovery, so you pay only for the extra time, not a whole separate surgery.

Side by Side: How the Costs Compare

Functional only

- Surgery center · insurance
- Anesthesia · insurance
- Surgeon · insurance

- Billed to insurance
- You pay your co-pay, deductible, and coinsurance

Cosmetic only

- Surgery center · full self-pay
- Anesthesia · full self-pay
- Surgeon · self-pay

- You pay all of it
- Includes the full facility and anesthesia cost for the whole surgery

Combined

- Functional fees · insurance
- Extra facility time · self-pay
- Extra anesthesia time · self-pay
- Cosmetic surgeon fee · self-pay

- Insurance part: your usual share
- Cosmetic part: self-pay, often less than cosmetic surgery done by itself

■ Billed to insurance (your co-pay, deductible, and coinsurance apply) ■ Self-pay. No dollar amounts are shown because every surgery and plan is different. Your written estimate will list your costs.

EXAMPLE ONLY — YOUR NUMBERS WILL DIFFER

Jane's upper eyelids block her vision, and she also wants her lower-lid bags fixed. Her upper eyelid surgery is billed to insurance, and she pays her deductible and coinsurance. Her lower eyelid surgery is self-pay: she pays the surgeon's cosmetic fee plus the surgery center and anesthesia charges for the extra time. Because it's done in the same surgery, she pays for one shorter add-on instead of a second full surgery.

You May Get Separate Bills

The surgery center, the anesthesia provider, and our office each bill on their own. It's normal to get **two or three separate bills**, plus explanation of benefits (EOB) letters from your insurance. An EOB is not a bill. It shows what insurance paid and what your share is.

> If your surgery is done in our office with local numbing only, there is no separate surgery center or anesthesia bill. Dr. Thiagarajah will tell you at your consultation where your surgery will be done.

What Happens Next

1. **Consultation** — Exam, and a plan for functional, cosmetic, or both
2. **Testing** — Photos and visual field test, if insurance may apply
3. **Insurance review** — We send your records; you check your benefits
4. **Written estimate** — Your self-pay costs and expected insurance share
5. **Surgery** — Then bills and EOBs arrive over the following weeks

CONSULTATION FEE

Cosmetic consultation: about $200

If you schedule your cosmetic surgery within one year of your consultation, the fee goes **toward the cost of your surgery**. If your visit is billed to insurance, your plan's co-pay and deductible apply instead.

YOUR ESTIMATE

Ask for it in writing

Before surgery, you'll get a written estimate of your self-pay costs. Insurance amounts are estimates until your plan processes the claim.

Questions to Ask Us

- ☑ Is my surgery functional, cosmetic, or both?
- ☑ Which tests or photos does my insurance need?
- ☑ Will my surgery be in the office or at a surgery center?
- ☑ What will the cosmetic part cost, including extra facility and anesthesia time?
- ☑ Which bills should I expect, and from whom?
- ☑ What happens if insurance doesn't approve the functional part?

Questions about cost? Ask us before you schedule. We'll explain which parts of your surgery are billed to insurance and which are self-pay. If anything on a bill is unclear later, call us at (720) 386-1989.

Contact Us

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