Cosmetic Dermatologic	Referral Guide:	Dermatology
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## Diagnosis/Definition:

Certain dermatological procedures are always or almost always considered "cosmetic" procedures by third party payers, and are consequently not reimbursed.

In general, cosmetic services are not part of the mission of the Denver Health dermatology clinics.

Equipment and supplies for chemical peels, sclerotherapy for leg veins, and laser therapy are not available in Denver Health dermatology clinics.

## **Ongoing Management and Objectives:**

These procedures include, but are not limited to, procedures for the treatment of the following diagnoses (ICD-9 codes included):

Skin tags/acrochordon 701.8 Benign growths, including nevi/"moles" 216

(unless indication for removal provided, such as bleeding, painful, changing color, etc.)

Keloid 701.4 (unless painful)

Seborrheic keratosis 702.19 Sebaceous hyperplasia 706.8 214.9 Lipoma Hemangioma/angioma 228.01 Spider vein 448.1 Varicose veins 454.9 448.9 Telangiectasia Scar 709.2 Photoaging, wrinkles 701.8 Lentigo 709.09

Please note that removal of pre-malignant growths such as actinic keratoses and removal of infectious growths such as warts is considered medically indicated procedures.

Please note that insurance programs vary regarding what is covered. For example, some providers will pay for keloid treatment if the keloid is painful, while others will not pay for treatment even if the lesion is symptomatic.

For additional information about indication for removal, see next page.

## Indications for Specialty Care Referral:

Diagnosis: Referral for diagnosis, for example to rule out skin cancer

Special situations: Under certain conditions, some procedures that ordinarily are considered cosmetic may be deemed medically indicated. As an example, removal of a benign growth on the face of a child may be considered medically indicated in some cases. Each case should be evaluated individually, according to the best judgment of the provider.

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Test(s) to Prepare for Consu	ilt•		Test(s) Consulta	ent May Need To Do:		
Please inform the patient that the initial visit to dermatology is an evaluation visit, not a treatment visit. If removal of a lesion is considered cosmetic, then removal may not be offered. If removal of a lesion is considered medically indicated but not urgent, the actual procedure may be scheduled for another time, possibly several weeks later. This is particularly the case for excisions, which must be scheduled in a dermatological surgery slot.						
Indication for Democrat (Mad	iooro	<b>.</b>				
Indication for Removal (Med	icare	):				
On February 1, 2003, Medicare published secondary codes that serve as indicators for removal of a presumptively benign lesion. These codes, which are used together with the primary diagnosis code, are as follows:						
238.2 Neoplas	Neoplasm, uncertain behavior					
		e, unspecified				
		e, unspecified nd abscess				
		pecified local infection of skin and subcutaneous tissue				
	specified enthematous conditions					
	specified erythematous conditions					
	Unspecified, pruritic disorder					
	Pain, paresthesia, burning of skin					
	Injury (trauma) of other specified site, skin					
	Unqualified visual loss, one eye Viral conjunctivitis					
Please note that other third party payers do not necessarily follow Medicare guidelines.						

Revision History: Created Revised

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