

Dermatology

Policy

Harvard Pilgrim reimburses contracted providers for the provision of dermatology services.

Policy Definition

Dermatology includes the diagnosis and treatment of skin disorders and disease.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

HMO/POS/PPO

Referral required for specialist services for HMO and in-network POS members.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Lesion Excisions

- When performed for other than cosmetic indications.
- Intermediate and complex layer closures and repairs when performed with a benign or malignant lesion excision. Lesion excision reimbursement is inclusive of any anesthesia administered by the surgeon.

Wound Repair and Closures

- Intermediate repairs when the wound requires a layer closure of one or more of the deeper layers of the subcutaneous tissue and superficial fascia in addition to the epidermal and dermal closure.
- Intermediate repair for heavily contaminated wounds requiring extensive cleaning.
- Complex repairs when the wound requires more than layered closure, scar revision, debridement, extensive undermining, stents or retention sutures.
- When multiple wounds are repaired, reimbursement is based on the sum of the lengths of those wounds in the same classification and anatomic site that are grouped together in the CPT descriptor.

Photodynamic Therapy

- Photodynamic therapy by external application of light to destroy pre-malignant and/or malignant lesions of the skin and mucosa by activation of photosensitive drugs.
- Actinotherapy, photochemotherapy and laser treatment for inflammatory skin diseases.

MOHS Micrographic Surgery

- Mohs micrographic surgery to remove complex or ill-defined skin cancer.

Skin Replacement Surgery and Skin Substitutes

- The purchase of FDA-approved skin substitutes and replacements for use by one patient only, to either the contracted provider or contracted supplier. A supplier should only bill Harvard Pilgrim directly for the provision of the product for the physician.
- Initial site preparation in addition to the application of the product.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Abrasion, dermabrasion, salabrasion

- Chemical exfoliation for acne and chemical peel
- Miscellaneous supplies, miscellaneous surgical supplies or surgical trays
- A simple closure or repair when performed with a benign or malignant lesion excision
- Anesthesia when provided by the surgeon or dermatologist
- Closure or repair using adhesive strips as the sole method of repair
- Repairs associated with surgical closure procedures
- E&M services on the same day as a surgical procedure unless it is a significant and separately identifiable service, or it is above and beyond the usual preoperative and postoperative care associated with the procedure
- Skin tag removal by any method
- Tattooing for the diagnosis of vitiligo
- Non-FDA-approved skin-substitute products

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comment
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	Not reimbursed
11201	Removal of skin tags, each additional 10 lesions (CPT 11201 must be billed in conjunction with CPT code 11200)	Not reimbursed
11920 - 11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects, including micropigmentation	Not reimbursed when billed with the following diagnosis codes: ICD-10
12001–12018; 12031–12057; 13100–13153	Repair—simple; Repair—intermediate; Layer closure; Repair—complex	When billing repair of multiple wounds, add together the lengths of those in the same classification (simple, intermediate or complex) and from all anatomic sites that are grouped together into the same code descriptor. Report the total length. Lengths of repairs from different classifications or different anatomical sites should not be added.
15780–15782	Dermabrasion; total face; segmental, face; regional, other than face	Not reimbursed
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)	Not reimbursed
15786–15787	Abrasion	Not reimbursed
15788–15793	Chemical peel	Not reimbursed
17360	Chemical exfoliation for acne	Not reimbursed
99070	Materials charge	Not reimbursed
A4649, A4550	Miscellaneous supplies (including surgical supplies) and surgical trays	Not reimbursed

Other Information

A physician bill for skin substitutes should not be submitted if the supplier is billing Harvard Pilgrim directly for the provision of the product.

Related Policies

Payment Policies

- Anesthesia
- Bilateral Services and CPT Modifier 50
- Cosmetic and Reconstructive Surgery
- Evaluation and Management
- Non-Covered Services
- Surgery

Clinical Policies

- Mohs' Micrographic Surgery

PUBLICATION HISTORY

10/01/02	original documentation
04/01/03	2003 coding update; added bundling/unbundling coding combination of biopsy of a skin lesion with destruction of the same skin lesion
07/01/03	minor edits for clarity
04/30/04	annual coding review
10/31/04	lesion billing clarification
07/31/05	annual review
01/31/06	coding update
07/01/06	annual review; added Moh's surgery under Harvard Pilgrims Reimburses
07/31/07	annual review; minor edits for clarity; update to non-reimbursed services
07/31/08	annual review; added E&M services statement
06/15/09	annual review; no changes
05/15/10	annual review; deleted 11420 billed w/ 28290-28299; no longer applicable; added 11200, 11201, 11920-11922 to not reimbursed after 07/01/10
05/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
07/15/12	annual review; no changes
07/15/13	annual review; added info re: skin substitutes
01/15/14	annual coding update; added Q4121-TheraSkin, per sq cm
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
07/15/14	annual review; no changes
06/15/15	ICD-10 coding update
07/15/15	annual review; no changes
07/15/16	annual review; no changes
01/15/17	annual coding update
02/15/17	removed moderate sedation, added Anesthesia to Related Policies
07/15/17	annual review; no changes
01/01/18	updated Open Access Product referral information under Prerequisites
07/01/18	annual review; administrative edits
08/01/19	annual review; no changes
08/03/20	annual review; updated coding grid; added Non-Covered Services payment policy to Related Policies
07/01/21	annual review; added Mohs' Micrographic Surgery Medical Policy to Related Policies

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to dermatology.