

Dermatology Coding Alert

Dermabrasion: Smooth Out the Wrinkles in Your Dermabrasion Coding

Many 15780-15783 claims may be cosmetic, but proper coding is still essential to fair reimbursement and medical necessity may still be on the table.

Even though many payers consider dermabrasion and microdermabrasion to be cosmetic procedures, you should still be armed with the right codes and know how to use them in order to get deserved reimbursement from your patients. And in some cases, you may be able to demonstrate medical necessity to get reimbursement from an insurer.

Read on for our expert answers to these frequently asked questions about dermabrasion.

Question: How can we demonstrate medical necessity for dermabrasion?

Answer: During dermabrasion, the provider uses a powered rotary instrument to "sand down" or smooth scarred or wrinkled areas. The procedure lowers raised lesions or thins tissue to regenerate skin with a smoother appearance. CPT® includes four codes for facial dermabrasion:

- 15780 (Dermabrasion; total face [e.g., for acne scarring, fine wrinkling, rhytids, general keratosis]) for the total face
- 15781 (... segmental, face) for a segment of the face
- 15782 (... regional, other than face) for regional dermabrasion of an area other than the face
- 15783 (... superficial, any site [e.g., tattoo removal]) for a superficial site.

Most payers consider dermabrasion procedures cosmetic and do not reimburse these services. Make sure that you check coverage and inform the patient if the service is not a covered service if you are performing dermabrasion. Additionally, it is recommended that you collect your fees up front from the patient before performing dermabrasion services.

If you feel the dermabrasion is medically necessary, then you should get prior authorization from your patient's payer.

All dermabrasions and microdermabrasions are considered self-pay and are paid at the time of service. Therefore, if you're going to bill an insurance carrier for it, you need to get prior authorization.

Support your claim: If the patient has superficial cell carcinomas or pre-cancerous actinic keratoses, then you should reflect that with diagnosis codes C44.-- (Other and unspecified malignant neoplasm of skin), D04.-- (Carcinoma in situ of skin), and L57.0 (Actinic keratosis). Make sure you report this code based on your physician's documentation.

Also, payers may need to know additional information, such as whether the conventional methods of removal such as cryotherapy, curettage, and excision are impractical due to the number and distribution of the lesions, or if the patient has failed a trial of 5-fluorouracil (5-FU) (Efudex).

Best bet: Check your carrier or payer for their policy. Your local coverage will explain limitations of medical necessity. Even if most payers follow Medicare guidelines, it is still best to contact payers on their own medical policy.

Question: How should we code for microdermabrasion?

Answer: You won't find any CPT® code for microdermabrasion of the face. If you must report it to a health plan or medical savings account, the best you can provide is 17999 (Unlisted procedure, skin, mucous membrane and subcutaneous tissue). Attach documentation to support medical necessity.

While some would advise to use 15783 (Dermabrasion; superficial, any site [e.g., tattoo removal]) when reporting

microdermabrasion, the American Academy of Dermatology Association (AADA) disagrees. It has said in its newsletter: "Microdermabrasion is more similar to a superficial chemical peel and certainly does not involve the physician work that is valued in code 15783."

Know the difference: What is the difference between dermabrasion and microdermabrasion? While the former is a mechanical procedure that uses a power driver hand-held device to remove the top layers of the skin, the latter is much less invasive.

Microdermabrasion can be performed in a beauty center, doctor's office, or even at home, using a personal kit. A doctor uses a sandblaster-like hand-held device to spray and circulate high pressure flow of aluminum oxide crystals onto the skin.

Patients will need to see the dermatologist for several follow-up visits to monitor progress. All dermabrasion procedures require at least one or two follow-up visits during the first week.

Question: Is dermabrasion the same as laser ablation?

Answer: Not quite. Laser ablation is a type of destruction, and isn't related to dermabrasion. A more accurate choice would be to report the destruction with the appropriate code from the 17000-17250 series, depending upon the number, type, and size of lesions treated. Your physician's documentation should include these details.