

## Dermatology Coding Alert

### Don't Let Dermabrasion Dollars Slip Through Your Fingers

If you have medical necessity, then get preauthorization with these tips.

Although most payers consider dermabrasion and microdermabrasion a cosmetic treatment, you can still recoup reimbursement when the patient has one of two conditions: (1) superficial basal cell carcinomas or (2) precancerous actinic keratoses.

#### Get Prior Authorization

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," says **Kathleen McPherson**, manager of administrative and clinical affairs at the Texas Tech University Health Sciences Center, Department of Dermatology in Lubbock. 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 173.0-173.9 (Other malignant neoplasm of skin), 232.0-232.9 (Carcinoma in situ of skin [cutaneous lesions of Bowen's disease]), and 702.0 (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, says **Julie Clark, CPC**, of Memorial Health Care in Owosso, Mich. 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, she insists.

#### For Procedure Coding, You Must Spot the Area

Suppose you have authorization. Your dermatologist performs the dermabrasion. Search your documentation for the area where the procedure took place: on the total face or a segment of the face, which generally refers to the upper (e.g., forehead, eyes); mid (e.g., cheek); and lower (e.g., mouth) regions of the face.

Important: When billing for treatment on two or less segments, use 15781 (Dermabrasion; segmental, face). When more than two segments are treated during the same session, charge for total face treatment with the code 15780 (...total face [e.g., for acne scarring, fine wrinkling, rhytids, general keratosis]).

Observe: These codes have a 90-day global period. If the dermatologist provides additional unrelated services within those 90 days, you will need to append modifiers in order to get paid.

Micro: You won't find any CPT code for microdermabrasion of the face, says **Karen Hurley, CMM, CPC, CCS-P, LE**, of Waldorf, Maryland. "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," she adds.

While some would advise to use 15783 (Dermabrasion; superficial, any site) when reporting microdermabrasion, the American Academy of Dermatology Association (AADA) disagrees. It says 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."

