

Cosmetic Dermatologic Procedures	Referral Guide: Page 1 of 2	Dermatology																												
<p>Diagnosis/Definition:</p> <p>Certain dermatological procedures are always or almost always considered “cosmetic” procedures by third party payers, and are consequently not reimbursed.</p> <p>In general, cosmetic services are not part of the mission of the Denver Health dermatology clinics.</p> <p>Equipment and supplies for chemical peels, sclerotherapy for leg veins, and laser therapy are not available in Denver Health dermatology clinics.</p>																														
<p>Initial Diagnosis and Management:</p>																														
<p>Ongoing Management and Objectives:</p> <p>These procedures include, but are not limited to, procedures for the treatment of the following diagnoses (ICD-9 codes included):</p> <table border="0"> <tr><td>Skin tags/acrochordon</td><td>701.8</td></tr> <tr><td>Benign growths, including nevi/“moles”</td><td>216</td></tr> <tr><td>(unless indication for removal provided, such as bleeding, painful, changing color, etc.)</td><td></td></tr> <tr><td>Keloid</td><td>701.4 (unless painful)</td></tr> <tr><td>Seborrheic keratosis</td><td>702.19</td></tr> <tr><td>Sebaceous hyperplasia</td><td>706.8</td></tr> <tr><td>Lipoma</td><td>214.9</td></tr> <tr><td>Hemangioma/angioma</td><td>228.01</td></tr> <tr><td>Spider vein</td><td>448.1</td></tr> <tr><td>Varicose veins</td><td>454.9</td></tr> <tr><td>Telangiectasia</td><td>448.9</td></tr> <tr><td>Scar</td><td>709.2</td></tr> <tr><td>Photoaging, wrinkles</td><td>701.8</td></tr> <tr><td>Lentigo</td><td>709.09</td></tr> </table> <p>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.</p> <p>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.</p> <p>For additional information about indication for removal, see next page.</p>			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	Lipoma	214.9	Hemangioma/angioma	228.01	Spider vein	448.1	Varicose veins	454.9	Telangiectasia	448.9	Scar	709.2	Photoaging, wrinkles	701.8	Lentigo	709.09
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<p>Indications for Specialty Care Referral:</p> <p>Diagnosis: Referral for diagnosis, for example to rule out skin cancer</p> <p>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.</p>																														

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

