

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Multiple Dermatology Procedures</b>
<b>POLICY NUMBER</b>	<b>NR-01.001</b>

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Original Issue Date (Created):	<b>8/25/2003</b>
Most Recent Review Date (Revised):	<b>8/18/2021</b>
Effective Date:	<b>9/1/2021</b>

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[DEFINITIONS  
VARIATIONS](#) - Yes

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**I. DESCRIPTION/BACKGROUND**

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This policy addresses the payment methodology applied to the reimbursement of professional providers performing multiple dermatology procedures.

**II. DEFINITIONS**

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Lesion – A wound, injury, or pathologic change in body tissue. Any visible, local abnormality of the tissues of the skin, such as a wound, sore, rash or boil. A lesion may be described as benign, cancerous, gross (size), occult (hidden or difficult to observe directly), or primary (not resulting from any other source or cause).

Multiple dermatology procedures - Dermatology procedures rendered to the same patient, by the same provider and on the same date of service.

**III. POLICY**

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When a provider performs more than one dermatology procedure on the same patient, on the same date of service, the claim lines containing the dermatology procedure codes will be subject to multiple dermatology procedure reductions. Reimbursement for the highest valued procedure reported will be made at 100% of the Plan allowance. The second through fifth highest valued procedures will be reimbursed at 50% of the Plan allowance. When more than five procedures are performed, the sixth and/or subsequent procedure(s) will be reimbursed at 10% of the Plan allowance.

When different providers perform different procedures on the same patient, multiple dermatology rules do not apply. Each individual provider must report only the procedures or services he or she personally performed. If one of the providers performs multiple

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dermatology procedures during a given session, then the multiple dermatology rules would apply to that provider’s services.

Please refer to the following Professional Network Reimbursement Policies for additional information:

- NR-30.019 *Correct Coding and Reimbursement Methodology*
- NR-30.001 *General Coding Guidelines*
- NR-10.006 *Multiple Surgical Procedures*
- NR-30.020 *Payment Policy Indicators*

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

**IV. EXCLUSIONS**

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N/A

**V. VARIATIONS**

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This policy is applicable to all programs and products administered by Capital Blue Cross unless otherwise indicated below.

HMO<sup>1</sup>                      BlueJourney HMO<sup>1</sup>

<sup>1</sup> Primary Care Physicians (PCP) are generally capitated for minor surgery services including, but not limited to, the excision/destruction of warts, cysts and benign lesions ≤ 2.0 cm.

**VI. REFERENCES**

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*Current and historical versions of the RVU File can be located by accessing the CMS website.*

*CPT 2021 Professional Edition  
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