

### Dermal chemical peels

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: \*15789, \*15793

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See below for the questions you'll encounter in the e-referral system.

**Q** Is the patient having a dermal chemical peel to treat at least 10 actinic keratoses?

**A**

Possible answers:  Yes  No  N/A

**Q** Is the patient having a dermal chemical peel to treat premalignant skin lesions?

**A**

Possible answers:  Yes  No  N/A

**Q** Has the patient had four dermal peels in the prior 12 months?

**A**

Possible answers:  Yes  No  N/A



**Blue Care  
Network**  
of Michigan

A nonprofit corporation and independent licensee  
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## Preview questionnaire

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For Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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Is the service being performed solely for any of the following reasons (A-C)? A. Aging skin. B. Skin damage due to overexposure to sun. C. Wrinkles or acne scarring. Note: If this service is NOT solely for these reasons, then select "No."



Possible answers:  Yes  No