

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

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Preview questionnaire

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For Blue Care Network commercial and BCN AdvantageSM

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Q 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."

A

Possible answers: Yes No N/A