

## Authorization Requirements for Removal of Skin Lesions

June 19, 2007

WELLCARE HEALTH PLANS, INC.  
THE WELLCARE GROUP OF COMPANIES

VIA FACSIMILE

Dear Provider,

In order to improve access and coordination of services, WellCare of Georgia, Inc. is expanding access to dermatology procedures for members in your service area. Since **May 1, 2007**, all dermatology providers may perform **specific dermatology procedures without obtaining an authorization from the plan**. All other authorization requirements for outpatient services remain in effect.

The following codes will not require an authorization when performed in a physician office (place of service 11) by a **dermatology** specialist:

Procedure with Description***	
11300	SHAVE SKIN LESION
11301	SHAVE SKIN LESION
11302	SHAVE SKIN LESION
11305	SHAVE SKIN LESION
11306	SHAVE SKIN LESION
11307	SHAVE SKIN LESION
11310	SHAVE SKIN LESION
11311	SHAVE SKIN LESION
11400	EXC TR-EXT B9+MARG 0.5 < CM
11401	EXC TR-EXT B9+MARG 0.6-1 CM
11402	EXC TR-EXT B9+MARG 1.1-2 CM
11403	EXC TR-EXT B9+MARG 2.1-3 CM
11404	EXC TR-EXT B9+MARG 3.1-4 CM
11406	EXC TR-EXT B9+MARG > 4.0 CM
11420	EXC H-F-NK-SP B9+MARG 0.5 <
11421	EXC H-F-NK-SP B9+MARG 0.6-1
11422	EXC H-F-NK-SP B9+MARG 1.1-2
11423	EXC H-F-NK-SP B9+MARG 2.1-3
11426	EXC H-F-NK-SP B9+MARG > 4 CM
11440	EXC FACE-MM B9+MARG 0.5 < CM
11441	EXC FACE-MM B9+MARG 0.6-1 CM
11442	EXC FACE-MM B9+MARG 1.1-2 CM
11444	EXC FACE-MM B9+MARG 3.1-4 CM

WELLCARE OF FLORIDA, INC.  
HEALTH EASE OF FLORIDA, INC.  
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COMPREHENSIVE HEALTH MANAGEMENT, INC.  
COMPREHENSIVE REINSURANCE, LTD.

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Procedure with Description*** (continued)	
11446	EXC FACE-MM B9+MARG > 4 CM
11900	INJECTION INTO SKIN LESIONS
11901	ADDED SKIN LESIONS INJECTION
17000	DESTROY PREMLG LESION
17003	DESTROY LESIONS, 2-14
17004	DESTROY LESIONS, 15 OR MORE
87220	TISSUE EXAM FOR FUNGI
95044	ALLERGY PATCH TESTS
96910	PHOTOCHEMOTHERAPY WITH UV-B
96912	PHOTOCHEMOTHERAPY WITH UV-A

\*\*\* Georgia Medicaid does not cover removal of skin lesions related to the following diagnosis if not medically necessary:

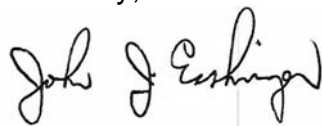
- 701.4 - Keloid Scar, or
- 214.1 - Lipoma

In the event the above services are provided in association with these diagnoses, a prior authorization will be required.

This change does not impact WellCare's payments for other dermatology services, including authorization requirements for established patient visits. WellCare will monitor utilization of these services and may modify the current list of procedures with 30-days advance notification.

If you need additional information related to authorization requirements, please call the WellCare of Georgia, Inc. Provider Hotline at **1-866-231-1821** or your Provider Relations Representative.

Sincerely,



John Esslinger, MD  
Senior Medical Director