

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 27.2
TITLE: DERMATOLOGICAL PROCEDURES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(19)(56)(82)(84)(85)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(xiv)

I. EFFECTIVE DATE

April 13, 1983

II. PROCEDURE CODE(S)

96900, 96910-96913, and 96999

III. DESCRIPTION

The diagnosis and treatment of skin disorders.

IV. POLICY

Unless otherwise limited or excluded, dermatological services and supplies are covered for the treatment of a covered condition.

V. POLICY CONSIDERATIONS

A. Dermabrasion is covered on a limited basis (see [Chapter 2, Section 27.5, Dermabrasion](#)).

B. For coverage of photodynamic therapy and photochemotherapy (PUVA) (see [Chapter 2, Section 30.11, Photodynamic Therapy and Photochemotherapy \(PUVA\)](#)).

C. Medically appropriate treatment for acne is a covered benefit.

D. Topical treatment for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events may be covered when there is evidence of impaired function.

VI. EXCLUSIONS

- A. Any services and supplies (to include prescription medications) performed for elective correction of minor dermatological blemishes and marks of anatomical anomalies for psychological reasons or as a result of the aging process.
- B. Chemical peeling (exfoliation) is not covered for the following:
 - 1. Treatment for the removal of facial wrinkles. [38 CFR 17.272(a)(85)]
 - 2. Treatment of acne or for acne scar removal.
- C. Salabrasion.
- D. Cryotherapy for the treatment of acne.
- E. Skin bleaching agents (e.g., Benoquin, Eldoquin, Melanex, Eldopaque, Procelana with sunscreen, and Solaquin).
- F. Laser therapy for psoriasis. [June 2003]

END OF POLICY