

The Middle Ground

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Frustration. This word best explains our response every time we read a medical policy update from a health maintenance organization and, often, when we look over explanation of benefits from patient visits. Recently, we received a poignant policy update from Empire BlueCross/BlueShield of New York. According to this note, “the routine removal of the following lesions will be considered cosmetic”: epidermal inclusion cyst/pilar cyst, fibroma, keloid scar, lipoma, papilloma, seborrheic keratosis, skin tags, and verruca. Although we are fully cognizant that some of these lesions are often purely cosmetic (skin tags, seborrheic keratosis), we do not regard the treatment of cysts and verrucae in that fashion. The last time we checked, verrucae were an infectious disease.

Bundling of claims by insurance carriers creates another frustrating situation. For example, a company will pay for injection of an acne cyst, but reject an initial consultation for eczema, when both are performed during the same visit. In one actual instance, a company paid 3 dollars for the code for venipuncture but denied the code for the patient visit on the same day.

Given the rising tide of these changes, it is a constant challenge to practice medicine in the

ideal fashion. We do not feel it is justifiable to charge a patient with a large cyst on the back for its removal, and we do not want to charge a patient with one or more facial warts for their removal. Our goal is to treat our patients and improve their conditions, but no practice can perform these services without payment on a regular basis. If carriers do not pay for a procedure on the same day as a visit, do we need to make every patient return for that procedure? This is inconvenient for both physicians and our patients.

For those of us who participate in managed care, these are the dilemmas we face each day. As restrictions imposed by carriers increase and approved drug formularies contract, frustration grows for both physicians and patients. Physicians strive to find a middle ground between the convenience of our patients and our economic viability. Where that lies is a personal decision for each physician.

There are no simple answers. The best we can do at this time is work on an individual level with our patients and participate in local society and American Academy of Dermatology efforts to defend our patients and our practices.