Dermabrasion and Chemical Peels

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Rosacea Procedures
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Treatment of Gender Dysphoria

Overview

This Coverage Policy addresses dermabrasion and chemical peel procedures as treatment for skin-related conditions. Dermabrasion and chemical peels are skin resurfacing procedures that remove the epidermis and superficial layers of skin to allow re-epithelialization. Dermabrasion and/or chemical peels are types of treatment that are generally employed for treating large areas where lesions are multiple and diffuse.

Coverage Policy

Coverage for dermabrasion and/or chemical peel treatments varies across plans and may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit, and may be governed by state mandates. Refer to the customer's benefit plan document for coverage details.

If coverage for dermabrasion and/or chemical peel treatment is available, the following conditions of coverage apply.

Dermabrasion

Dermabrasion (CPT 15780, 15781, 15782) is considered medically necessary for the treatment of actinic keratoses when BOTH of the following criteria are met:
• lesions are diffuse (e.g., ≥ 10 lesions) making targeted therapy impractical
• failure, contraindication or intolerance to one or more conventional field therapy treatments (e.g., topical 5-fluorouracil [5-FU, Efudex], topical diclofenac, photodynamic therapy [PDT], imiquimod [Aldara])

Each of the following is considered cosmetic and/or not medically necessary:

• dermabrasion of ANY type (CPT 15780, 15781, 15782) for ANY other indication not listed above microdermabrasion or superficial dermabrasion (CPT 15783) for ANY indication

Chemical Peels
Dermal chemical peels (CPT 15789, 15793) are considered medically necessary for the treatment of actinic keratoses when BOTH of the following criteria are met:

• lesions are diffuse (e.g., ≥ 10 lesions) making targeted therapy impractical
• failure, contraindication or intolerance to one or more conventional field therapy treatments (e.g., topical 5-fluorouracil [5-FU, Efudex], topical diclofenac, photodynamic therapy [PDT], imiquimod [Aldara])

Each of the following is considered cosmetic and not medically necessary:

• dermal chemical peels (CPT 15789, 15793) for ANY other indication not listed above
• epidermal chemical peels (CPT 15788, 15792) for ANY indication

Chemical Exfoliation
Chemical exfoliation (CPT 17360) for treatment of acne vulgaris or ANY other indication is considered cosmetic and not medically necessary.

General Background
Dermabrasion and/or chemical peels are established dermatological treatments for specific skin conditions and may be recommended for the treatment of precancerous skin lesions (i.e., actinic keratoses); however in many cases these methods of treatment do not improve function and are employed for improving personal appearance. Treatments intended to improve personal appearance or that do not improve functional deficits are considered cosmetic in nature.

Precursor squamous cell carcinoma (SCC) lesions include those that are precancerous (i.e., actinic keratoses) and lesions that are squamous cell carcinoma in situ (e.g., Bowens disease). According to National Comprehensive Cancer Network (NCCN) Guidelines™ Basal Cell Skin Cancers (NCCNa, 2019) and Squamous Cell Skin Cancers (NCCNb, 2019), both lesion types can lead to invasive squamous cell carcinoma and potential metastasis and therefore, early treatment of these lesions is recommended. While there are a variety of techniques available with comparable effectiveness for precancer-type lesions chemical peels and dermabrasion may be considered accepted treatments for actinic keratoses. Dermabrasion and chemical peels are not listed in the NCCN guidelines as accepted treatment for squamous cell carcinoma in situ (i.e., Bowen's disease). There are no precursor lesions for BCC.

Dermabrasion: Dermabrasion is a surgical procedure that resurfaces the texture of the skin by removing its top layer using a mechanical instrument such as a high-speed rotary abrasive wheel to remove the layers of skin. Dermabrasion is also referred to as abrasion, salaabrasion, microdermabrasion, dermaplaning or sanding the skin. Laser brasion (Tunable Dye, CO² and Ruby lasers) and chemobrasion (phenol, trichloroacetic acid and glycolic acid) are modalities of treatment that are used in place of conventional dermabrasion.

The procedure is most often performed for the purpose of removing acne scars, tattoos or fine wrinkles and is performed in an office setting using a local anesthetic. Depending on the severity of the lesion and area being treated, a second treatment may be required for complete results. Following treatment the individual can expect
Discoloration and scabbing to occur, which will last for five to seven days. Discoloration and swelling can last for two to three months while the area is healing. Scarring after the skin has healed is rare.

Dermabrasion has proven effective in treating multiple recalcitrant actinic keratoses (AK) lesions in cases where numerous AK lesions (e.g., more than 10) have been documented and where lesions are diffuse with severe actinic damage. In general, AK lesions are precancerous skin lesions that occur on the epidermis (outer layer of skin) and result from long-term exposure to the sun. The condition is also commonly referred to as solar keratosis, senile keratosis, senile hyperkeratosis, keratoma senile and keratosis senilis. Microscopically, AK lesions show varying degrees of atypia and abnormal maturation and may be further classified as atrophic, hyperkeratotic, bowenoid, acantholytic, lichenoid and pigmented (Gupta, 2012). AKs are the most commonly treated type of premalignant lesion and are considered precursor lesions to squamous cell carcinoma. In general, treatment of AK lesions is divided into lesion-directed therapy or field therapy (Gupta, 2012). Lesion directed therapy targets a specific lesion while field therapy is used to treat areas involving subclinical lesions and areas involving multiple clinical lesions making it impractical to treat each lesion separately. Topical field therapies that have proven effective for AK lesions include 5-fluorouracil, imiquimod, diclofenac, ingenol gel, photodynamic therapy, dermabrasion and chemical peels. Dermabrasion for other dermatological conditions is considered cosmetic.

Microdermabrasion is a non-invasive, non-surgical cosmetic procedure that can be performed either by a physician or in some cases, by individuals in a home setting. The noninvasive treatment exfoliates or removes the top layer of skin (i.e., stratum corneum) and is frequently performed to diminish the signs of aging. Dermabrasive procedures that resurface the superficial layer of skin, including but not limited to those used to reduce the signs of aging, are considered cosmetic.

**Chemical Peel:** A chemical peel, also referred to as chemexfoliation, involves the application of a chemical solution with the goal of producing controlled removal of layers of the epidermis and superficial dermis. Although used primarily on the face chemical peels can be used on other areas, such as the neck and hands. Chemical peel solutions damage the outer layers of the skin and stimulate collagen formation, resulting in dermal regeneration and improvement of the appearance of the skin. Categories of chemical peels include superficial, medium-depth and deep.

Superficial peels (epidermal peels) extend down to the stratum granulosum and papillary dermis. This type of chemical peel is recommended as an effective treatment for conditions which include but are not limited to mild photaging, acne, and melasma. Alpha-hydroxy acids (AHAs), such as glycolic, lactic, or fruit acid, are used in superficial peeling to rejuvenate and resurface sun-damaged skin, soften the appearance of pores, treat fine wrinkles and reduce uneven pigmentation. Superficial chemical peels that affect the superficial layer of skin are considered cosmetic.

Dermal chemical peels may be either medium depth or deep. Medium-depth and deep chemical peels penetrate deeper into the dermis. Medium depth peels are used to treat moderate photaging, actinic keratoses, pigmented dyschromias and mild acne scarring. Trichloroacetic acid (TCA) with Jessner’s solution or 70% glycolic acid is used for medium-depth peeling to treat surface wrinkles and sun-damaged skin. Phenol 88%, one of the strongest peels, may also be used as a medium-depth peel.

Deep chemical peels are used to penetrate further into the dermis and are often used to treat more severe photodamage, actinic keratosis, acne scars and pigmentary dyschromias. Baker’s solution and 50% or greater TCA are solutions typically used in deep chemical peeling to diminish coarse facial wrinkles and correct pigment abnormalities.

Similar to dermabrasion, medium and deep chemical peels are a type of field therapy employed for treating recalcitrant AK when there are numerous lesions (e.g., more than 10) and other types of field therapy have not been effective. When used to treat other epidermal or dermal conditions, such as photo-aging, scarring, wrinkles or uneven pigmentation, chemical peels in the absence of a functional deficit are considered cosmetic and not medically necessary.
When used for the treatment of acne vulgaris the clinical effectiveness of chemical peel treatments has not been firmly established. Some studies have suggested that superficial or epidermal peels using AHAs may have a comedolytic effect on comedonal acne lesions by loosening follicular impaction and may be appropriate for individuals with widespread lesions for whom standard treatment has failed. However, the clinical effectiveness of superficial peels in the overall management of patients with active acne has not been established through well-designed trials. Additionally, medium and deep chemical peels are not considered appropriate for active acne as they have been shown to exacerbate the inflammation associated with acne. As noted in guidelines of care for the management of acne vulgaris, the American Academy of Dermatology acknowledges that large, multicenter, double-blinded control trials comparing chemical peels to placebo and comparing different types of chemical peels for the treatment of acne are lacking. Glycolic and salicylic acid peels may be used for the treatment of non-inflammatory acne (comedonal) although treatments require multiple applications and results are not long-lasting (Zaenglein, et al., 2016). According to the guidelines of care chemical peels may result in mild improvement of comedonal acne, a recommendation based on inconsistent or limited quality patient oriented evidence (B recommendation). Overall, the evidence available in the published, peer-reviewed scientific literature is insufficient and does not lend strong support to the clinical utility of any type of dermal chemical peel or chemical exfoliation in the treatment of acne vulgaris.

Cosmetic Indications
When performed solely for the purpose of altering appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one’s appearance dermabrasion and chemical peels are considered cosmetic and not medically necessary. Examples of conditions for which dermabrasion and chemical peels are considered cosmetic include but are not limited to the following:

- rhinophyma
- rosacea
- scar revision
- treatment of photo-aged skin
- treatment of uneven pigmentation
- treatment of rhytidy (i.e., wrinkles)
- removal of tattoos

U.S. Food and Drug Administration (FDA): Some chemical peels may be prepared in an office setting and may involve the use of various chemical agents, including ingredients considered to be cosmetic. As a result, FDA approval or clearance may not be relevant.

Dermabrasion is considered a noninvasive surgical procedure and as such is not regulated by the FDA. However, devices, such as those used for microdermabrasion, are regulated by the FDA.

Professional Societies/Organizations:
Several professional societies/organizations including but not limited to the American Society of Plastic Surgeons, the American Academy of Dermatology, and the American Osteopathic College of Dermatology, provide information regarding treatments aimed at improving the appearance of various dermatological conditions. For most dermatological conditions specific recommendations such as a formal guideline or a position statement could not be found.

Guidelines issued by the National Comprehensive Cancer Network (NCCN) for basal and squamous cell skin cancers recommend aggressive treatment of AK and squamous carcinoma in situ lesions at first development as part of the identification and management of high risk patients. In reference to treatments for precancerous lesions (i.e., actinic keratosis), chemical peels (trichloracetic acid) and ablative skin resurfacing (laser, dermabrasion) have been proven effective for treatment. Actinic keratosis that has an atypical clinical appearance or that does not respond to appropriate therapy should be biopsied for histologic evaluation (NCCN, 2019a).

Centers for Medicare & Medicaid Services (CMS)
• National Coverage Determinations (NCDs): National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4). Coverage Policy is broader in scope than NCD. Refer to the CMS NCD table of contents link in the reference section.

• Local Coverage Determinations (LCDs): Multiple LCDs found. Refer to the LCD table of contents link in the reference section.

**Use Outside of the US:** No relevant information.

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## Coding/Billing Information

**Note:**
1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

### Dermabrasion

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15780</td>
<td>Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)</td>
</tr>
<tr>
<td>15781</td>
<td>Dermabrasion; segmental, face</td>
</tr>
<tr>
<td>15782</td>
<td>Dermabrasion; regional, other than face</td>
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<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L57.0</td>
<td>Actinic keratosis</td>
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**Considered Not Medically Necessary:**

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<tbody>
<tr>
<td>All other codes</td>
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### Superficial/Microdermabrasion

**Considered Not Medically Necessary:**

<table>
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<tr>
<th>CPT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>15783</td>
<td>Dermabrasion; superficial, any site (eg, tattoo removal)</td>
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<table>
<thead>
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### Chemical Peels

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<tr>
<td>15789</td>
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<td>15793</td>
<td>Chemical peel, nonfacial; dermal</td>
</tr>
<tr>
<td>ICD-10-CM Diagnosis Codes</td>
<td>Description</td>
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<td>--------------------------</td>
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**Epidermal Chemical Peels**

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<tr>
<td>15788</td>
<td>Chemical peel, facial; epidermal</td>
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<tr>
<td>15792</td>
<td>Chemical peel, nonfacial; epidermal</td>
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<table>
<thead>
<tr>
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**Chemical Exfoliation**

Considered Not Medically Necessary:

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<td>17360</td>
<td>Chemical exfoliation for acne (eg, acne paste, acid)</td>
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**References**


