



Medical Coverage Policy

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Dermabrasion and Chemical Peels

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

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], topical 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

Derma 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], topical imiquimod [Aldara])

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

- derma 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., Bowen's disease). According to National Comprehensive Cancer Network (NCCN) Guidelines™ Basal Cell Skin Cancers (NCCN, 2021a) and Squamous Cell Skin Cancers (NCCN, 2021b), 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 basal cell carcinoma.

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, salabrasion, microdermabrasion, dermaplaning or sanding the skin. Laser abrasion (Tunable Dye, CO₂ and Ruby lasers) and chemabrasion (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 photoaging, 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 photoaging, actinic keratoses, pigmentary 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 (trichloroacetic 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, 2021b).

Use Outside of the US: No relevant information.

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD	National	Treatment of Actinic Keratosis (250.4)	
LCD	Palmetto GBA	Cosmetic and Reconstructive Surgery (L33428)	10/24/2019
LCD	Wisconsin Physicians Service Insurance Corporation	Cosmetic and Reconstructive Surgery (L34698)	1/1/2021
LCD	Noridian Healthcare Solutions, LLC	Plastic Surgery (L35163)	10/1/2019
LCD	Noridian Healthcare Solutions, LLC	Plastic Surgery (L37020)	10/1/2019

Note: Please review the current Medicare Policy for the most up-to-date information.

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:

CPT®* Codes	Description
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face

ICD-10-CM Diagnosis Codes	Description
L57.0	Actinic keratosis

Considered Not Medically Necessary:

ICD-10-CM Diagnosis Codes	Description
	All other codes

Superficial/Microdermabrasion

Considered Not Medically Necessary:

CPT®* Codes	Description
15783	Dermabrasion; superficial, any site (eg, tattoo removal)

ICD-10-CM Diagnosis Codes	Description
	All codes

Chemical Peels

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

CPT®* Codes	Description
15789	Chemical peel, facial; dermal
15793	Chemical peel, nonfacial; dermal

ICD-10-CM Diagnosis Codes	Description
L57.0	Actinic keratosis

ICD-10-CM Diagnosis Codes	Description
	All other codes

Epidermal Chemical Peels

Considered Not Medically Necessary:

CPT®* Codes	Description
15788	Chemical peel, facial; epidermal
15792	Chemical peel, nonfacial; epidermal

ICD-10-CM Diagnosis Codes	Description
	All codes

Chemical Exfoliation

Considered Not Medically Necessary:

CPT®* Codes	Description
17360	Chemical exfoliation for acne (eg, acne paste, acid)

ICD-10-CM Diagnosis Codes	Description
	All codes

*Current Procedural Terminology (CPT®) ©2020 American Medical Association: Chicago, IL.

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