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## Subject: Dermabrasion, Chemical Peels, Salabrasion, and Acne Surgery

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

**Dermabrasion:** Dermabrasion is a method of controlled surgical scraping of the skin. Using a diamond fraise (similar to a small electric sanding drill tip) spun at high speeds, it is drawn over the skin surface, removing the entire epidermis and upper dermis. Dermabrasion is typically limited to the face and has been found to be useful for treating actinic keratoses. Facial chemical peeling is often used in conjunction with dermabrasion. The main advantage of dermabrasion over the chemical peel is the absence of severe depigmentation.

**Chemical Peels:** Chemical peels involve a controlled partial-thickness removal of the epidermis and the outer dermis. When skin is regenerated, a 2- to 3-mm band of dense, compact collagen is formed between the epidermis and the damaged layers of the dermis, resulting in ablation of fine wrinkles and a reduction in pigmentation. These changes can be long-term, lasting 15 to 20 years and may be permanent in some patients. Potential local complications include scarring, infection, hypopigmentation, hyperpigmentation, activation of herpes simplex, and toxic shock syndrome.

Superficial peels (epidermal peels) affect the epidermis and the interface of the dermis-epidermis. This depth is considered appropriate for treating mild photoaging, melasma, comedonal acne, and postinflammatory erythema. With superficial peels, patients often undergo multiple sessions, generally 6 to 8 peels performed weekly or biweekly.

Medium-depth peels (dermal peels) extend into the epidermis to the papillary dermis. These are used for moderate photoaging, actinic keratoses, pigmentary dyschromias, and mild acne scarring. Patients are advised to wait at least 3 months before resuming skin care services (eg, superficial chemical peels) and repeat medium-depth chemical peels should not be performed for at least 1 year.

Deep chemical peels (another type of dermal peel) penetrate the midreticular dermis and have been used for patients with severe photodamage, premalignant skin neoplasms, acne scars, and dyschromias.

**Salabrasion:** A method of removing tattoos from the skin where moist gauze pads saturated with sodium chloride are used to abrade the tattooed area by rubbing.

**Acne Surgery:** Acne surgery includes the opening up of comedones (blackheads and whiteheads) and pimples using a needle or small pointed blade and the expressing of the lesions with an extractor. Acne surgery may include such treatments as extraction of comedonal contents, incision and drainage of pustules and cysts, and excision of cysts. Treatment of active acne is distinct from the treatment of acne scarring which may occur from tissue damage after inflammation subsides. The treatment of acne scarring is considered cosmetic in nature and therefore is not a contract benefit.

## **POSITION STATEMENT:**

Dermabrasion or dermal chemical peels **meet the definition of medical necessity** for treatment of actinic keratosis when **ALL** of the following criteria are met:

- There are  $\geq 10$  actinic keratoses or other premalignant skin lesions present such that treatment of the individual lesions becomes impractical **AND**
- Documented treatment failure using topical 5-fluorouracil (5-FU) or topical imiquimod, unless contraindicated.

Epidermal chemical peels used to treat members with active acne that has failed a trial of topical or oral antibiotic acne therapy **meet the definition of medical necessity**. In this setting, superficial chemical peels with 40% to 70% alpha hydroxy acids are used as a comedolytic therapy.

Acne surgery (marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) **meets the definition of medical necessity** for **ONE** of the following situations:

- As an initial treatment when the presence of inflamed cysts or pustules is documented;
- Documentation supports failure of initial medication treatments (e.g. oral contraceptive hormone therapy, antibiotics, retinoids); **OR**
- Documentation supports development of side effects of initial medication treatments.

The following therapies are considered **experimental or investigational** for the treatment of active acne:

- Dermabrasion
- Dermal Chemical peels
- Salabrasion
- Lasers
- Light
- Photodynamic therapy.

The evidence is insufficient to determine the effects of the technology on health outcomes.

The following therapies are considered cosmetic and **do not meet the definition of medical necessity** for the treatment of acne scarring and other untoward cosmetic effects of acne, as the sole purpose is to improve appearance:

- Dermabrasion
- Chemical peels
- Salabrasion
- Lasers
- Light
- Photodynamic therapy.

Dermabrasion, chemical peels, salabrasion, photodynamic therapy, light, or lasers are considered cosmetic and **do not meet the definition of medical necessity** for any of the following indications, as the sole purpose is to improve appearance (the list is not all-inclusive):

- Photoaged skin
- Skin rejuvenation
- Uneven epidermal pigmentation
- Wrinkles
- Hair removal
- Tattoo removal.

## **BILLING/CODING INFORMATION:**

### **CPT Coding:**

10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site, (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel; nonfacial; dermal
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions <b>(not covered for acne treatment)</b>
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions <b>(not covered for acne treatment)</b>
17340	Cryotherapy (CO2 slush, liquid N2) for acne <b>(non-covered)</b>
17360	Chemical exfoliation for acne (e.g., acne paste, acid) <b>(non-covered)</b>
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day <b>(not covered for acne treatment)</b>
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s), first 30 minutes <b>(not covered for acne treatment)</b>
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via

	activation of photosensitive drug(s), each additional 15 minutes <b>(not covered for acne treatment)</b>
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day <b>(not covered for acne treatment)</b>
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day <b>(not covered for acne treatment)</b>
96900	Actinotherapy (ultraviolet light) <b>(not covered for acne treatment)</b>

### HCPSC Coding:

E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer, and eye protection; treatment area 2 sq. ft. or less <b>(not covered for acne treatment)</b>
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; 4 ft. panel <b>(not covered for acne treatment)</b>
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; 6 ft. panel <b>(not covered for acne treatment)</b>

### ICD-10 Diagnosis Codes That Support Medical Necessity for CPT codes 15780, 15781, 15782, 15783, 15789, & 15793:

D48.5	Neoplasm of uncertain behavior of skin
L57.0	Actinic keratosis

### ICD-10 Diagnosis Codes That Support Medical Necessity for CPT codes 10040, 15788 & 15792:

L70.0 – L70.9	Acne
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### REIMBURSEMENT INFORMATION:

None applicable.

### PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Treatment of Actinic Keratosis (250.4) located at cms.gov.

### DEFINITIONS:

**5-fluorouracil (5-FU):** FDA- approved, 5-FU inhibits thymidylate synthetase and causes cell death in actively proliferating cells.

**Actinic keratosis:** a sharply outlined, red or skin-colored, flat or elevated, verrucous or keratotic growth, which may develop into a cutaneous horn, and may give rise to a squamous cell carcinoma.

**Imiquimod:** FDA-approved, imiquimod stimulates the immune system to produce interferon, a chemical that destroys cancerous and precancerous cells.

### **RELATED GUIDELINES:**

[Contraceptive Drugs, 09-J0000-60](#)

[Psoralens with Ultraviolet A \(PUVA\) Therapy, 02-10000-16](#)

[Reconstructive Surgery/Cosmetic Surgery, 02-12000-01](#)

### **OTHER:**

None applicable.

### **REFERENCES:**

1. Blue Cross Blue Shield Association (BCBSA) Evidence Positioning System<sup>®</sup>; 2.01.44 - Dermatologic Applications of Photodynamic Therapy; 01/22.
2. Blue Cross Blue Shield Association (BCBSA) Evidence Positioning System<sup>®</sup>; 8.01.16- Chemical Peels; 01/22.
3. Centers for Medicare & Medicaid Services (CMS), National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4); accessed at cms.gov.
4. Coleman WP, Yarborough JM, Mandy SH, Dermabrasion for Prophylaxis and Treatment of Actinic Keratoses, Dermatologic Surgery, Vol 22, Issue 1, pgs 17-21, 06/28/08.
5. Costa C, Scalvenzi M, Ayala F, et al. How to treat actinic keratosis? An update. J Dermatol Case Rep. Jun 30 2015;9(2):29-35.
6. Guidelines for the Management of Actinic Keratoses, Guideline Subcommittee of the European Dermatology Forum, accessed at euroderm.org 03/30/10.
7. Kaminaka C, Yamamoto Y, et al, Phenol Peels as a Novel Therapeutic Approach for Actinic Keratosis and Bowen Disease: Prospective Pilot Trail with Assessment of Clinical, Histologic, and Immunohistochemical Correlations, Journal of the American Academy of Dermatology, Vol. 60, Issue 4, pages 615-625, April 2009.
8. National Cancer Institute (NCI). Skin Cancer Treatment (PDQ<sup>®</sup>)—Health Professional Version, last updated 10/08/20; accessed at cancer.gov.
9. National Comprehensive Cancer Network (NCCN), Clinical Practice Guidelines in Oncology- Squamous Cell Skin Cancer, Version 1.2022.
10. Ogden S, Griffiths TW, A Review of Minimally Invasive Cosmetic Procedures, The British Journal of Dermatology, 12/08/08.
11. Strauss JS, Krowchuk DP, Leyden JJ, et al, Guidelines of Care for Acne Vulgaris Management, J Am Acad Dermatol 2007; 56: 651-63.
12. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. May 2016;74(5):945-973.

## **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/27/22.

## **GUIDELINE UPDATE INFORMATION:**

04/25/02	New Medical Coverage Guideline.
05/15/02	Reviewed and reformatted; additional procedure codes included.
06/15/04	Scheduled review and revision to guideline; consisting of updated references and various changes.
01/01/06	HCPCS update; deleted 15810, 15811.
11/15/06	Revision of guideline consisting of the addition of 17340.
09/15/07	Review, coverage statement maintained, guideline reformatted, references updated.
08/15/09	Review, position statements revised, description section and references updated.
01/01/10	Annual HCPCS coding update: revised descriptor for code 15787.
05/15/10	Annual review: position statements maintained and references updated.
10/15/10	Revision; related ICD-10 codes added.
04/15/12	Annual review; position statement maintained, formatting changes, and references updated.
05/11/14	Revision: Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision; coding section updated; formatting changes.
03/15/17	Revision; Updates to actinic keratosis position statement, new epidermal chemical peels position statement added; acne surgery and nonpharmaceutical treatments incorporated from the Acne Treatments MCG (Acne Treatments MCG archived effective 3/15/17); MCG title, description, coding, and references updated.
01/01/18	Annual CPT/HCPCS update. Added codes 96573, 96574; revised code 96567.
02/15/19	Revision; Code E0694 deleted (refer to MCG 09-A0000-00).
02/15/20	Review; Update cosmetic indications list and references.
02/15/22	Review: Position statements maintained; references updated.