Cigna Medical Coverage Policy

Subject **Dermabrasion and Chemical Peels**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain ***standard*** *Cigna benefit plans. 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. 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. Proprietary information of Cigna. Copyright ©2013 Cigna*

Coverage Policy

Coverage for dermabrasion and/or chemical peel treatments is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit, and may be governed by state mandates.

Under many benefit plans, these services are not covered 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. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions and limitations of coverage.

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

Dermabrasion

Cigna covers dermabrasion (CPT 15780, 15781, 15782) as medical 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])

Cigna does not cover dermabrasion of ANY type (CPT 15780, 15781, 15782) for ANY other indication because it is considered cosmetic and not medically necessary.

Cigna does not cover microdermabrasion or superficial dermabrasion (CPT 15783) for ANY indication because it is considered cosmetic and not medically necessary.

Chemical Peels

Cigna covers dermal chemical peels (CPT 15789, 15793) as 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])

Cigna does not cover dermal chemical peels (CPT 15789, 15793) for the treatment of acne vulgaris because it is considered experimental, investigational or unproven.

Cigna does not cover dermal chemical peels (CPT 15789, 15793) for ANY other indication because each is considered cosmetic and not medically necessary.

Cigna does not cover epidermal chemical peels (CPT 15788, 15792) for ANY indication because each is considered cosmetic and not medically necessary.

Chemical Exfoliation

Cigna does not cover chemical exfoliation (CPT 17360) for acne vulgaris or ANY other indication because it is considered cosmetic and not medically necessary.

General Background

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. Both procedures 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 and Squamous Cell Skin Cancers, for basal cell carcinoma (BCC) and SCC both lesion types can lead to invasive squamous cell carcinoma and potential metastasis and therefore, early treatment of these lesions is recommended (NCCN, 2.2014). 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, salabrasion, microdermabrasion, dermaplaning or sanding the skin. Laser brasion (Tunable Dye, CO^2 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 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 role of chemical peel treatments has not been proven. It has been 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 role 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. Overall, the evidence available in the published, peer-reviewed scientific literature is insufficient and does not support the use 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.

Regarding AK lesions in particular, 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, 2.2014).

Use Outside of the US: No relevant information.

Summary
Treatments aimed solely at improving personal appearance are considered cosmetic and not medically. In addition, in the absence of a functional deficit, many skin resurfacing procedures such as dermabrasion and chemical peels are also considered cosmetic and not medically necessary.

When used as a treatment for actinic keratoses, dermabrasion and dermal chemical peels (i.e., medium and deep) have been proven safe and effective when the lesions are diffuse making other treatments impractical, and when other field therapy treatments have either failed, are not tolerated, or are contraindicated.

Chemical peels of any type (i.e., superficial, medium, deep) have not been proven effective in the peer reviewed scientific literature for treating acne vulgaris. Published evidence comparing these treatments to other treatments proven effective for reducing number of comedones, pustules, cysts and inflammation are lacking. When used to improve personal appearance and/or where there is no associated loss of function, such as for

the treatment of acne scarring, rosacea, and skin wrinkles, chemical peels are considered cosmetic and not medically necessary.

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.
3) ICD-10-CM Diagnosis Codes are for informational purposes only and are not effective until 10/01/2015.

Dermabrasion

Covered when medically necessary:

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-9-CM Diagnosis Codes	Description
702.0	Actinic keratosis

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

Cosmetic/Not Medically Necessary/Not covered:

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-9-CM Diagnosis Codes	Description
	All other codes

ICD-10-CM Diagnosis Codes	Description
	All other codes

Superficial/Microdermabrasion

Cosmetic/Not Medically Necessary/Not covered:

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

ICD-9-CM Diagnosis Codes	Description
	All codes

ICD-10-CM Diagnosis Codes	Description
	All codes

Chemical Peels

Covered when medically necessary:

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

ICD-9-CM Diagnosis Codes	Description
702.0	Actinic keratosis

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

Experimental/Investigational/Unproven/Not Covered:

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

ICD-9-CM Diagnosis Codes	Description
706.1	Other acne

ICD-10-CM Diagnosis Codes	Description
L70.0	Acne vulgaris

Cosmetic/Not Medically Necessary/Not covered:

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

ICD-9-CM Diagnosis Codes	Description
	All diagnoses codes other than those listed above which are experimental, investigational, unproven and not covered

ICD-10-CM Diagnosis Codes	Description
	All diagnoses codes other than those listed above which are experimental, investigational, unproven and not covered

Epidermal Chemical Peels

Cosmetic/Not Medically Necessary/Not covered:

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

ICD-9-CM Diagnosis Codes	Description
	All codes

ICD-10-CM Diagnosis Codes	Description
	All codes

Chemical Exfoliation

Cosmetic/Not Medically Necessary/Not Covered:

CPT* Codes	Description
17360	Chemical exfoliation for acne (e.g., acne paste, acid)

ICD-9-CM Diagnosis Codes	Description
	All codes

***Current Procedural Terminology (CPT®) ©2013 American Medical Association: Chicago, IL.**

References

1. Actinic keratosis. In: Habif T. Clinical Dermatology, 5th ed. St. Louis, MO: Mosby-Yearbook, Inc.; © 2009. Chapter 20.

2. American Academy of Dermatology (AAD). Rosacea. Accessed January 17, 2014. Available at URL address: http://www.aad.org/

3. American Academy of Dermatology (AAD). RosaceaNet. A comprehensive online rosacea information resource. Rosacea treatment. Accessed January 17, 2014. Available at URL address: http://www.skincarephysicians.com/rosaceanet/treatment.html

4. American Osteopathic College of Dermatology. Dermatologic disease database. Actinic keratosis. Accessed January 17, 2014. Available at URL address: http://www.aocd.org/skin/dermatologic_diseases/actinic_keratosis.html

5. Berman B, Bienstock L, Kuritzky L, Mayeaux EJ Jr, Tyring SK; Primary Care Education Consortium; Texas Academy of Family Physicians. Actinic keratoses: sequelae and treatments. Recommendations from a consensus panel. J Fam Pract. 2006 May;55(5):suppl 1-8.

6. Cohen AF, Tiemstra JD. Diagnosis and treatment of rosacea. J Am Board Fam Pract. 2002 May-Jun;15(3):214-7.

7. Cotellessa C, Manunta T, Ghersetich I, Brazzini B, Peris K. The use of pyruvic acid in the treatment of acne. J Eur Acad Dermatol Venereol. 2004 May;18(3):275-8.

8. de Berker D, McGregor JM, Hughes BR, British Association of Dermatologists Therapy Guidelines and Audit. Guidelines for the management of actinic keratoses. Br J Dermatol 2007 Feb;156(2):222-30.

9. Del Rosso JQ. Current regimens and guideline implications for the treatment of actinic keratosis: proceedings of a clinical roundtable at the 2011 Winter Clinical Dermatology Conference. Cutis. 2011 Jul;88(1):suppl 1-8.

10. Del Rosso JQ, Baldwin H, Webster G; American Acne & Rosacea Society. American Acne & Rosacea Society rosacea medical management guidelines. J Drugs Dermatol. 2008 Jun;7(6):531-3.

11. Gupta AK, Paquet M, Villanueva E, Brintnell W. Interventions for actinic keratoses. Cochrane Database Syst Rev. 2012 Dec 12;12:CD004415.

12. Helfand M, Gorman AK, Mahon S, Chan BKS, Swanson N. Actinic keratoses, final report. Submitted to the Agency for Healthcare Research and Quality (AHRQ) under contract 290-97-0018, task order no. 6. Oregon Health & Science University Evidence-Based Practice Center, Portland, OR. Rockville, MD: AHRQ; 2001 May 19. Accessed September 23, 2011. Available at URL address: http://search.cms.hhs.gov/search?q=actinic+keratosis&btnG=Search&site=cms_collection&output=xml_no_dtd&client=cms_frontend&proxystylesheet=cms_frontend&oe=UTF-8

13. Kaminaka C, Yamamoto Y, Yonei N, Kishioka A, Kondo T, Furukawa F. Phenol peels as a novel therapeutic approach for actinic keratosis and Bowen disease: prospective pilot trial with assessment of clinical, histologic, and immunohistochemical correlations. J Am Acad Dermatol. 2009 Apr;60(4):615-25.

14. Kempiak SJ, Uebelhoer N. Superficial chemical peels and microdermabrasion for acne vulgaris. Semin Cutan Med Surg. 2008 Sep;27(3):212-20.

15. Kessler E, Flanagan K, Chia C, Rogers C, Glaser DA. Comparison of alpha- and beta-hydroxy acid chemical peels in the treatment of mild to moderately severe facial acne vulgaris. Dermatol Surg. 2008 Jan;34(1):45-50; discussion 51. Epub 2007 Dec 5.

16. Landau M. Advances in deep chemical peels. Dermatol Nurs. 2005 Dec;17(6):438-41.

17. Lawrence N, Cox SE, Cockerell CJ, Freeman RG, Cruz PD Jr. A comparison of the efficacy and safety of Jessner's solution and 35% trichloracetic acid vs 5% fluorouracil in the treatment of widespread facial actinic keratoses. Arch Dermatol. 1995 Feb;131(2):176-81.

18. Levesque A, Hamzavi I, Seite S, Rougier A, Bissonnette R. Randomized trial comparing a chemical peel containing a lipophilic hydroxy acid derivative of salicylic acid with a salicylic acid peel in subjects with comedonal acne. J Cosmet Dermatol. 2011 Sep;10(3):174-8. doi: 10.1111/j.1473-2165.2011.00566.x.

19. National Comprehensive Cancer Network® (NCCN). NCCN GUIDELINES ™Clinical Practice Guidelines in Oncology. Basal Cell and Squamous Cell Skin Cancers. Version 1.2014. © National Comprehensive Cancer Network, Inc. 2014, All Rights Reserved. Accessed April 17, 2014. Available at URL address: http://www.nccn.org/professionals/physician_gls/f_guidelines.asp

20. Perkins, SW, Sandel, HD. In: Flint: Cummings Otolaryngology: Head & Neck Surgery, 5th ed. Chemical peels. Copyright © 2010 Mosby. Ch 27.

21. Russo GG. Actinic keratoses, basal cell carcinoma, and squamous cell carcinoma: uncommon treatments. Clin Dermatol. 2005 Nov-Dec;23(6):581-6.

22. Strauss JS, Krowchuk DP, Leyden JJ, Lucky AW, Shalita AR, Siegfried EC, et al. Guidelines of care for acne vulgaris management. J Am Acad Dermatol. 2007 Apr;56(4):651-63. Epub 2007 Feb 5.

23. Uhlenhake EE. Optimal treatment of actinic keratoses. Clin Interv Aging. 2013;8:29-35.

24. Van Zuuren EJ, Graber MA, Hollis S, Chaudhry M, Gupta AK, Gover M. Interventions for rosacea. Cochrane Database Syst Rev. 2005 Jul 20;(3):CD003262.

25. van Zuuren EJ, Kramer SF, Carter BR, Graber MA, Fedorowicz Z. Effective and evidence-based management strategies for rosacea: summary of a Cochrane systematic review. Br J Dermatol. 2011 Oct;165(4):760-81. doi: 10.1111/j.1365-2133.2011.10473.x. Epub 2011 Sep 15.

26. Zager SH. Acne Vulgaris and Acne Rosacea. In: Rakel: Integrative medicine. 3rd ed. Philadelphia, PA: Saunders; 2012. Ch 73.

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