

Dermabrasion

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Medical Guideline Disclaimer

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Definitions

Actinic keratosis (AK)	<p>Actinic keratoses (AKs or solar keratoses) are keratotic macules, papules, or plaques resulting from the intraepidermal proliferation of atypical keratinocytes in response to prolonged exposure to ultraviolet radiation. Although most AKs do not progress to squamous cell carcinoma (SCC), AKs are a concern because the majority of cutaneous SCCs arise from pre-existing AKs, and AKs that will progress to SCC cannot be distinguished from AKs that will spontaneously resolve or persist.</p> <p>Accepted primary treatment modalities include cryotherapy, topical 5-fluorouracil, topical imiquimod, photodynamic therapy (e.g., amino levulinic acid [ALA], porfimer sodium), and curettage and electrodesiccation.</p>
Dermabrasion	<p>Ablative procedure, which removes the epidermis and superficial dermis of the skin. Resurfacing is achieved by planing or sanding; usually by means of a rapidly rotating abrasive tool (wire brush, diamond fraise, or serrated wheel). Laser dermabrasion involves use of an argon laser, ultrapulse carbon dioxide (CO₂) laser or flashlamp-pumped pulsed dye laser to resurface the entire face, and has been used as an alternative to standard dermabrasion in treating patients with inactive acne with disfiguring scarring. (See Limitations/Exclusions)</p>

Related Guidelines

[Cosmetic Surgery Procedures](#)

[Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions](#)

Guideline

Dermabrasion using controlled surgical scraping (dermaplaning) or carbon dioxide (CO₂) laser is considered medically necessary for the removal of superficial basal cell carcinomas and pre-cancerous AK lesions; both:

1. Conventional methods of removal (e.g., cryotherapy, curettage and excision) are impractical due to the number and distribution of the lesions
2. Failed trial of 5-fluorouracil (5-FU) (Efudex) or imiquimod (Aldara); unless contraindicated

Limitations/Exclusions

1. Dermabrasion is not considered medically necessary for the treatment of acne vulgaris due to insufficient evidence of therapeutic value.
2. Dermabrasion is not considered medically necessary for any of the following (list not all-inclusive):
 - a. Acne scarring (case-by-case review when documentation substantiating medical necessity is submitted to the plan)
 - b. Contouring/discoloration/hyperpigmentation (e.g., dermatosis papulosa nigra, rosacea)
 - c. Dull complexity
 - d. Ephelides (freckles)
 - e. Fine/fewer lines and wrinkles
 - f. Lentigines (liver spots; aka age spots)
 - g. Melasma
 - h. Photoaged skin
 - i. Sebaceous hyperplasia (aka senile hyperplasia)
 - j. Seborrheic keratoses
 - k. Skin roughness
 - l. Tattoo removal

Applicable Procedure Codes

15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)

Applicable Diagnosis Codes

C44.01	Basal cell carcinoma of skin of lip
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus (Eff. 10/01/2018)
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus (Eff. 10/01/2018)
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus (Eff. 10/01/2018)
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus (Eff. 10/01/2018)
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal

C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.91	Basal cell carcinoma of skin, unspecified
D48.5	Neoplasm of uncertain behavior of skin
L57.0	Actinic keratosis

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