

Dermabrasion or Microdermabrasion

Effective: July 1, 2024

Next Review: May 2025

Last Review: May 2024

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Dermabrasion uses a rapidly moving brush to remove skin and activate new skin growth. It is commonly used for the treatment of facial scars and wrinkles.

MEDICAL POLICY CRITERIA

- I. Dermabrasion to treat photoaged skin, wrinkles, or scarring is considered **cosmetic**.
- II. Microdermabrasion for the treatment of any indication is considered **cosmetic**.

CROSS REFERENCES

1. [Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12

BACKGROUND

Microdermabrasion uses small microcrystals to abrade the superficial epidermal layer of the skin; suction is then used to remove any skin debris. Microdermabrasion is often performed by estheticians for facial rejuvenation.

REFERENCES

None

CODES

Codes	Number	Description
CPT	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
	15781	Dermabrasion; segmental, face
	15782	Dermabrasion; regional, other than face
	15783	Dermabrasion; superficial, any site (eg, tattoo removal)
	15786	Abrasion; single lesion (eg, keratosis, scar)
	15787	Abrasion; each additional four lesions or less
HCPCS	None	

Date of Origin: December 2018