Regence

Medical Policy Manual Surgery, Policy No. 12.50

Chemical Peels

Effective: September 1, 2026

Next Review: May 2027
Last Review: July 2026

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

A chemical peel refers to a controlled removal of varying layers of the epidermis and superficial dermis with the use of a 'wounding' agent, such as phenol or trichloroacetic acid (TCA).

MEDICAL POLICY CRITERIA

Medically Necessary

I. Epidermal chemical peels with 50 - 70% alpha hydroxy acids may be considered **medically necessary** as a treatment of active acne that has failed to respond to a trial of topical and/or oral antibiotic acne therapy.

II. Dermal chemical peels may be considered **medically necessary** to treat numerous (>10) actinic keratoses or other premalignant skin lesions, when treatment of the individual lesions becomes impractical.

Not Medically Necessary

III. Epidermal chemical peels with 50 - 70% alpha hydroxy acids are considered **not medically necessary** as a first-line treatment of active acne.

IV. Dermal chemical peels are considered **not medically necessary** to treat less than 10 actinic keratoses or other premalignant skin lesions.

Cosmetic

V. Epidermal chemical peels that do not meet Criterion I. or III. above, including but not limited to the treatment of photoaged skin, wrinkles, or acne scarring, are considered **cosmetic**.

VI. Dermal chemical peels that do not meet Criterion II. or IV. above, including but not limited to treatment of end-stage acne scarring, are considered **cosmetic**.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

CROSS REFERENCES

1. Cosmetic and Reconstructive Procedures, Surgery, Policy No. 12

BACKGROUND

The most common indication for chemical peeling is as a treatment of photoaged skin, correcting pigmentation abnormalities, solar elastosis, and wrinkles. However, chemical peeling has also been used as a treatment for various stages of acne and multiple actinic keratoses when treatment of individual lesions is not feasible.

An epidermal peel may be used to remove fine, subtle lines, soften the appearance of enlarged pores, improve the skin texture and lighten hyper-pigmentary disorders. Multiple epidermal peels (also referred to as chemical exfoliation) may also be used in patients with active acne.

Dermal peels may be used to treat deep wrinkling, actinic damage, or actinic keratoses. Acne scarring has also been treated with dermal peels.

REFERENCES

None

CODES

Codes	Number	Description
CPT	15788	Chemical peel, facial; epidermal
	15789	Chemical peel; facial; dermal
	15792	Chemical peel; nonfacial; epidermal
	15793	Chemical peel; nonfacial; dermal
	17360	Chemical exfoliation for acne (eg, acne paste, acid)
HCPCS	None	

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