

STRIDESM (HMO) MEDICARE ADVANTAGE**Subject: Dermabrasion**

Background: Dermabrasion involves the use of tools (e.g. high-speed brush, silicon carbide sandpaper, fraise) to remove the epidermis or parts of the dermis in order to treat damage and defects in the upper layers of the skin. Dermabrasion is also referred to as abrasion, dermaplaning, salabrasion or sanding of the skin.

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for all dermabrasion services.

Policy and Coverage Criteria:

Harvard Pilgrim StrideSM Medicare Advantage (HMO) considers dermabrasion for the treatment of actinic keratoses as reasonable and medically necessary when documentation confirms ALL the following criteria are met: Conventional methods of removal (e.g., cryotherapy, curettage, excision) are impractical due to the number and distribution of the lesions; AND

- The member has failed one or more trials of topical 5-fluorouracil (5-FU) (Efudex), imiquimod (Aldara), or other field therapy treatments

Exclusions:

Harvard Pilgrim Health Care StrideSM Medicare Advantage (HMO) considers dermabrasion as not medically necessary for all other indications. In addition, HPHC does not cover:

- Microdermabrasion
- Tattoo Removal
- Dermabrasion for scar revision or uneven pigmentation
- Dermabrasion for treatment of ANY of the following:
 - Active acne or acne scars
 - Diffuse silicone granuloma
 - Dyschromias
 - Keloids
 - Melasma
 - Vitiligo

Coding:

Codes are listed below for informational purposes. The list may not be all-inclusive, and does not imply or guarantee coverage or provider reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Harvard Pilgrim policies apply.

CPT® Code	Description
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HPHC Medical Review Criteria**Dermabrasion****Page 1 of 2**

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

CPT® Code	Description
15781	Dermabrasion, segmental, face
15782	Dermabrasion, regional, other than face

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

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- Local Coverage Determination (LCD): Cosmetic and Reconstructive Surgery (L34698). *Cmsgov.* 2017. Accessed June 8, 2017.
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Summary of Changes:

Date	Changes
9/17	Background and references updated, coding updated, policy coverage criteria revised

Approved by UMPCP: 9/14/17
Reviewed/Revised: 6/16; 9/17
Initiated: 6/16

HPHC Medical Review Criteria

Dermabrasion

Page 2 of 2

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