



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association

Medical Policy Nonpharmacologic Treatment of Rosacea

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 462

BCBSA Reference Number: 2.01.71

NCD/LCD: N/A

Related Policies

- Chemical Peels, #[732](#)
- Light Therapy for Psoriasis, #[698](#)
- Phototherapy: PUVA and UV-B, #[059](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Excision and/or shaving of rhinophyma using a laser or other technique is considered **MEDICALLY NECESSARY** when there is documented evidence of bleeding, infection, or functional airway obstruction and it is reasonably likely the procedure will improve this condition.

Nonpharmacologic treatment of rosacea, including but not limited to laser and light therapy, dermabrasion, chemical peels, surgical debulking and electrosurgery, is considered **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| | Outpatient |
|---------------------------------------|--|
| Commercial Managed Care (HMO and POS) | Prior authorization is not required . |
| Commercial PPO and Indemnity | Prior authorization is not required . |
| Medicare HMO Blue SM | Prior authorization is not required . |
| Medicare PPO Blue SM | Prior authorization is not required . |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following code to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

| CPT codes: | Code Description |
|------------|---|
| 30120 | Excision or surgical planing of skin of nose for rhinophyma |

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

| ICD-10 Diagnosis codes: | Code Description |
|-------------------------|------------------|
| L71.1 | Rhinophyma |

According to the policy statement above, the following CPT codes are considered investigational for the conditions listed for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

| CPT codes: | Code Description |
|------------|---|
| 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) |
| 15788 | Chemical peel, facial; epidermal |
| 15789 | Chemical peel, facial; dermal |
| 15792 | Chemical peel, nonfacial; epidermal |
| 15793 | Chemical peel, nonfacial; dermal |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) |
| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses), 15 or more lesions |

| | |
|-------|---|
| 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm |
| 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm |
| 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm |

Description

Rosacea

Rosacea is characterized by episodic erythema, edema, papules, and pustules that occur primarily on the face but may also be present on the scalp, ears, neck, chest, and back. On occasion, rosacea may affect the eyes. Patients with rosacea tend to flush or blush easily. Because rosacea causes facial swelling and redness, it is easily confused with other skin conditions, such as acne, skin allergy, and sunburn.

Rosacea mostly affects adults with fair skin between the ages of 20 and 60 years and is more common in women, but often most severe in men. Rosacea is not life-threatening, but if not treated, may lead to persistent erythema, telangiectasias, and rhinophyma (hyperplasia and nodular swelling and congestion of the skin of the nose). The etiology and pathogenesis of rosacea are unknown but may result from both genetic and environmental factors. Some theories on the causes of rosacea include blood vessel disorders, chronic *Helicobacter pylori* infection, demodex folliculorum (mites), and immune system disorders.

While the clinical manifestations of rosacea do not usually impact the physical health status of the patient, psychological consequences from the most visually apparent symptoms (ie, erythema, papules, pustules, telangiectasias) may impact the quality of life. Rhinophyma, an end-stage of chronic acne, has been associated with obstruction of nasal passages and basal cell carcinoma in rare, severe cases. The probability of developing nasal obstruction or basal or squamous cell carcinoma with rosacea is not sufficient to warrant preventive removal of rhinophymatous tissue.

Treatment

Rosacea treatment can be effective in relieving signs and symptoms. Treatment may include oral and topical antibiotics, isotretinoin, b-blockers, clonidine, and anti-inflammatories. Patients are also instructed on various self-care measures such as avoiding skin irritants and dietary items thought to exacerbate acute flare-ups.

Nonpharmacologic therapy has also been tried in patients who cannot tolerate or do not want to use pharmacologic treatments. To reduce visible blood vessels, treat rhinophyma, reduce redness, and improve appearance, various techniques have been used such as laser and light therapy, dermabrasion, chemical peels, surgical debulking, and electrosurgery. Various lasers used include low-powered electrical devices and vascular light lasers to remove telangiectasias, CO₂ lasers to remove unwanted tissue from rhinophyma and reshape the nose and intense pulsed lights that generate multiple wavelengths to treat a broader spectrum of tissue.

Summary

Rosacea is a chronic, inflammatory skin condition without a known cure; the goal of treatment is symptom management. Nonpharmacologic treatments, including laser and light therapy as well as dermabrasion, which are the focus of this evidence review, are proposed for patients who do not want to use or are unresponsive to pharmacologic therapy.

For individuals who have rosacea who receive nonpharmacologic treatment (eg, laser therapy, light therapy, dermabrasion), the evidence includes several small randomized, split-face design trials. The relevant outcomes are symptoms, change in disease status, and treatment-related morbidity. The randomized controlled trials evaluated laser and light therapy. No trials assessing other

nonpharmacologic treatments were identified. None of the randomized controlled trials included a comparison group of patients receiving a placebo or pharmacologic treatment; therefore, these trials do not offer evidence on the efficacy of laser or light treatment compared with alternative treatments. There is a need for randomized controlled trials that compare nonpharmacologic treatments with placebo controls and with pharmacologic treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

| Date | Action |
|---------|---|
| 2/2019 | BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged. |
| 3/2018 | New references added from BCBSA National medical policy. |
| 1/2017 | New references added from BCBSA National medical policy. |
| 1/2016 | New references added from BCBSA National medical policy. |
| 10/2015 | Ongoing medically necessary and investigational indications transferred from medical policy #068, Plastic Surgery. 10/1/2015. |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. van Zuuren EJ, Fedorowicz Z, Carter B, et al. Interventions for rosacea. *Cochrane Database Syst Rev.* Apr 28 2015;4(4):CD003262. PMID 25919144
2. Wat H, Wu DC, Rao J, et al. Application of intense pulsed light in the treatment of dermatologic disease: a systematic review. *Dermatol Surg.* Apr 2014;40(4):359-377. PMID 24495252
3. Erceg A, de Jong EM, van de Kerkhof PC, et al. The efficacy of pulsed dye laser treatment for inflammatory skin diseases: A systematic review. *J Am Acad Dermatol.* Oct 2013;69(4):609-615 e608. PMID 23711766
4. Alam M, Voravutinon N, Warycha M, et al. Comparative effectiveness of nonpurpuragenic 595-nm pulsed dye laser and microsecond 1064-nm neodymium:yttrium-aluminum-garnet laser for treatment of diffuse facial erythema: A double-blind randomized controlled trial. *J Am Acad Dermatol.* Sep 2013;69(3):438-443. PMID 23688651
5. Maxwell EL, Ellis DA, Manis H. Acne rosacea: effectiveness of 532 nm laser on the cosmetic appearance of the skin. *J Otolaryngol Head Neck Surg.* Jun 2010;39(3):292-296. PMID 20470675
6. Neuhaus IM, Zane LT, Tope WD. Comparative efficacy of nonpurpuragenic pulsed dye laser and intense pulsed light for erythematotelangiectatic rosacea. *Dermatol Surg.* Jun 2009;35(6):920-928. PMID 19397667
7. Salem SA, Abdel Fattah NS, Tantawy SM, et al. Neodymium-yttrium aluminum garnet laser versus pulsed dye laser in erythematotelangiectatic rosacea: comparison of clinical efficacy and effect on cutaneous substance (P) expression. *J Cosmet Dermatol.* Sep 2013;12(3):187-194. PMID 23992160
8. Karsai S, Roos S, Raulin C. Treatment of facial telangiectasia using a dual-wavelength laser system (595 and 1,064 nm): a randomized controlled trial with blinded response evaluation. *Dermatol Surg.* May 2008;34(5):702-708. PMID 18318728
9. Tanghetti E, Del Rosso JQ, Thiboutot D, et al. Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 4: a status report on physical modalities and devices. *Cutis.* Feb 2014;93(2):71-76. PMID 24605343
10. American Academy of Dermatology. Lasers and lights: How well do they treat rosacea? 2017; <https://www.aad.org/public/diseases/acne-and-rosacea/rosacea/lasers-and-lights-how-well-do-they-treat-rosacea> Accessed November 8, 2018.

11. Schaller M, Almeida LM, Bewley A, et al. Rosacea treatment update: recommendations from the global ROSacea COnsensus (ROSCO) panel. *Br J Dermatol*. Feb 2017;176(2):465-471. PMID 27861741
12. National Institutes for Health and Care Excellence (NICE). Skin conditions overview. 2017; <https://pathways.nice.org.uk/pathways/skin-conditions>. Accessed November 8, 2018.