Medical Policy
Chemical Peels

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Policy Number: 732
BCBSA Reference Number: 8.01.16
NCD/LCD: N/A

Related Policies
Dermatologic Applications of Photodynamic Therapy, #463

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

Dermal chemical peels used to treat patients with numerous (>10) actinic keratoses or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical, may be considered MEDICALLY NECESSARY.

Epidermal chemical peels used to treat patients with active acne that has failed a trial of topical and/or oral antibiotic acne therapy are considered MEDICALLY NECESSARY. In this setting, superficial chemical peels with 40% to 70% alpha hydroxy acids are used as a comedolytic therapy. (Alpha hydroxy acids can also be used in lower concentrations [8%] without the supervision of a physician.)

Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring or dermal peels used to treat end-state acne scarring are considered cosmetic and NOT MEDICALLY NECESSARY.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Medicare HMO BlueSM</td>
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</tr>
</tbody>
</table>
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 codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15788</td>
<td>Chemical peel, facial, epidermal</td>
</tr>
<tr>
<td>15789</td>
<td>Chemical peel, facial, dermal</td>
</tr>
<tr>
<td>15792</td>
<td>Chemical peel, nonfacial epidermal</td>
</tr>
<tr>
<td>15793</td>
<td>Chemical peel, nonfacial, dermal</td>
</tr>
</tbody>
</table>

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

#### ICD 9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD 9 Diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>238.2</td>
<td>Neoplasm of uncertain behavior of skin</td>
</tr>
<tr>
<td>702.0</td>
<td>Actinic keratosis</td>
</tr>
<tr>
<td>706.1</td>
<td>Other acne</td>
</tr>
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</table>

#### ICD 10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD 10 Diagnosis codes:</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>D48.5</td>
<td>Neoplasm of uncertain behavior of skin</td>
</tr>
<tr>
<td>L57.0</td>
<td>Actinic keratosis</td>
</tr>
<tr>
<td>L70.0</td>
<td>Acne vulgaris</td>
</tr>
<tr>
<td>L70.1</td>
<td>Acne conglobata</td>
</tr>
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The following CPT code is considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17360</td>
<td>Chemical exfoliation for acne (e.g., acne paste, acid)</td>
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</table>
Description
A chemical peel refers to a controlled removal of varying layers of the skin with use of a chemical agent. The most common use for chemical peeling is as a treatment of photoaged skin. However, chemical peeling has also been used as a treatment for other conditions, including actinic keratoses, active acne, and acne scarring.

Background
Chemical peels involve a controlled partial-thickness removal of the epidermis and the outer dermis. When skin is regenerated, a 2- to 3-mm band of dense, compact collagen is formed between the epidermis and the damaged layers of the dermis, resulting in ablation of fine wrinkles and a reduction in pigmentation. These changes can be long-term, lasting 15 to 20 years and may be permanent in some patients. Potential local complications include scarring, infection, hypopigmentation, hyperpigmentation, activation of herpes simplex, and toxic shock syndrome.

Chemical peels are often categorized according to the depth of the peel: categories include superficial, medium-depth, and deep chemical peels. The precise depth of the peel depends on the concentration of the agent used, duration of the application, and the number of applications. Possible indications for each type of peel and common chemicals used, as described in 2005 by Cummings et al and others, is as follows:

Superficial peels (epidermal peels) affect the epidermis and the interface of the dermis-epidermis. This depth is considered appropriate for treating mild photoaging, melasma, comedonal acne, and postinflammatory erythema. Common chemical agents used for superficial peels include low concentrations of glycolic acid, 10% to 20% trichloroacetic acid (TCA), Jessner solution (a mixture of resorcinol, salicylic acid, lactic acid, and ethanol), tretinoin, and salicylic acid. As part of the treatment process, superficial peels generally cause mild erythema and desquamation, and healing time ranges from 1 to 4 days, depending on the strength of the chemical agent. With superficial peels, patients often undergo multiple sessions, generally a total of 6 to 8 peels performed weekly or biweekly.

Medium-depth peels (dermal peels) extend into the epidermis to the papillary dermis. These are used for moderate photoaging, actinic keratoses, pigmentary dyschromias, and mild acne scarring. In the past, 50% TCA was a common chemical agent for medium-depth peels, but its use has decreased due to a high rate of complications such as pigmentary changes and scarring. Currently, the most frequently used agent is a combination of 35% TCA with Jessner solution or 70% glycolic acid. Phenol 88% alone is also used for medium-depth peels. The healing process involves mild to moderate edema, followed by the appearance of a new, erythematous epithelium. Patients are advised to wait at least 3 months before resuming skin care services such as superficial chemical peels, and repeat medium-depth chemical peels should not be performed for at least 1 year.

Deep chemical peels (another type of dermal peel) penetrate the midreticular dermis and are used for patients with severe photodamage, premalignant skin neoplasms, acne scars, and dyschromias. The most common chemical agent used is Baker solution (which consists of 3 mL of 88% phenol, 8 drops of septisol, 3 drops of croton oil, 2 mL of distilled water). The same depth can be achieved using 50% or greater TCA peel; however, the latter has a higher risk of scarring and pigmentation problems. Phenol is cardiotoxic, and patients must be screened for cardiac arrhythmias or medications that could potentially precipitate an arrhythmia. Phenol can also have renal and hepatic toxicities.

The likelihood and potential severity of adverse effects increases as the strength of the chemicals and depth of peels increases. With deep chemical peels, there is the potential for long-term pigmentary disturbances (ie, areas of hypopigmentation), and selection of patients willing to always wear makeup is advised. Moreover, chemical peels reduce melanin protection, so patients must use protective sunscreen for 9 to 12 months after a medium- to deep-facial peel.
Summary
At the time of policy creation, review articles and clinical opinion supported the use of chemical peels for treating multiple actinic keratoses and as second-line treatment of active acne. More recent clinical input, obtained in 2010, continues to support the policy statements. In 2014, the first placebo-controlled randomized trial evaluating chemical peels for active acne was published and this trial found significantly better outcomes after treatment with a 40% glycolic acid peel compared with placebo treatment. There are no studies that demonstrate the medical necessity for use of chemical peels in the treatment of photaged skin or acne-related scarring; thus these uses are considered not medically necessary.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>12/2016</td>
<td>Clarified coding information.</td>
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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
discussion 51. PMID 18053051
14. Abdel Meguid AM, Elaziz Ahmed Attallah DA, Omar H. Trichloroacetic acid versus salicylic acid in the
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27557589