



MASSACHUSETTS

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Medical Policy Chemical Peels

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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

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 codes 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
15788	Chemical peel, facial, epidermal
15789	Chemical peel, facial, dermal
15792	Chemical peel, nonfacial epidermal
15793	Chemical peel, nonfacial, dermal

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

ICD 10 Diagnosis Codes

ICD 10 Diagnosis codes:	Code Description
D48.5	Neoplasm of uncertain behavior of skin
L57.0	Actinic keratosis
L70.0	Acne vulgaris
L70.1	Acne conglobata

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

CPT codes:	Code Description
17360	Chemical exfoliation for acne (eg, acne paste, acid)

Description

Chemical Peels

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.¹

Types of Peels

Chemical peels are often categorized by 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, the duration of the application, and the number of applications. Possible indications for each type of peel and common chemicals used, as described by Cummings et al (2005)² and others, is as follows.

Superficial Peels

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 one to four days, depending on the strength of the chemical agent. With superficial peels, patients often undergo multiple sessions, generally six to eight peels performed weekly or biweekly.

Medium-Depth Peels

Medium-depth peels (dermal peels) extend into the epidermis to the papillary dermis. They 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 high rates of complications (eg, pigmentary changes, 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 three months before resuming skin care services (eg, superficial chemical peels) and repeat medium-depth chemical peels should not be performed for at least one year.

Deep Peels

Deep chemical peels (another type of dermal peel) penetrate the mid-reticular dermis and have been 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 hexachlorophene [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 events increases as the strength of the chemicals and the 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.

Applications

Chemical peels are a potential treatment option for actinic keratoses and moderate-to-severe acne. Actinic keratoses are common skin lesions associated with extended exposure to the sun, with an estimated prevalence in the United States of 11% to 26%.³ These lesions are generally considered to be a precursor of squamous cell carcinoma.⁴ The risk of progression to invasive squamous cell carcinoma is unclear, but estimates vary from 0.1% to 20%.³ For patients with multiple actinic keratoses, the risk of

developing invasive squamous cell carcinoma is estimated as being between 0.15% and 80%. Treatment options include watchful waiting, medication treatment, cryosurgery, surgical resection.

Acne vulgaris is the most common skin condition among adolescents, affecting an estimated 80% of teenagers aged 13 to 18 years old.⁵ Acne, particularly moderate-to-severe manifestations, can cause psychological distress including low self-esteem, depression, and anxiety. There are a variety of oral and topical treatments for acne.

Summary

A chemical peel is a controlled removal of various layers of the skin with the use of a chemical agent. The most common use for chemical peeling is the treatment of photoaged skin. Chemical peeling has also been used for other conditions, including actinic keratoses, active acne, and acne scarring.

For individuals who have actinic keratoses who receive dermal chemical peels, the evidence includes a nonrandomized split-face study and case series. The relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. The split-face study found similar outcomes after a single chemical peel or after 3 weeks of treatment with fluorouracil cream 5% in 15 patients. A case series found high response rates and low recurrence rates at one year in patients with actinic keratoses treated with phenol peels. Additional controlled studies, preferably randomized, are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2010 supported the use of chemical peels for treating multiple actinic keratoses.

For individuals who have moderate-to-severe active acne who receive epidermal chemical peels, the evidence includes randomized controlled trials. The relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. One small randomized trial was placebo-controlled; it found greater efficacy with active treatment than with placebo.

Several randomized controlled trials comparing chemical peel agents in patients with acne have reported similar improvements with the types of chemical peels studied. However, no studies were identified comparing chemical peel agents with conventional acne treatment. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2010 supported the use of chemical peels as second-line treatment of active moderate-to-severe acne.

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.
12/2016	Clarified coding information.
10/2015	Coverage updates to medically necessary indications. Policy statements transferred from policy #068, Plastic Surgery. Effective 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

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