



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Acne Related Procedures

Policy Number: HS-258

Original Effective Date: 9/4/2014

Revised Date(s): 6/8/2015; 6/2/2016; 5/4/2017;
5/3/2018

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Acne vulgaris (acne) is the formation of comedones, papules, pustules, nodules, and/or cysts as a result of obstruction and inflammation of pilosebaceous units (hair follicles and their accompanying sebaceous gland). It most often affects adolescents. Diagnosis is by examination. Treatment is a variety of topical and systemic agents intended to reduce sebum production, bacterial counts, and inflammation and to normalize keratinization.¹

Acne of any severity usually remits spontaneously by the early to mid-20s, but a substantial minority of patients, usually women, may have acne into their 40s; options for treatment may be limited because of childbearing. Many

adults occasionally develop mild, isolated acne lesions. Non-inflammatory and mild inflammatory acne usually heals without scars. Moderate to severe inflammatory acne heals but often leaves scarring. Scarring is not only physical; acne may be a huge emotional stressor for adolescents who may withdraw, using the acne as an excuse to avoid difficult personal adjustments. Supportive counseling for patients and parents may be indicated in severe cases.^{1,2} Acne that does not respond to topical agents or medication (pharmaceutical or over the counter [OTC]) may require one of several procedures to treat acne including, but not limited to:

- **Acne surgery** is the physical removal of the material forming a blockage and causing a lesion. Surgical procedures include, but are not limited to, excision of cysts or pustules, incision and drainage, punch debridement or unroofing of nodules or sinuses.
- **Chemical peels or exfoliation** involves a chemical solution that is applied to the skin; this results in a destruction of the superficial layer, allowing a new layer of skin regeneration.
- **Cryotherapy (or cryosurgery)** uses liquids (e.g., liquid nitrogen, acetone slush, carbon dioxide [CO₂]) to reduce the skin temperature to very low levels causing the skin to peel and allowing for the removal of whiteheads and/or blackheads.
- **Dermabrasion** is a specialized instrument used to “sand” the skin to remove the epidermal surface in order to improve contour. **Microdermabrasion** involves the use of abrasive crystals to remove the dead epidermal cells from the face.
- **Light therapy (or Phototherapy)** involves the exposure of skin to ultraviolet or infrared light (e.g., ultraviolet A or B; red, blue, or red-blue light; Psoralens ultraviolet actinotherapy [PUVA]), lasers, pulsed dye laser and photodynamic therapy [PDT]) have been investigated for the treatment of acne vulgaris.
- **Photodynamic Therapy (PDT)** involves the application of a topical agent (e.g., 5-aminolevulinic acid [Levulan]) which is activated by light. The energy from the light causes the release of oxygen molecules, which is reported to have the biologic effect of killing the bacteria responsible for acne.

POSITION STATEMENT

Applicable To:

- Medicaid
- Medicare

NOTE: Light Therapy can be found in HS 174 : Ultraviolet Light Therapy for Treatment of Skin Conditions.

Exclusions

In addition to the items noted above, the following **are considered experimental and investigational**:

- Scar injection
- Cosmetic procedures (used alone or in combination with other treatment) (e.g., dermaplaning, collagen injections, polymethyl-methacrylate microspheres with collagen [e.g., Artecoll®, Rofil Medical USA], gelatin matrix implant, hyaluronic acid derivative fillers [e.g., Restylane®, Q-Med Inc.], autologous fat replacement, punch biopsy elevation, punch excision with or without full-thickness skin graft replacement, electrodesiccation, laser dermablation/laser abrasion using carbon dioxide or erbium:YAG lasers with or without follow-up cryotherapy)

Acne Surgery

The following **are considered experimental and investigational** due to a lack of established efficacy:

- Treatment using cryoslush therapy (solid CO₂ mixed with acetone) and liquid nitrogen

- Intralesional injection of steroids (includes, but is not limited to, treatment for inflammatory nodulo-cystic acne, acne conglobate, acne fulminans, and pyoderma faciale)
- For acne scarring, melasma, skin wrinkling or lentigines cosmetic

Chemical Peels

Chemical peels **are not considered medically necessary** for the following due to a lack of established efficacy:

- Treatment of acne vulgaris
- Treatment of non-malignant (simple) lesions
- For active acne
- For acne scarring, melasma, skin wrinkling or lentigines cosmetic
- For all other indications not listed below.

Cryotherapy

Cryotherapy (or cryosurgery) **is not considered medically necessary** for the treatment of acne scarring.

Dermabrasion and Microdermabrasion

Use of dermabrasion and/or microdermabrasion for scar revision (including scarring caused by acne) **is considered cosmetic in nature and not medically necessary**. In addition, this technique has not been proven to be effective for treating active acne as it may cause increased inflammation associated with active acne.

Dermabrasion **is considered experimental and investigational** for all other indications due to a lack of established efficacy. This includes, but is not limited to dyschromias, keloids, melasma, and vitiligo.

Coverage

Acne treatment **is considered medically necessary** when the member:

- Has a diagnosis of acne (see covered Diagnosis Codes in Coding section); **AND**,
- Conservative treatments have failed*; **AND**,
- Meets the criteria for one of the treatments below (e.g., acne surgery, chemical peels, dermabrasion, or phototherapy).

* The following therapies meet the definition of medical necessity for the initial treatment of active acne includes but is not limited to: oral contraceptive hormone therapy, OR, Topical and/or oral antibiotics, OR, Retinoids (topical and/or oral [e.g., Tretinoin, Adapalene, Isotretinoin]).

Acne Surgery

Acne surgery may consist of either of the following:

- Marsupialization; **OR**,
- Opening or removal of multiple milia, comedones, cysts, and/or pustules

Acne surgery **is considered medically necessary** when one of the following criteria are met:

- Documented failure of the initial medication treatments (e.g. oral contraceptive hormone therapy, antibiotics, retinoids) ; **OR**,
- Documented development of side effects of initial medication treatments.

NOTE: Requests may be approved as long as there is documentation of failed conservative treatment.

Chemical Peels

Medium and deep chemical peels **are considered medically necessary** when the following criteria are met:

- Treatment is for actinic keratoses and other pre-malignant skin lesions; **AND**,
- Member has ≥ 15 lesions making it, such that it becomes unreasonable to treat each specific lesion; **AND**,
- Member has failed to adequately respond to treatment with topical 5-FU or imiquimod (unless contraindicated).

Cryotherapy

Cryotherapy (or cryosurgery) **is considered medically necessary** for isolated inflammatory nodular lesions that fail to respond to topical and systemic medication therapy.

Dermabrasion and Microdermabrasion

Dermabrasion **is considered medically necessary** using the conventional method of controlled surgical scraping (dermaplaning) or carbon dioxide (CO₂) laser for the removal of superficial basal cell carcinomas and pre-cancerous actinic keratosis when the following are met:

- Conventional methods of removal such as cryotherapy, curettage, and excision, are impractical due to the number and distribution of the lesions; **AND**,
- Member has failed a trial of 5-fluorouracil (5-FU) (Efudex) or imiquimod (Aldara), unless contraindicated.

CODING

Covered CPT®* Codes

- 10040** Acne surgery
- 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, dermal
- 15792** Chemical peel, nonfacial; epidermal
- 15793** Chemical peel, dermal
- 17340** Cryotherapy (CO₂ slush, liquid N₂) for acne
- 17360** Chemical exfoliation for acne (eg, acne paste, acid)

Covered ICD-10-CM Diagnosis Codes

- L91.0** Hypertrophic scar
- L70.2** Acne varioliformis
- L70.0** Acne vulgaris
- L70.1** Acne conglobata
- L70.3** Acne tropica
- L70.4** Infantile acne
- L70.5** Acne excoriee des jeunes filles
- L70.8** Other acne
- L70.9** Acne, unspecified
- L73.0** Acne keloid
- L81.9** Disorder of pigmentation, unspecified
- L57.3** Poikiloderma of Civatte
- L81.0** Postinflammatory hyperpigmentation

- L81.1 Chloasma
- L81.2 Freckles
- L81.3 Cafe au lait spots
- L81.4 Other melanin hyperpigmentation
- L81.5 Leukoderma, not elsewhere classified
- L81.6 Other disorders of diminished melanin formation
- L81.7 Pigmented purpuric dermatosis
- L81.8 Other specified disorders of pigmentation
- L90.5 Scar conditions and fibrosis of skin

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Acne vulgaris. The Merck Manual for Health Professionals Web site. <http://www.merckmanuals.com/professional/dermatologic-disorders/acne-and-related-disorders/acne-vulgaris>. Published February 2013. Accessed April 9, 2018.
2. Strauss, J, Krowchuk, DP, Leyden, JJ, Lucky, AW, Shalita, AR, Siegfried, EC, et al. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56: 651-653. Available from <https://www.aad.org/File%20Library/Main%20navigation/Practice%20tools/Quality%20care%20and%20guidelines/Acne-guideline.pdf> . Accessed April 9, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
5/3/2018, 5/4/2017, 6/2/2016	<ul style="list-style-type: none">• Approved by MPC. No changes.
6/8/2015	<ul style="list-style-type: none">• Approved by MPC. Addition of CPT 10040.
9/4/2014	<ul style="list-style-type: none">• Approved by MPC. New.