Acne Related Procedures

Policy Number: HS-258

Original Effective Date: 9/4/2014

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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.

Clinical Coverage Guideline

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.
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POSITION STATEMENT

Applicable To:
- [x] Medicaid
- [x] Medicare

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

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.

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
- Intraleisional 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**

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).

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 above

**Cryotherapy**

Cryotherapy (or cryosurgery) is considered medically necessary for isolated inflammatory nodular lesions that fail to respond to topical and systemic medication therapy. Cryotherapy (or cryosurgery) is not considered medically necessary for the treatment of acne scarring.

**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 precancerous 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.

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.

**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)

**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
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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-9-CM Diagnosis Codes
701.4 Keloid Scar
706.0 Acne varioformis
706.1 Other acne
709.00 Dyschromia
709.09 Other dyschromia (lentigo & melasmo)
709.2 Scar conditions and fibrosis of skin

Covered Draft 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 excoriée 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


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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