Description/Summary

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.

Policy

Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment 1- Code Table & Instructions

When a service may be considered medically necessary

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.

Superficial Epidermal chemical peels used to treat patients with active acne that has failed a trial of topical and/or oral antibiotic acne therapy may be 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.)

When a service is considered cosmetic and therefore non-covered as a benefit exclusion

Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring or dermal peels used to treat end-state acne scarring.
Epidermal chemical peels used only to enhance a patient’s appearance. (See cosmetic policy)
**Policy Guidelines**

Requests for all chemical peels should be carefully evaluated to determine whether their rationale is primarily cosmetic. Epidermal peels would only be considered medically necessary in patients with active acne who have failed other therapy. Dermal peels would be considered medically necessary only in patients with multiple actinic keratoses.

**Background**

A chemical peel is a procedure in which a topically applied wounding agent creates smooth, rejuvenated skin by way of a wound repair process, collagen remodeling, and exfoliation. Usually, this procedure is performed on the face. Peels can be categorized as Superficial, Medium-Depth, and Deep.

Superficial Epidermal Peels are considered appropriate for treating comedonal acne. In this setting, superficial chemical peels with 30% 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.)

A medium-depth chemical peel are appropriate for treating actinic keratosis. These peels can use 35% trichloroacetic acid (TCA) alone or at 35% in combination with Jessner's solution, 70% glycolic acid, may effectively treat multiple non-hypertrophic AKs -. In a nonrandomized split-face study, Jessner's solution plus 35% TCA demonstrated similar efficacy and decreased rates of morbidity when compared with 5-FU.

Medium-depth peels cause injury at the level of the papillary dermis and should be applied by a clinician in a controlled setting. Prior to treatment, patients should be educated about possible complications of stinging or burning sensation, visible peeling (which usually lasts five to seven days), pigmentary changes, infections, and rarely scarring.

Deep Peels are appropriate for premalignant skin neoplasms. 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.

Patients with a history of herpes simplex virus (HSV) infection, previous radiation exposure, immunosuppression, post inflammatory hyperpigmentation, keloids, recent facial surgery, or taking photosensitizing medications may experience higher rates of complications from chemical peels. The likelihood and potential severity of adverse events 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. Patients likely to be noncompliant with post-treatment
sunscreen use or who are unable to avoid sun exposure because of occupation are unsuitable candidates for a chemical peel.

**Rationale/Scientific Background**

The policy was developed and has been updated in accordance with the Blue Cross and Blue Shield Association policy dated December 2017 with a most recent literature reviewed through November 1, 2017.

**Summary of Evidence**

Limited evidence supports the use of chemical peels for treating multiple actinic keratoses and as second-line treatment of active acne.

**SUPPLEMENTAL INFORMATION**

Please reference the Blue Cross and Blue Shield Association Policy on Chemical Peels from December 2017.

**Reference Resources**

1. Blue Cross Blue Shield Association. *Chemical Peels. MPRM # 8.01.06; December 2017.*

**Related Policies**

Cosmetic and Reconstructive Procedures

**Document Precedent**

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

**Audit Information**

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

**Administrative and Contractual Guidance**

**Benefit Determination Guidance**
Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit. Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services only (ASO) only group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

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<tr>
<td>08/2017</td>
<td>Policy updated with literature review, references updated. Policy statement unchanged. ICD 10-CM L70.1 Descriptor updated</td>
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<td>10/2018</td>
<td>Policy updated with literature review in accordance with the BCBSA policy. Policy statement unchanged.</td>
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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer
### Attachment I
#### Code Table & Instructions

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