CHEMICAL PEELS
SUR716.018

COVERAGE:

EPIDERMAL PEELS

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 ELIGIBLE FOR COVERAGE**.

Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring **IS NOT ELIGIBLE FOR COVERAGE** as these are considered cosmetic procedures (Refer to each individual contract to determine if there is an exclusion for cosmetic services).

DERMAL PEELS

Dermal chemical peels to treat patients with numerous (greater than ten) actinic keratoses or other premalignant skin lesions **MAY BE ELIGIBLE FOR COVERAGE** if treatment of the individual lesions becomes impractical.

Dermal chemical peels as a treatment of end stage acne scarring **IS NOT ELIGIBLE FOR COVERAGE** as they are considered cosmetic procedures (Refer to each individual contract to determine if there is an exclusion for cosmetic services).

DESCRIPTION:

A chemical peel refers to a controlled removal of varying layers of the epidermis and superficial dermis with the use of a wounding agent, such as phenol or trichloroacetic acid (TCA).

Chemical peels can be subdivided into the types of wounding agents used and the depth of the peel - either epidermal or dermal. The most common wounding agents are various preparations of phenol (i.e., Baker’s solution), trichloroacetic acid (TCA), Jessner’s solution (i.e., resorcin, salicylic and lactic acid), and alpha hydroxy acids.

EPIDERMAL PEELS

An epidermal peel may be used to:

- remove fine, subtle lines,
- soften the appearance of enlarged pores,
- improve skin texture, and
- lighten hyperpigmentary disorders.

Multiple epidermal peels (also referred to as exfoliation) may also be used as a therapy in patients with active acne.

DERMAL PEELS
Dermal peels may be used to treat:

- deep wrinkling,
- actinic damage (chemical changes produced by radiant energy especially in the visible and ultraviolet parts of the spectrum, i.e., sun), or actinic keratosis, and
- acne scarring (dermabrasion may be more effective).

RATIONALE:

The main issue regarding chemical peels is the determination of whether the treatment is primarily cosmetic in nature. Actinic keratoses are premalignant lesions, and the medical necessity for their destruction/removal is considered appropriate, although watchful waiting may also be an option. However, a chemical peel for the treatment of actinic keratosis would only be appropriate when there are numerous lesions, making treatment of individual lesions impractical.

Active acne is considered a disease and thus its treatment is eligible for coverage, while the treatment of end stage acne scarring is considered cosmetic since active acne is no longer present. Making the distinction between active and inactive acne can be difficult. However, simultaneous treatment with either antibiotics or tretinoin is one indication that the patient has active ongoing acne.

Epidermal peels with alpha-hydroxy acids, so called fruit acids that include glycolic acid and lactic acid, are frequently used for the treatment of active acne. Typically, patients are treated every 2-3 weeks on a repeated basis. Since chemical peeling does not represent a curative therapy, treatments may be continued over the course of years. This type of treatment represents a more intense form of therapy and a referral to a dermatologist is required. Therefore patients with acne requesting coverage for chemical peels should have failed a trial of topical and oral antibiotic therapy for acne.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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