

## Medical Policy:

### Chemical Peels

POLICY NUMBER	LAST REVIEW
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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

## Definitions

Actinic keratosis (AK)	<p>Actinic keratoses (AKs or solar keratoses) are keratotic macules, papules, or plaques resulting from the intraepidermal proliferation of atypical keratinocytes in response to prolonged exposure to ultraviolet radiation. Although most AKs do not progress to squamous cell carcinoma (SCC), AKs are a concern because the majority of cutaneous SCCs arise from pre-existing AKs, and AKs that will progress to SCC cannot be distinguished from AKs that will spontaneously resolve or persist.</p> <p>Accepted primary treatment modalities include cryotherapy, topical 5-fluorouracil, topical imiquimod, photodynamic therapy (eg, amino levulinic acid [ALA], porfimer sodium), and curettage and electrodesiccation.</p>				
Chemical peel	<p>Controlled removal of varying layers of the skin with use of caustic chemical agents; resulting in a thinner, more compact stratum corneum, thicker epidermis, and uniform distribution of melanin. Peels are typically categorized according to depth and agent used</p> <table border="1"> <thead> <tr> <th>Depth</th> <th>Agents</th> </tr> </thead> <tbody> <tr> <td>Very superficial (See Limitations/Exclusions)</td> <td>Glycolic acid, 30-50 percent applied for 1-2 minutes Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats</td> </tr> </tbody> </table>	Depth	Agents	Very superficial (See Limitations/Exclusions)	Glycolic acid, 30-50 percent applied for 1-2 minutes Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats
Depth	Agents				
Very superficial (See Limitations/Exclusions)	Glycolic acid, 30-50 percent applied for 1-2 minutes Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats				

	Low concentration resorcinol, 20-30 percent applied for 5-10 minutes
	TCA (trichloroacetic acid) 10 percent applied in 1 coat
Superficial (See Limitations/Exclusions)	Glycolic acid, 50-70 percent, applied for 2-5 minutes
	Pyruvic acid, 40-50 percent applied for 3-5 minutes
	Jessner solution applied in 4-10 coats
	Resorcinol, 40-50 percent applied for 30-60 minutes
	TCA, 10-30 percent
Medium	Glycolic acid 70 percent applied for 3-15 minutes
	Pyruvic acid 60 percent applied for 3-5 minutes
	TCA, 35-50 percent
	Augmented TCA (carbon dioxide and TCA 35 percent; Jessner solution and TCA 35 percent; glycolic acid 70 percent and TCA 35 percent)
Deep	Phenol 88 percent
	Baker-Gordon phenol formula (88 percent phenol, distilled water, sepiisol, croton oil)
	<i>Fabbrocini G, De Padova MP, Tosti A. Chemical peels: what's new and what isn't new but still works well. Facial Plast Surg 2009; 25:329.</i>

## Related Guidelines

[Cosmetic and Reconstructive Surgery Procedures](#)

[Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions](#)

## Guideline

Medium or deep chemical peels are considered medically necessary for > 10 actinic keratoses (or other premalignant skin lesions) due to the impracticality of treating large numbers of lesions individually.

## Limitations/Exclusions

1. Chemical peels are not considered medically necessary for the treatment of active acne vulgaris due to insufficient evidence of therapeutic value.
2. Chemical peels are not considered medically necessary when for the following cosmetic purposes (list not all-inclusive):
  - a. Acne scarring (case-by-case review when documentation substantiating medical necessity is submitted to the plan)
  - b. Contouring/discoloration/hyperpigmentation (e.g., dermatosis papulosa nigra, rosacea)
  - c. Dull complexion
  - d. Ephelides (freckles)
  - e. Fine/fewer lines and wrinkles

- f. Lentigines (liver spots; aka age spots)
- g. Melasma
- h. Photoaged skin
- i. Sebaceous hyperplasia (aka senile hyperplasia)
- j. Seborrheic keratoses
- k. Skin roughness

## Procedure Codes

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

## ICD-10 Diagnoses

D48.5	Neoplasm of Uncertain Behavior of Skin
L57.0	Actinic keratosis

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## Revision History

Company(ies)	DATE	REVISION
ConnectiCare	Jan. 1, 2020	ConnectiCare adopts the clinical criteria of its parent corporation Emblem Health