Medical Policy:
Chemical Peels (Commercial)

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.ME.54C4	**01/01/2020**	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

 The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. 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. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare 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). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. 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. Each benefit plan 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 ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions

Actinic keratosis (AK)	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.

Chemical peel	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 dept and agent used

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, septisol, croton oil)
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.	

Coding Criteria

To access the codes, please download the policy ***to your computer, and click on the paperclip icon within the policy***

	Applicable CPT and Diagnosis Codes

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.

Limitation/Exclusion

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 complexity
    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

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Revision history

DATE	REVISION
01/01/2020	New policy. Connecticare has adopted the clinical criteria of its parent corporation, Emblem Health.