Medical Policy:

Chemical Peels

POLICY NUMBER	LAST REVIEW
MG.MM.ME.54C9	**January 12, 2024**

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. Accepted primary treatment modalities include cryotherapy, topical 5-fluorouracil, topical imiquimod, photodynamic therapy (eg, amino levulinic acid [ALA], porfimer sodium), and curettage and electrodesiccation.
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 depth 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.	

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 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

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