

## Chemical Peels

Last Review Date: August 17, 2018

Number: MG.MM.ME.54C3

### Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. 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. 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 Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

### Definitions

<p>Actinic keratosis (AK)</p>	<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>						
<p>Chemical peel</p>	<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" data-bbox="406 1549 1404 1944"> <thead> <tr> <th data-bbox="406 1549 787 1591">Depth</th> <th data-bbox="790 1549 1404 1591">Agents</th> </tr> </thead> <tbody> <tr> <td data-bbox="406 1596 787 1816"> <p><b>Very superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p> </td> <td data-bbox="790 1596 1404 1816"> <p>Glycolic acid, 30-50 percent applied for 1-2 minutes</p> <p>Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats</p> <p>Low concentration resorcinol, 20-30 percent applied for 5-10 minutes</p> <p>TCA (trichloroacetic acid) 10 percent applied in 1 coat</p> </td> </tr> <tr> <td data-bbox="406 1820 787 1944"> <p><b>Superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p> </td> <td data-bbox="790 1820 1404 1944"> <p>Glycolic acid, 50-70 percent, applied for 2-5 minutes</p> <p>Pyruvic acid, 40-50 percent applied for 3-5 minutes</p> <p>Jessner solution applied in 4-10 coats</p> </td> </tr> </tbody> </table>	Depth	Agents	<p><b>Very superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p>	<p>Glycolic acid, 30-50 percent applied for 1-2 minutes</p> <p>Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats</p> <p>Low concentration resorcinol, 20-30 percent applied for 5-10 minutes</p> <p>TCA (trichloroacetic acid) 10 percent applied in 1 coat</p>	<p><b>Superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p>	<p>Glycolic acid, 50-70 percent, applied for 2-5 minutes</p> <p>Pyruvic acid, 40-50 percent applied for 3-5 minutes</p> <p>Jessner solution applied in 4-10 coats</p>
Depth	Agents						
<p><b>Very superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p>	<p>Glycolic acid, 30-50 percent applied for 1-2 minutes</p> <p>Jessner (resorcinol, salicylic acid, lactic acid, ethanol) solution applied in 1-3 coats</p> <p>Low concentration resorcinol, 20-30 percent applied for 5-10 minutes</p> <p>TCA (trichloroacetic acid) 10 percent applied in 1 coat</p>						
<p><b>Superficial</b> (See <a href="#">Limitations/Exclusions</a>)</p>	<p>Glycolic acid, 50-70 percent, applied for 2-5 minutes</p> <p>Pyruvic acid, 40-50 percent applied for 3-5 minutes</p> <p>Jessner solution applied in 4-10 coats</p>						

	<b>Medium</b>	Resorcinol, 40-50 percent applied for 30-60 minutes
		TCA, 10-30 percent
	<b>Deep</b>	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)
		Phenol 88 percent
		Baker-Gordon phenol formula (88 percent phenol, distilled water, septisol, 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 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

### Applicable Procedure Codes

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

## Applicable Diagnosis Codes

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

## References

- Cleveland Clinic. Common Benign Growths. August 2015.  
<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/dermatology/common-benign-growths/Default.htm>. Accessed August 17, 2018.
- Branham GH, Thomas JR. Rejuvenation of the skin surface: Chemical peel and dermabrasion. *Facial Plast Surg*. 1996;12(2):125-133.
- Brodland DG, Roenigk RK. Trichloroacetic acid chemexfoliation (chemical peel) for extensive premalignant actinic damage of the face and scalp. *Mayo Clin Proceed*. 1988;63(9):887-896.
- Criscione VD, Weinstock MA, Naylor MF, et al. Actinic keratoses: Natural history and risk of malignant transformation in the Veterans Affairs Topical Tretinoin Chemoprevention Trial. *Cancer* 2009; 115:2523.
- Demas PN, Bridenstine JB, Braun TW. Pharmacology of agents used in the management of patients having skin resurfacing. *J Oral Maxillofac Surg*. 1997;55(11):1255-1258.
- de Berker D, McGregor JM, Hughes BR. Guidelines for the management of actinic keratoses. *Br J Dermatol* 2007; 156(2):222-30.
- Dreno B, Fischer TC, Perosino E, et al. Expert opinion: Efficacy of superficial chemical peels in active acne management -- what can we learn from the literature today? Evidence-based recommendations. *J Eur Acad Dermatol Venereol*. 2011;25(6):695-704.
- Fulton JE Jr. Dermabrasion, chemabrasion, and laserabrasion. Historical perspectives, modern dermabrasion techniques, and future trends. *Dermatol Surg*. 1996;22(7):619-628.
- Giese SY, McKinney P, Roth SI, Zukowski M. The effect of chemosurgical peels and dermabrasion on dermal elastic tissue. *Plast Reconstr Surg*. 1997;100(2):489-500.
- 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.
- Godin DA, Graham HD 3rd. Chemical peels. *J La State Med Soc*. 1998;150(11):513-520.
- Gupta AK, Inniss K, Wainwright R, et al. Interventions for actinic keratoses (Protocol for Cochrane Review). *Cochrane Database Syst Rev*. 2003;(4):CD004415.
- Gutling M. Chemical peel--current possibilities and limits. *Ther Umsch*. 1999;56(4):182-187.
- Handog EB, Datuin MS, Singzon IA. Chemical peels for acne and acne scars in Asians: Evidence based review. *J Cutan Aesthet Surg*. 2012;4(4):239-246.
- Humphreys TR, Werth V, Dzubow L, Kligman A. Treatment of photodamaged skin with trichloroacetic acid and topical tretinoin. *J Am Acad Dermatol*. 1996;34(4):638-644.
- Jerant AF, Johnson JT, Sheridan CD, Caffrey TJ. Early detection and treatment of skin cancer. *Am Fam Physician*. 2000;62(2):357-368, 375-376, 381-382.
- Khunger N, Sarkar R, Jain RK. Tretinoin peels versus glycolic acid peels in the treatment of Melasma in dark-skinned patients. *Dermatol Surg*. 2004;30(5):756-760; discussion 760.
- Khunger N; IADVL Task Force. Standard guidelines of care for chemical peels. *Indian J Dermatol Venereol Leprol*. 2008;74 Suppl:S5-S12.
- Lee SH, Huh CH, Park KC, Youn SW. Effects of repetitive superficial chemical peels on facial sebum secretion in acne patients. *J Eur Acad Dermatol Venereol*. 2006;20(8):964-968.
- Monheit GD. Medium-depth chemical peels. *Dermatol Clin*. 2001;19(3):413-425, vii.
- Montemarano AD. Melasma. *eMedicine Dermatology Topic* 260. Omaha, NE: eMedicine.com; updated June 25, 2003.
- Morganroth GS, Leffell DJ. Nonexcisional treatment of benign and premalignant cutaneous lesions. *Clin Plast Surg*. 1993;20:91-104.

- National Comprehensive Cancer Network. NCCN Guidelines Squamous Cell Skin Cancer. Version 2.2018. [http://www.nccn.org/professionals/physician\\_gls/pdf/squamous.pdf](http://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf). Accessed August 17, 2018.
- Perras C. Imiquimod 5% cream for actinic keratosis. *Issues in Emerging Health Technologies*. Issue 61. Ottawa, ON: Canadian Coordinating Office for Health Technology Assessment (CCOHTA); 2004.
- Roenigk RK, Brodland DG. A primer of facial chemical peel. *Dermatol Clin*. 1993;11(2):349-359.
- Rubin MG. A peeler's thoughts on skin improvement with chemical peels and laser resurfacing. *Clin Plast Surg*. 1997;24(2):407-409.
- Samuel M, Brooke RCC, Hollis S, Griffiths CEM. Interventions for photodamaged skin. *Cochrane Database Syst Rev*. 2005;(1):CD001782.
- Simonart T. Newer approaches to the treatment of acne vulgaris. *Am J Clin Dermatol*. 2012;13(6):357-364.
- Specialty matched clinical peer review.
- Steinsapir KD. The chemical peel. *Int Ophthalmol Clin*. 1997;37(3):81-96.
- Strauss JS, Krowchuk DP, Leyden JJ, et al. American Academy of Dermatology. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56-651-653.
- Tse Y, Ostad A, Lee HS, et al. A clinical and histologic evaluation of two medium-depth peels. Glycolic acid versus Jessner's trichloroacetic acid. *Dermatol Surg*. 1996;22(9):781-786.
- Van Scott EJ, Yu RJ. Alpha hydroxy acids: Procedures for use in clinical practice. *Cutis*. 1989;43:222-228.
- Witthiler DD, Lawrence N, Cox SE, et al. Long-term efficacy and safety of Jessner's solution and 35% trichloroacetic acid vs 5% fluorouracil in the treatment of widespread facial actinic keratoses. *Dermatol Surg*. 1997;23(3):191-196.