

FEP 8.01.16 Chemical Peels

Effective Date: April 15, 2018

Related Policies:
2.01.44 Dermatologic Application of Photodynamic Therapy

Chemical Peels

Description

A chemical peel is a controlled removal of various layers of the skin with the use of a chemical agent. The most common use for chemical peeling is the treatment of photoaged skin. Chemical peeling has also been used for other conditions, including actinic keratoses, active acne, and acne scarring.

FDA REGULATORY STATUS

U.S. Food and Drug Administration clearance or approval of chemical agents used in peeling may not be relevant because these agents are prepared in-office, may have predated Food and Drug Administration approval, and/or may be considered cosmetic ingredients.

POLICY STATEMENT

Dermal chemical peels used to treat patients with numerous (>10) actinic keratoses or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical, may be considered **medically necessary**.

Epidermal chemical peels used to treat patients with active acne that has failed a trial of topical and/or oral antibiotic acne therapy are considered **medically necessary**. In this setting, superficial chemical peels with 40% to 70% alpha hydroxy acids are used as a comedolytic therapy. (Alpha hydroxy acids can also be used in lower concentrations [8%] without the supervision of a physician.)

Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring or dermal peels used to treat end-state acne scarring are considered cosmetic and **not medically necessary**.

POLICY GUIDELINES

Requests for all chemical peels should be carefully evaluated to determine whether the rationale is primarily cosmetic. Epidermal peels would be considered medically necessary in patients with active acne who have failed other therapy because active severe acne may lead to acne scarring and may be psychologically painful leading to low self-esteem, depression, and anxiety. Dermal peels would be considered medically necessary in patients with multiple actinic keratoses because these premalignant lesions may warrant destruction or removal as an alternative to watchful waiting. Other applications of chemical peels, including treatment of photoaged skin, wrinkles, and acne scarring, are considered cosmetic.

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BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

RATIONALE

Summary of Evidence

For individuals who have actinic keratoses who receive dermal chemical peels, the evidence includes a nonrandomized split-face study and case series. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. The split-face study found similar outcomes after a single chemical peel or after 3 weeks of treatment with fluorouracil cream 5% in 15 patients. A case series found high response rates and low recurrence rates at 1 year in patients with actinic keratoses treated with phenol peels. Additional controlled studies, preferably randomized, are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have moderate-to-severe active acne who receive epidermal chemical peels, the evidence includes randomized controlled trials. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. One small randomized trial was placebo-controlled; it found greater efficacy with active treatment than with placebo. Several randomized controlled trials comparing chemical peel agents in patients with acne have reported similar improvements with the types of chemical peels studied. However, no studies were identified comparing chemical peel agents with conventional acne treatment. The evidence is insufficient to determine the effects of the technology on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

American Academy of Dermatology

In 2016, the American Academy of Dermatology published guidelines on the management of acne vulgaris, which made the following statement on chemical peels¹⁶:

“Studies exist suggesting that chemical peels may improve acne. However, large, multicenter, double-blinded control trials comparing peels to placebo and comparing different peels are lacking. Glycolic acid and salicylic acid chemical peels may be helpful for noninflammatory (comedonal) lesions. However, multiple treatments are needed and the results are not long-lasting. In the opinion of the work group, chemical peels may result in mild improvement in comedonal acne.”

American Society for Dermatologic Surgery

The American Society for Dermatologic Surgery published recommendations in 2017 on the use of several skin treatments following a course of isotretinoin, a treatment for severe cystic acne.¹⁷ Previously, a number of cosmetic skin treatments, including chemical peels, were discouraged for 6 months after the use of isotretinoin. These 2017 guidelines evaluated various treatments in the context of scarring and found that superficial chemical peels were safe as a treatment either concurrent with isotretinoin or within 6 months of its discontinuation. The lack of data on medium or deep chemical peels did not permit the Society to make a recommendation on those treatments.

U.S. Preventive Services Task Force Recommendations

Not applicable.

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Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

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POLICY HISTORY

Date	Action	Description
December 2011	New Policy	
December 2012	Update Policy	No change in policy statement. Policy updated with literature review, and related references.
September 2013	Update Policy	Policy updated with literature review, no change in policy statements; Reference 9 added, other references renumbered, reordered or

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		removed.
September 2014	Update Policy	Policy updated with literature review. In medically necessary statement on acne, the concentration was changed to 40%–70% alpha hydroxy acids. References 6, 11 and 12 were added.
September 2015	Update Policy	Policy updated with literature review through May 28, 2015; no references added. No change in policy statements.
March 2017	Update Policy	Policy updated with literature review; references 3-6 and 14-16 added. Policy statements unchanged.
March 2018	Update Policy	Policy updated with literature review through November 1, 2017; reference 17 added. Policy statements unchanged.

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