Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Acne Vulgaris is an inflammatory disease of the sebaceous glands and hair follicles of the skin characterized by comedones, papules, and pustules. Cysts and nodules may develop and scarring is common. Acne vulgaris is common acne.

Acne treatment includes over-the-counter and prescription topical medications, systemic therapy with antibiotics, retinoids and hormonal medications, manual comedone extraction, intraloesional injections, incision and drainage, cryotherapy, chemical peels, light therapy, laser therapy, and dermabrasion, among others. Topical therapy is considered the appropriate first-line treatment for most patients with oral medications second-line when topical treatments fail.

Topical and oral medications for acne treatment are not addressed in this policy.

Criteria

Commercial

PacificSource Health Plans considers the following treatments for acne to be cosmetic and therefore not medically necessary for treatment of acne and acne scarring:

- Chemical peels Dermabrasion, and microdermabrasion
- Light therapy/phototherapy (e.g. all types of ultraviolet therapies, photodynamic therapy, Psoralens ultraviolet actinotherapy -PUVA)
- Laser therapy including pulsed dye laser therapy

The following CPT/HCPCS codes require preauthorization for medical necessity and are considered cosmetic for acne or acne related scarring:
- 15780 - Dermabrasion, total face
- 15781 - Dermabrasion, segmental, face
- 15782 - Dermabrasion, regional, other than face
- 15783 - Dermabrasion, superficial, any site
- 15786 - Abrasion, single lesion
- 15787 - Abrasion, each additional four lesions
- 15788 - Chemical peel, facial, epidermal
- 15789 - Chemical peel, dermal
- 15792 - Chemical peel, nonfacial, epidermal
- 15793 - Chemical peel, nonfacial, dermal
- 17360 - Chemical exfoliation for acne (e.g. acne paste, acid)
- 96999 – Unlisted Special Dermatological Service/Procedure

**Medicare**

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

**Medicaid**

PacificSource Medicaid follows Guideline Notes 65 and 132 of the Oregon Health Plan (OHP) Prioritized List of Health Services for Acne Treatment and Procedures.

**References**


file:///C:/Users/e1547/Downloads/Acne-guideline%20(5).pdf

**Appendix**

Policy Number: [Policy Number]

Effective: 7/1/2020 Next review: 7/1/2021