



MASSACHUSETTS

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Medical Policy Chemical Peels

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Policy Number: 732

BCBSA Reference Number: 8.01.16 (For Plan internal use only)

Related Policies

Dermatologic Applications of Photodynamic Therapy #463

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Dermal chemical peels used to treat individuals 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 individuals 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 **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
15788	Chemical peel, facial, epidermal
15789	Chemical peel, facial, dermal
15792	Chemical peel, nonfacial epidermal
15793	Chemical peel, nonfacial, dermal

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD 10 Diagnosis Codes

ICD 10 Diagnosis codes:	Code Description
D48.5	Neoplasm of uncertain behavior of skin
L57.0	Actinic keratosis
L70.0	Acne vulgaris
L70.1	Acne conglobata

The following CPT code is considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
17360	Chemical exfoliation for acne (eg, acne paste, acid)

Description

Chemical Peels

Chemical peels involve a controlled partial-thickness removal of the epidermis and the outer dermis. When skin is regenerated, a 2- to 3-mm band of dense, compact collagen is formed between the epidermis and the damaged layers of the dermis, resulting in the ablation of fine wrinkles and a reduction in pigmentation. These changes can be long-term, lasting 15 to 20 years and may be permanent in some individuals. Potential local complications include scarring, infection, hypopigmentation, hyperpigmentation, activation of herpes simplex, and toxic shock syndrome.¹

Types of Peels

Chemical peels are often categorized by the depth of the peel: categories include superficial, medium-depth, and deep chemical peels. The precise depth of the peel depends on the concentration of the agent used, the duration of the application, and the number of applications. Possible indications for each type of peel and common chemicals used, as described by Cummings et al (2005)² and others, is as follows.

Superficial Peels

Superficial peels (epidermal peels) affect the epidermis and the interface of the dermis-epidermis. This depth is considered appropriate for treating mild photoaging, melasma, comedonal acne, and postinflammatory erythema. Common chemical agents used for superficial peels include low concentrations of glycolic acid, 10% to 20% trichloroacetic acid (TCA), Jessner solution (a mixture of resorcinol, salicylic acid, lactic acid, and ethanol), tretinoin, and salicylic acid. As part of the treatment process, superficial peels generally cause mild erythema and desquamation, and healing time ranges from 1 to 4 days, depending on the strength of the chemical agent. With superficial peels, patients often undergo multiple sessions, generally, 6 to 8 peels performed weekly or biweekly.

Medium-Depth Peels

Medium-depth peels (dermal peels) extend into the epidermis to the papillary dermis. They are used for moderate photoaging, actinic keratoses, pigmentary dyschromias, and mild acne scarring. In the past, 50% TCA was a common chemical agent for medium-depth peels, but its use has decreased due to high rates of complications (eg, pigmentary changes, scarring). Currently, the most frequently used agent is a combination of 35% TCA with Jessner solution or 70% glycolic acid. Phenol 88% alone is also used for medium-depth peels. The healing process involves mild-to-moderate edema, followed by the appearance of new, erythematous epithelium. Individuals are advised to wait at least 3 months before resuming skincare services (eg, superficial chemical peels) and repeat medium-depth chemical peels should not be performed for at least 1 year.

Deep Peels

Deep chemical peels (another type of dermal peel) penetrate the mid-reticular dermis and have been used for patients with severe photodamage, premalignant skin neoplasms, acne scars, and dyschromias. The most common chemical agent used is Baker solution (which consists of 3 mL of 88% phenol, 8 drops of hexachlorophene [Septisol], 3 drops of croton oil, 2 mL of distilled water). The same depth can be achieved using 50% or greater TCA peel; however, the latter has a higher risk of scarring and pigmentation problems. Phenol is cardiotoxic, and patients must be screened for cardiac arrhythmias or medications that could potentially precipitate an arrhythmia. Phenol can also have renal and hepatic toxicities.

The likelihood and potential severity of adverse events increase as the strength of the chemicals and the depth of peels increases. With deep chemical peels, there is the potential for long-term pigmentary disturbances (ie, areas of hypopigmentation), and selection of individuals willing to always wear makeup is advised. Moreover, chemical peels reduce melanin protection, so patients must use protective sunscreen for 9 to 12 months after a medium- to deep-facial peel.

Applications

Chemical peels are a potential treatment option for actinic keratoses and moderate-to-severe acne. Actinic keratoses are common skin lesions associated with extended exposure to the sun, with an estimated prevalence in the U.S. of 11% to 26%.³ These lesions are generally considered to be a precursor of squamous cell carcinoma.⁴ The risk of progression to invasive squamous cell carcinoma is unclear, but estimates vary from 0.1% to 20%.³ For patients with multiple actinic keratoses, the risk of developing invasive squamous cell carcinoma is estimated as being between 0.15% and 80%. Treatment options include watchful waiting, medication treatment, cryosurgery, and surgical resection.

Acne vulgaris is the most common skin condition among adolescents, affecting an estimated 80% of teenagers aged 13 to 18 years old.⁵ Acne, particularly moderate-to-severe manifestations, can cause psychologic distress including low self-esteem, depression, and anxiety. There are a variety of oral and topical treatments for acne.

Summary

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 of 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.

Summary of Evidence

For individuals who have actinic keratoses who receive dermal chemical peels, the evidence consists of a systematic review involving 8 studies - 4 randomized controlled trials (RCTs), 2 non-randomized controlled trials, and 2 single-arm studies. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. Data analysis and interpretation of results were challenged by the high risk of bias of the primary studies, their imprecision, the variability of their peeling application protocols, and their focus on short-term clearance rates. Additional controlled studies, preferably randomized, are needed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have moderate-to-severe active acne who receive epidermal chemical peels, the evidence includes an RCT. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. Results from the single, small, randomized, placebo-controlled, split-faced trial found greater efficacy with active treatment than with placebo. However, no studies were identified comparing chemical peel agents with conventional acne treatment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
2/2025	Annual policy review. References updated. Policy statements unchanged.
1/2024	Annual policy review. References updated. Policy statements unchanged.
2/2023	Annual policy review. Not medically necessary language changed to Investigational and other minor policy statement refinements made; intent unchanged.
1/2023	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
2/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
1/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
2/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
3/2018	Annual policy review. New references added.
1/2017	Annual policy review. New references added.
12/2016	Clarified coding information.
10/2015	Coverage updates to medically necessary indications. Policy statements transferred from policy #068, Plastic Surgery. Effective 10/1/2015.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Habif TP. Clinical Dermatology 5th Edition. Philadelphia, PA: Mosby/Elsevier; 2010.
2. Cummings CW, Haughey BH, Thomas JR, et al. Otolaryngology: Head and Neck Surgery, 4th edition. St Louis, MO: Mosby; 2005.
3. Costa C, Scalvenzi M, Ayala F, et al. How to treat actinic keratosis? An update. J Dermatol Case Rep. Jun 30 2015; 9(2): 29-35. PMID 26236409

4. Padilla RS, Sebastian S, Jiang Z, et al. Gene expression patterns of normal human skin, actinic keratosis, and squamous cell carcinoma: a spectrum of disease progression. *Arch Dermatol*. Mar 2010; 146(3): 288-93. PMID 20231500
5. Purdy S, de Berker D. Acne vulgaris. *BMJ Clin Evid*. Jan 05 2011; 2011. PMID 21477388
6. Steeb T, Koch EAT, Wessely A, et al. Chemical peelings for the treatment of actinic keratosis: a systematic review and meta-analysis. *J Eur Acad Dermatol Venereol*. Mar 2021; 35(3): 641-649. PMID 32745330
7. Alfaro OL, Alcalá PD, Navarrete FG, et al. Effectiveness of Jessner's solution plus 35% trichloroacetic acid versus 5% 5-fluorouracil on multiple facial actinic keratosis. *Dermatol Rev Mex*. 2012;56:38-46.
8. Di Nuzzo S, Cortelazzi C, Boccaletti V, et al. Comparative study of trichloroacetic acid vs. photodynamic therapy with topical 5-aminolevulinic acid for actinic keratosis of the scalp. *Photodermatol Photoimmunol Photomed*. Sep 2015; 31(5): 233-8. PMID 25660106
9. Holzer G, Pinkowicz A, Radakovic S, et al. Randomized controlled trial comparing 35% trichloroacetic acid peel and 5-aminolaevulinic acid photodynamic therapy for treating multiple actinic keratosis. *Br J Dermatol*. May 2017; 176(5): 1155-1161. PMID 28012181
10. Kaminaka C, Yamamoto Y, Yonei N, et al. Phenol peels as a novel therapeutic approach for actinic keratosis and Bowen disease: prospective pilot trial with assessment of clinical, histologic, and immunohistochemical correlations. *J Am Acad Dermatol*. Apr 2009; 60(4): 615-25. PMID 19293009
11. Lawrence N, Cox SE, Cockerell CJ, et al. A comparison of the efficacy and safety of Jessner's solution and 35% trichloroacetic acid vs 5% fluorouracil in the treatment of widespread facial actinic keratoses. *Arch Dermatol*. Feb 1995; 131(2): 176-81. PMID 7857114
12. Marrero GM, Katz BE. The new fluor-hydroxy pulse peel. A combination of 5-fluorouracil and glycolic acid. *Dermatol Surg*. Sep 1998; 24(9): 973-8. PMID 9754085
13. Sandoval Osses M, Garcia-Huidobro Ramirez I, Molgo Novell M. Safety and effectiveness of the association of 5-fluorouracil and glycolic acid peeling for the treatment of multiple actinic keratoses. *Piel*. 2010;25:4-8.
14. Sumita JM, Miot HA, Soares JLM, et al. Tretinoin (0.05% cream vs. 5% peel) for photoaging and field cancerization of the forearms: randomized, evaluator-blinded, clinical trial. *J Eur Acad Dermatol Venereol*. Oct 2018; 32(10): 1819-1826. PMID 29704456
15. Kaminaka C, Uede M, Matsunaka H, et al. Clinical evaluation of glycolic acid chemical peeling in patients with acne vulgaris: a randomized, double-blind, placebo-controlled, split-face comparative study. *Dermatol Surg*. Mar 2014; 40(3): 314-22. PMID 24447110
16. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. May 2024; 90(5): 1006.e1-1006.e30. PMID 38300170
17. Eisen DB, Asgari MM, Bennett DD, et al. Guidelines of care for the management of actinic keratosis. *J Am Acad Dermatol*. Oct 2021; 85(4): e209-e233. PMID 33820677
18. Waldman A, Bolotin D, Arndt KA, et al. ASDS Guidelines Task Force: Consensus Recommendations Regarding the Safety of Lasers, Dermabrasion, Chemical Peels, Energy Devices, and Skin Surgery During and After Isotretinoin Use. *Dermatol Surg*. Oct 2017; 43(10): 1249-1262. PMID 28498204