

Treatment of Acne

Policy ID:	HHO-DE-MP-1042
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	N/A
Annual Approval Date:	09/2022
Last Revision Date:	09/20/2021
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary treatment of acne.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Acne – A common, inflammatory disease of the sebaceous glands characterized by comedones, papules, pustules, inflamed nodules, and superficial pus-filled cysts. Acne occurs when sebum blocks the sebaceous glands and adjacent hair follicles. This blockage allows bacteria to multiply and inflame the blocked hair follicle.

PROCEDURES

Surgical treatment of acne may be considered medically necessary for marsupialization, opening, expression, removal of comedones, milia and pustules, incision and drainage.

Surgical treatment of acne is considered not medically necessary for all other indications not listed above.

Medical visits for the treatment of acne are covered under the appropriate Evaluation and Management service. Coverage for medical visits is determined according to individual or group customer benefits.

Active acne is distinguished from acne scarring which results from tissue damage after the inflammatory phase subsides.

Laser treatment of active acne is considered experimental/investigational. The safety and effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service

Experimental/investigational (E/I) services are not covered regardless of place of service.

The treatment of acne is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

COVERED

CPT code	Description
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cyst, pustules).

NONCOVERED

CPT code	Description
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions.
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions.

Noncovered Diagnosis Codes for procedure codes 17110 and 17111

Code	Description
L70.0	Acne vulgaris.
L70.1	Acne conglobata.
L70.3	Acne Tropica.
L70.4	Infantile acne.
L70.5	Acne Excoriee des jeunes filles.

L70.8	Other acne.
L70.9	Acne, unspecified.
L73.0	Acne keloid.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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Namitha C, Mysore V. Resurfacing of Facial Acne Scars With a New Variable-Pulsed Er: YAG Laser in Fitzpatrick Skin Types IV and V. *J Cutaneous and Aesthetic Surg*. 2018;11(1):20-25.

Elawar A, Dahan S. Non-insulated Fractional Microneedle Radiofrequency Treatment with Smooth Moror Insertion for Reduction of Depressed Acne Scars, Pore Size, and Skin Texture Improvement: A Preliminary Study. *J Clin Aestet Dermato*. 2018;11(8):41-44.

Gold M, Wilson A, Mordon S. Treatment of acne scarring with a novel dual-wavelength laser. *J Cosmet Dermatol*. 2019;18:1290–1293.

Agrawal D, and Khunger N. A morphological study of acne scarring and its relationship between severity and treatment of active acne. *J Cutan Aesthet Surg*. 2020;13(3).

Girish A, Ammolya D. A comparison of cost-effectiveness between doxycycline and azithromycin with topical clindamycin in the treatment of patients with moderate to severe acne vulgaris: Prospective, randomized study. *Natl J Physiol Pharm Pharmacol*. 2020;10(4):279-284.

POLICY UPDATE HISTORY

<Date>	<Event>
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