



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 01/17/17  
LAST REVIEW DATE: 01/22/19  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

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## NONPHARMACOLOGIC TREATMENT OF ROSACEA

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **NONPHARMACOLOGIC TREATMENT OF ROSACEA (cont.)**

### **Description:**

Rosacea is a chronic, inflammatory skin condition that cannot be cured. The goal of treatment is symptom management. Nonpharmacologic treatments including chemical peel, dermabrasion, laser and light therapy, and others, are proposed for individuals who do not want to use or are unresponsive to pharmacologic treatments. Rosacea is characterized by episodic erythema, edema, papules and pustules that occur primarily on the face but may also occur on the scalp, ears, neck, chest and back.

### **Chemical Peel:**

Chemical peel is the process of resurfacing the skin by controlled removal of varying layers of the epidermis and superficial dermis with the use of acids, e.g., phenol, trichloroacetic acid (TCA), Jessner's solution, alpha-hydroxy acid and 5-aminolevulinic acid (5-ALA).

### **Dermabrasion:**

Dermabrasion is the process of resurfacing the skin by surgically sanding or planing to remove skin layers.

### **Phototherapy:**

Phototherapy is the application of high intensity light (visible light in the violet-blue fluency of light ranging between 50-200 mW/cm<sup>2</sup>).

### **Other Treatments:**

The following procedures may be used for removing skin layers and reducing enlarged blood vessels:

- **Electrosurgery:** Small electric needle is used
- **Laser Therapy:** Laser is used
- **Light Therapy:** Intense pulsed lights are used. May be referred to as actinotherapy when used in the treatment of acne.
- **Soft Tissue Augmentation:** Process of adding bulk to skin tissue using collagen or implant material. Implantable substances include bovine collagen (Zyplast®, Zyderm®), Gelatin matrix implant (Fibrel®), polytetrafluoroethylene (Gore-Tex® implant) and hyaluronic acid and its derivatives.
- **Surgical Debulking:** Surgical removal



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## NONPHARMACOLOGIC TREATMENT OF ROSACEA (cont.)

### Criteria:

For chemical peel for treatment of conditions other than rosacea, see BCBSAZ Medical Coverage Guideline #O740, *"Chemical Peels"*.

For dermabrasion, electrosurgery, soft tissue augmentation and surgical debulking for treatment of skin conditions other than rosacea, see BCBSAZ Medical Coverage Guideline #O741, *"Cosmetic Skin Condition Treatments"*.

For laser treatment of congenital port wine stain hemangioma, see BCBSAZ Medical Coverage Guideline #O301, *"Congenital Port Wine Stain Hemangioma Treatment"*.

For laser therapy, light therapy and phototherapy for treatment of psoriasis, see BCBSAZ Medical Coverage Guideline #O338, *"Psoriasis Medical Treatments"*.

For laser treatment of onychomycosis, see BCBSAZ Medical Coverage Guideline #O755, *"Laser Treatment of Onychomycosis"*.

For laser therapy for treatment of skin conditions other than rosacea, congenital port wine stain hemangioma, onychomycosis and psoriasis, see BCBSAZ Medical Coverage Guideline #O741, *"Cosmetic Skin Condition Treatments"*.

For light therapy and phototherapy for treatment of vitiligo, see BCBSAZ Medical Coverage Guideline #O739, *"Light Therapy for Vitiligo"*.

For light therapy for treatment of conditions other than rosacea, congenital port wine stain, psoriasis and vitiligo, see BCBSAZ Medical Coverage Guideline #O741, *"Cosmetic Skin Condition Treatments"*.

For photodynamic therapy for treatment of conditions other than rosacea, see BCBSAZ Medical Coverage Guideline #O682, *"Dermatologic Applications of Photodynamic Therapy"*.

For skin resurfacing, chemical peels and dermabrasion for the treatment of gender dysphoria, see BCBSAZ Medical Coverage Guideline #O922, *"Treatments for Gender Dysphoria"*.

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## NONPHARMACOLOGIC TREATMENT OF ROSACEA (cont.)

### Criteria: (cont.)

- Nonpharmacologic treatment of rosacea is considered *cosmetic* and *not eligible for coverage*. These treatments include, *but are not limited to*:
- Chemical peel
  - Dermabrasion
  - Electrosurgery
  - Laser therapy
  - Light therapy
  - Phototherapy
  - Photodynamic therapy
  - Soft tissue augmentation
  - Surgical debulking

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### Resources:

Literature reviewed 01/30/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 03/05/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.01.71 BCBS Association Medical Policy Reference Manual. Nonpharmacologic Treatment of Rosacea. Re-issue date 12/14/2017, issue date 11/09/2004.



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## NONPHARMACOLOGIC TREATMENT OF ROSACEA (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

