COSMETIC SKIN CONDITION TREATMENTS

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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Description:

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/cm²).
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Description: (cont.)

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 (Fibre®), polytetrafluoroethylene (Gore-Tex® implant) and hyaluronic acid and its derivatives.
- **Surgical Debulking:** Surgical removal

Criteria:

Dermabrasion:

For dermabrasion for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

- Dermabrasion for treatment of all skin conditions is considered cosmetic and not eligible for coverage.

These conditions include, but are not limited to:

- End-stage acne scarring
- Hair removal
- Lentigo (Benign solar lentigo)
- Melasma* (Also referred to as the “mask of pregnancy”)
- Photoaged skin
- Skin rejuvenation
- Wrinkles

- The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is eligible for coverage to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Criteria: (cont.)

Laser Therapy:

For laser therapy for treatment of congenital port wine stains, see BCBSAZ Medical Coverage Guideline #O301, “Congenital Port Wine Stain Hemangioma Treatment”.

For laser therapy for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

For laser therapy and targeted phototherapy using laser for psoriasis treatment, see BCBSAZ Medical Coverage Guideline #O338, “Psoriasis Medical Treatments”.

- Laser therapy for treatment of all other skin conditions not referenced above is considered cosmetic and not eligible for coverage:

  These conditions include, but are not limited to:
  
  - Acne
  - End-stage acne scarring
  - Hair removal
  - Lentigo (Benign solar lentigo)
  - Melasma* (Also referred to as the “mask of pregnancy”)
  - Photoaged skin
  - Skin rejuvenation
  - Wrinkles

- The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is eligible for coverage to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Criteria: (cont.)

Light Therapy:

For light therapy for treatment of congenital port wine stains, see BCBSAZ Medical Coverage Guideline #O301, “Congenital Port Wine Stain Hemangioma Treatment”.

For light therapy used in photodynamic therapy, see BCBSAZ Medical Coverage Guideline #O682, “Dermatologic Applications of Photodynamic Therapy”.

For light therapy used in phototherapy for treatment of vitiligo, see BCBSAZ Medical Coverage Guideline #O739, “Light Therapy for Vitiligo”.

For light therapy for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

For light therapy used in phototherapy or PUVA therapy for treatment of psoriasis, see BCBSAZ Medical Coverage Guideline #O338, “Psoriasis Medical Treatments”.

- Light therapy for treatment of all other skin conditions not referenced above is considered cosmetic and not eligible for coverage:

These conditions include, but are not limited to:

- Acne
- Eczema (atopic dermatitis)
- End-stage acne scarring
- Hair removal
- Lentigo (Benign solar lentigo)
- Melasma* (Also referred to as the “mask of pregnancy”)
- Photoaged skin
- Skin rejuvenation
- Wrinkles

- The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is eligible for coverage to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Criteria: (cont.)

Phototherapy (includes lamps or lasers and/or UVB light therapy):

For phototherapy for treatment of vitiligo, see BCBSAZ Medical Coverage Guideline #O739, “Light Therapy for Vitiligo”.

For phototherapy for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

For phototherapy for treatment of psoriasis, see BCBSAZ Medical Coverage Guideline #O338, “Psoriasis Medical Treatments”.

➤ Phototherapy for treatment of all other skin conditions not referenced above is considered cosmetic and not eligible for coverage:

These conditions include, but are not limited to:

- Acne
- Eczema (atopic dermatitis)
- End-stage acne scarring
- Hair removal
- Lentigo (Benign solar lentigo)
- Melasma* (Also referred to as the “mask of pregnancy”)
- Photoaged skin
- Skin rejuvenation
- Wrinkles

➤ The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is eligible for coverage to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Criteria: (cont.)

Electrosurgery and Surgical Debulking:

For electrosurgery and surgical debulking for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

- Electrosurgery and surgical debulking for treatment of the following skin conditions are considered cosmetic and not eligible for coverage:

  These conditions include, but are not limited to:

  - End-stage acne scarring
  - Hair removal
  - Lentigo (Benign solar lentigo)
  - Melasma* (Also referred to as the “mask of pregnancy”)
  - Photoaged skin
  - Skin rejuvenation
  - Wrinkles

Soft Tissue Augmentation:

For soft tissue augmentation for treatment of foot disorders, see BCBSAZ Medical Coverage Guideline #O589, “Foot Disorder Treatments”.

For soft tissue augmentation for treatment of rosacea, see BCBSAZ Medical Coverage Guideline #O681, “Nonpharmacologic Treatment of Rosacea”.

- Soft tissue augmentation for treatment of all other skin conditions not referenced above is considered cosmetic and not eligible for coverage:

  These conditions include, but are not limited to:

  - End-stage acne scarring
  - Hair removal
  - Lentigo (Benign solar lentigo)
  - Melasma* (Also referred to as the “mask of pregnancy”)
  - Photoaged skin
  - Skin rejuvenation
  - Wrinkles

- The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is eligible for coverage to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Resources:

Literature reviewed 05/09/17. 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 04/30/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


### COSMETIC SKIN CONDITION TREATMENTS

**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. 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 ataah níllíígíí Blue Cross Blue Shield of Arizona haada yit’éego bina’ídílíkidgi éí doodago Háida bíjá aníyeeédíígíí t’aadoo le’é yina’ídílíkidgi beehaz’aanii hólo díí t’àá hazaak’ehíí háká a’dooowolgo bee ház’a doo baqh ilínígóó. Aта’ halne’igíí kojí bich’í’ hodíilínih 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 thợ dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تساعد أسألته بخصوص أوصاف العلاج المرضي، للاستفادة من خدماتنا، يرجى الاتصال ب 877-475-4799.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

**Multi-Language Interpreter Services:** (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanang, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makuasa ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 매기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le cîrîut d’ôbtînîr de l’aide et l’inîrôîînîonîî dans votre langue à aucun coût. Pour parîr à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることが可能です。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

آگر شما، یا کسی که شما به او یا کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به طور رایگان دروازه ۸۷۷-۴۷۵-۴۷۹۹ می‌توانید دریافت کنید.

Assyrian:

Blue Cross Blue Shield of Arizona بی‌کورس بلو‌شایل آریزونا، سرویس‌های خریداری خود را به زبان خود می‌توانید در دووازه ۸۷۷-۴۷۵-۴۷۹۹ دریافت کنید.

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodom, nazovite 877-475-4799.

Thai: หากคุณหรือคุณช่วยเหลือคนอื่นแบบไม่เสียค่าใช้จ่าย Blue Cross Blue Shield of Arizona คุณยังมีสิทธิ์ได้ความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่เสียค่าใช้จ่าย พอตคอมเลม์ โทร 877-475-4799.