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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COSMETIC SKIN CONDITION TREATMENTS (cont.)

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).

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
COSMETIC SKIN CONDITION TREATMENTS (cont.)

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 05/15/18. 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 04/30/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


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 atah nínlíngíí Blue Cross Blue Shield of Arizona haada yit’éego bina’ídlkidgo éi doodago Háída bíjá aníyeeëígíí t’áadoo le’é yina’ídlkidgo beehaz’áanii hólo díí t’áá hazaadk’ééii háká a’doowolgo beehaz’a doo báqí ilínígóó. Atá’ halne’ílíí kójí bíchį’ hódlíínhíi 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权利免费以您的母语得到帮助和讯息。洽询一位翻译员，拨打电话 在此插入数字 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 thể thống 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 تسامحة أسلحة بخصوصية ضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم الصلب ب 877-475-4799.
COSMETIC SKIN CONDITION TREATMENTS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuulan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuhang tulungan sa iyong wiha ng walang gastos. Upang makaasap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하의 동료가 Blue Cross Blue Shield of Arizona에 관련해서 질문이 있다면 귀하의 동료와 귀하의 연결에 비용 부담없이 연락을 수신할 수 있습니다. 그렇기 때문에, 귀하의 동료는 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 droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler 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できます。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 این کمک نیاز دارید، سوالاتی در مورد اطلاعاتی که به زبان انگلیسی در رابطه با Blue Cross Blue Shield of Arizona دارید، داریدی به تهیه نماید. و شما می‌توانید به‌طور مجازی به‌طور رایگان در 877-475-4799 تماس حاصل نمایید.

Assyrian:

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 prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือucle ของคุณมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถติดต่อเราได้ที่ 877-475-4799.