



Subject: Acne Treatment- Interventional procedures*

Effective Date: April 1, 1997

Department(s): Utilization Management

Policy: A. Non-light-related specific interventional procedures for acne vulgaris (**ICD-9 706.1**) (**IDC-10 L70.0, L70.1**) are reimbursable under Plans administered by QualCare, Inc.

B. **No form of light therapy**, including but not limited to phototherapy, actinotherapy (ultraviolet light, **CPT 96900**) photodynamic therapy (**96567**) and photochemotherapy (**96910, 96912, 96913**) for acne is reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to delineate those procedures deemed reimbursable when applied to the treatment of acne vulgaris.

Procedure:

1. The initial Evaluation and Management visit is reimbursable in addition to covered interventional procedures for acne.
2. Acne surgery is reimbursable for patients with severe acne, including but not limited to those with cystic acne, nodular acne, acne conglobata, and/or pyoderma faciale
3. The following procedures are reimbursable when performed for acne, with the applicability of modifier-25 when billed with an Evaluation and Management Service:

- **CPT 17340** (cryotherapy)
- **CPT 11900** or **11901** (intralesional injection)
- **CPT 10040** (acne surgery with marsupialization, opening, or removal of milia, comedones, cysts or pustules)

4. The following procedures are **NOT** reimbursable as they are considered cosmetic, even when performed for acne vulgaris:

- **CPT 17360, 15788, 15789, 15792, 15793** (chemical exfoliation and other peels)
- **CPT 15780, 15781, 15782, 15783, 15786, 15787** (dermabrasion)
- **CPT 15810, 15811** (salabrasion)
- **CPT 11950, 11951, 11952, 11954** (subcutaneous injection of filling material)

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.