

Medical Coverage Policy



Laser Treatment of Acne

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	6/3/2009	Policy Last Updated:	3/20/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Note: This policy addresses only laser treatment of acne.

Description:

Acne is a very common disorder of the pilosebaceous follicles that primarily affects adolescents and young adults and may be classified as inflammatory or non-inflammatory. Acne is characterized by comedones (blackheads), nodules, and eruptions of papules, pustules, and nodulocystic lesions. Lesions are found in areas with the greatest concentration of sebaceous glands, i.e., the face, neck, and upper part of the trunk. The four causal factors of acne are androgen-mediated sebaceous gland hyperplasia and excess sebum production; abnormal follicular keratinization, which results in plugging of the follicles, and comedo formation; proliferation of propionibacterium acnes (*P. acnes*); and inflammation resulting from the chemoattractant and proinflammatory by-products of *P. acnes* . Genetic factors, diet, and stress may also contribute to the development and severity of acne.

Pulsed dye lasers have been investigated for the treatment of active inflammatory acne. Laser therapy at various irradiation levels or fluences (e.g., low- and mid-level irradiation lasers and long-pulse diode lasers) have been used to destroy active acne lesions and enlarged sebaceous glands. Lasers are believed to improve active acne lesions by reducing the presence of *P. acnes*, which contain porphyrins that are destroyed by exposure to light of specific wavelengths (i.e., blue light of 405–420 nm). Lasers may also have anti-inflammatory effects (i.e., red light of 660 nm) that may improve active acne. Low fluence pulsed dye lasers are less ablative and purpuric and may be preferred in active acne treatment to limit tissue damage and potential treatment-related scarring.

Review of literature on the use of various lasers and other light sources for the treatment of acne have shown that topical and systemic treatments (e.g., retinoids, antimicrobials, and antibiotics) have been documented to be beneficial (up to 90% improvement) for the treatment of acne. The available literature provides very limited data (small series with varying techniques) for this technology, it is still considered investigational.

Medical Criteria:

Not applicable.

Policy:

Laser treatment of acne is a surgical service that is not treating a functional disorder and therefore is a contract exclusion.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage or subscriber agreement for applicable "contract exclusion."

Codes:

There is no CPT code for this service. The appropriate unlisted code should be reported for the laser treatment of acne according to the American Academy of Dermatology.

Related Topics:

Cosmetic Services policy

Published:

Policy Update, Jul 2008

Provider Update, Aug 2009

Provider Update, Jan 2011

Provider Update, July 2011

Provider Update, May 2012

References:

Blue Cross Association: Policy 2.01.69; Laser Treatment of Active Acne. Reviewed with literature search/June 2008. retrieved 4/29/09
http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=20169

Orringer, JS et al. JAMA. 2004;291:2834-2839. Treatment of Acne Vulgaris With a Pulsed Dye Laser: A Randomized Controlled Trial. Retrieved 4/30/09 <http://jama.ama-assn.org/cgi/content/full/291/23/2834>

Orringer JS et al. A randomized, controlled, split-face clinical trial of 1320-nm Nd:YAG laser therapy in the treatment of acne vulgaris. *J Am Acad Dermatol* 2007 Mar; 56:432-8. retrieved 4/30/09 <http://dermatology.jwatch.org/cgi/content/full/2007/406/1#>

Friedman PM et al. Treatment of inflammatory facial acne vulgaris with the 1450-nm diode laser: A pilot study. *Dermatol Surg* 2004 Feb; 30:147-51.
<http://dermatology.jwatch.org/cgi/content/full/2004/511/1>

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