



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Dermatology Services**

Cosmetic vs Medical for the following:

- Alopecia, Keloids, Laser Treatments, Benign Lesions
- Broad Band UVB Therapy
- Excimer Laser for Vitiligo
- Home Narrow Band UVB Therapy for Psoriasis
- Narrow Band UVB Therapy
- PUVA Therapy
- UV Lights

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**Criteria
For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Laser Procedures (140.5) Treatment of Psoriasis (250.1) Treatment of Actinic Keratosis (AKs) (250.4) Durable Medical Equipment Reference List (280.1) --(for home phototherapy requests outside of psoriasis diagnosis please defer to Kaiser Permanente Medical Policy below)
Local Coverage Determinations (LCD)	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979) Plastic Surgery (L37020) Mohs Micrographic Surgery (L35704)
Local Coverage Article	Local Coverage Article: Additional Information Required for coverage and pricing for Category III CPT® Codes A55681-RETIRED 06/30/2020 Noridian retired Local Coverage Article (LCA A55681) . These services still need to meet medical necessity as outlined in the LCA and will require review. LCAs are retired due to lack of evidence of current problems, or in some cases because the material is addressed by a National Coverage Decision (NCD), a coverage provision in a CMS interpretative manual or an LCD. Most LCAs are not retired because they are incorrect. The criteria should be still referenced when making an initial decision. However, if the decision is appealed, the retired LCD cannot be specifically referenced. Maximus instead looks for "medical judgment" which could be based on Kaiser Permanente commercial criteria or literature search. includes CPT 0479T, 0480T

Kaiser Permanente Medical Policy	<p>For phototherapy requests other than Psoriasis (see above) such as Eczema 96900, 96910, as well as other dermatological conditions:</p> <p>Due to the absence of a NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, for in office or home UVB Phototherapy use Phototherapy, Skin (KP-0255 v2) MCG for medical necessity determinations.</p>
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For Non-Medicare Members

- 1) The following treatments are considered cosmetic and are therefore not covered:
 - a) Botulinum injections for treatment of wrinkles and facial imperfections (for covered indications for botulinum injections see the pharmacy prior authorization criteria)
 - b) Tattoo removal (CPT 15783)
 - c) Laser treatment of pigmented lesions, rosacea, superficial leg and face veins, cherry angiomas, telangiectasias, spider angiomas, or spider veins/venous ectasias
 - d) Chemical peel (CPT 15788, 15789, 15792, 15793, 17360)
 - e) Micro-dermabrasion (No codes specific for this service)
 - f) Dermabrasion (CPT 15780, 15781, 15782, 15783, 15786)
 - g) Acne scar repair (CPT 15780)
 - h) Tattooing, depigmentation, and melanocyte transplant for vitiligo

- 2) The following treatments are covered and are not considered cosmetic when conditions are met:
 - a) **Alopecia treatment** when the alopecia results from **ONE of the following**:
 - Infection (treatment is for the infection)
 - Autoimmune disorder
 - Discoid lupus
 - Low iron stores
 - Folliculitis decalvans

Laser treatment services described in 2b no longer require medical necessity review (CPT: 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, and 17250)
 - b) **Laser treatment for ONE of the following**:
 - Port wine stain on head or neck
 - Telangiectasias scarring when caused by removal of skin cancer or radiation therapy
 - Facial angiofibroma secondary to tuberous sclerosis
 - Vascular lesions with history of spontaneous bleeding as documented in the patient's medical record
 - Actinic Keratoses (AK) for chemo sensitive agents
 - c) **Excimer Laser** (CPT code 96920, 96921, 96922) is covered when **ALL of the following** are met:
 1. Member must have **ONE of the following** conditions:
 - a. Vitiligo: vitiligo on the face, neck or hands.
 - b. Psoriasis: scalp, face, neck or hands
 2. There must be documentation of the failure of medical management with topical therapy
 - d) **Scar/keloid revision**: Kaiser Permanente has elected to use the Scar Revisions (KP-0495) MCG* for medical necessity determinations.
 - e) **Fractional Laser for burns and traumatic scars**: *Currently not covered due to lack of efficacy per the published medical literature (0479T, 0480T).*
 - f) Removal of **benign skin lesions** (seborrheic keratoses, skin tags, milia, molluscum contagiosum, sebaceous (epidermoid) cysts, moles (nevi), acquired hyperkeratosis (keratoderma) and viral warts) are medically necessary and not cosmetic and are covered when **ONE or more of the following** criteria are met:
 1. The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesion appearance (non-responsive to conventional treatment or change in appearance).
 2. The lesion has **ONE or more of the following** characteristics:

- Bleeding
 - Intense itching
 - Pain
 - Has physical evidence of inflammation (purulence, oozing, edema, erythema, etc.)
 - Clinically restricts an orifice or vision
 - Is in an anatomical region subject to recurrent physical trauma and there is documentation of resulting pain, itching, or bleeding
- g) **Laser/intense pulse light treatment** is covered for hair removal when the excess hair is a result of a documented endocrine abnormality confirmed by blood test. (commonly submitted with CPT 17999)
- h) **PUVA:** Kaiser Permanente has elected to use the Skin Phototherapy (PUVA) (KP-0253) MCG* for medical necessity determinations. CPT code 96912, 96913
- i) **UVB:** Kaiser Permanente has elected to use the Phototherapy, Skin (KP-0255 v2) MCG* for medical necessity determinations. CPT code 96900, 96910
- j) **Home narrowband UVB phototherapy** is covered for qualifying conditions per Phototherapy, Skin (KP-0255 v2) MCG* when:
- The member has durable medical equipment coverage
 - The light is ordered by a dermatology provider
 - Home phototherapy requires initial support/teaching for frequency, dose of treatment to avoid over or undertreatment as well as follow up on a regular basis to ensure correct treatment, as arranged by the ordering provider

Related criteria:

[Electronic Brachytherapy for non-melanoma skin cancer](#)
[Dermal Fillers for Facial Lipoatrophy](#)

* **MCG Manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist (dermatology, surgery notes)

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage

Background

Dermatology services include a wide array of therapies. Some therapies are purely cosmetic, others are considered from a benefits standpoint to be "medically necessary" and relate to function and/or have an impact on an individual's physical, social and/or mental well-being.

The purpose of expanding the criteria set is to distinguish between dermatology services that are considered purely cosmetic versus those which are seen as medically necessary and are covered in part or whole. The creation of the criteria set incorporated what was previously found in coverage policy and other reference documents.

Medical Technology Assessment Committee (MTAC)

Home Narrowband UVB Phototherapy

BACKGROUND

Psoriasis is a chronic skin disease that affects 1-3% of the population. With psoriasis, the life cycle of skin cells is

shortened from about a month to a few days. Consequently, cells build up rapidly on the outer layer of skin, forming thick erythematous plaques that are often pruritic. (Mayoclinic.com; BMJ clinical evidence). Treatments for psoriasis include: 1) self-care: baths, avoidance of alcohol, moisturizer; 2) topical medications: corticosteroids, vitamin D analogues, anthralin, retinoids; 3) oral medications: retinoids, methotrexate, azathioprine, cyclosporin, immunomodulator drugs (biologics); 4) phototherapy; 5) combination therapy e.g. phototherapy and oral medications. The biologic Etanercept is current covered by GHC for patients with extensive, severe psoriasis who meet the following criteria: failed topical treatments, failed at least one systemic agent (e.g. methotrexate), and failed a 12-week course of phototherapy. Phototherapy is one of the more commonly used treatments for psoriasis. The rationale behind phototherapy is that it causes photochemical reactions of endogenous absorbing molecules resulting in reduction of DNA synthesis that leads to a treatment effect. The therapy was first proposed in the 1920s by Dr. Goeckerman at the Mayo clinic who found a beneficial effect of natural sunlight in combination with coal tar. In the 1970s, it was shown that broadband ultraviolet B (UVB) radiation alone could treat milder clinical forms of psoriasis. After experimentation with different wavelengths, it was found that wavelengths between 311-313 nm were best at balancing the clearing of psoriasis while at the same time minimizing the adverse effect of erythema. The first well-designed lamp that emitted narrow-band radiation at 311-313 nm, the Phillips TL-01 fluorescent lamp, was introduced in 1984 (Kist, 2005; Honigsmann, 2001). The main treatment-limiting side effect of narrowband UVB is erythema, reported by 10-94% of patients depending on treatment regimen and definition of erythema. Other short-term side effects include dry skin with pruritis, blistering, and increased frequency of recurrent herpes simplex outbreaks. Long-term side effects, as with other types of phototherapy, include photo ageing and skin cancer. However, the incidence of skin cancer in patients with psoriasis treated with narrowband UVB is not well known (Kist et al., 2005, Naldi et al., 2005). The recommended initial treatment dose of narrowband UVB is 50-80% of a patient's minimal erythema dose (MED), established through phototesting. This is followed by increases of 10-40%, depending on the aggressiveness of the treatment and the patient's response (Kist, 2005; Honigsmann, 2001). The American Academy of Dermatology guidelines recommend giving up to 20-25 treatments of narrowband UVB, 2-3 times a week (Menter et al., 2008).

10/06/2008: MTAC REVIEW

Home Narrowband UVB Phototherapy

Evidence Conclusion: There is insufficient evidence to draw conclusions about the safety and effectiveness of home narrowband UV-B phototherapy for patients with psoriasis. There are no published randomized or non-randomized trials that use modern home phototherapy equipment. Findings from an RCT are expected to be published within the next 3-6 months.

Articles: A 2006 review article (Koek et al., 2006) on home ultraviolet B phototherapy for psoriasis identified 7 empirical clinical studies, 5 of which were published in English. 3 of the 5 studies in English were published between 1979-1983, before the introduction of the Phillips TL-01 fluorescent lamp. Thus, they did not use currently available phototherapy technology. Both of the more recent studies (Cameron et al., 2002; Feldman et al., 1996) were case series with fewer than 25 patients. One of the 3 older studies (Paul et al., 1983) had a comparison group, the others were case series. The Paul et al. study, which included 40 patients, compared the efficacy of a Metec-Helarium unit emitting low-intensity selective UV phototherapy (LISUP) at home to 3 times/week in-office UVB therapy. In-office UVB therapy was found to be more effective than home LISUP treatment; 90% (18/20) of patients in the UV-B group experienced clearing of psoriasis compared to 40% (8/20) of patients in the home LISUP group. No additional completed studies were identified that compared home UVB phototherapy to in-office UVB phototherapy or to a different type of treatment. A published protocol for an RCT was identified (Koek et al., 2006). This trial, called the PLUTO study, is a multi-center trial comparing home UVB treatment to in-center UV-B phototherapy in 196 patients with psoriasis. The home phototherapy treatments is Waldmann UV-100 unites with TL-01 lamps. According to the lead author (personal communication), a manuscript on the study outcomes is currently under review by the BMJ.

The use of Home narrowband UVB phototherapy in the treatment of psoriasis does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

10/05/2009: MTAC REVIEW

Home Narrowband UVB Phototherapy

Evidence Conclusion: PLUTO study (Koek 2009) on home versus outpatient ultraviolet B phototherapy for psoriasis randomized 196 patients (in the Netherlands) with mild to severe psoriasis and clinically eligible for narrowband ultraviolet B phototherapy, to receive the treatment at home or in an outpatient setting. The trial had valid methodology and design as a noninferiority study. The patients and providers were not blinded, however assessment of the severity of and extent of the disease were evaluated by an independent research nurse blinded to the treatment arms. The results of the trial indicate that home phototherapy was not inferior to that provided in outpatient department, mainly for the self-administered psoriasis area and severity index (SAPASI) 50, 75, and 90 (i.e. proportion of patients achieving at least 50%, 75%, or 90% decline of baseline SAPASI at the end of therapy) as well as the psoriasis area and severity index (PASI) 90. However, the possible inferiority of home ultraviolet phototherapy to that provided in an outpatient setting,

could not be entirely excluded for the primary outcome of PASI 50, or PASI 75, as the lower limits of the 95% confidence intervals were slightly lower than -15% preset noninferiority margin. The differences observed in SAPASI and PASI results may indicate a bias in the patient's self-assessment. The results of the trial also showed that patients in the home therapy group had a significantly higher mean number of irradiations, but an insignificantly higher cumulative dose at the end of therapy. 87% of the all participants had at least one occurrence of mild erythema, 58% a burning sensation, and 39% severe erythema with no significant differences between the two study groups. No significant differences were observed in the disease specific or generic quality of life among patients treated on outpatient setting or at home. The home therapy however, was associated with a lower burden of treatment and greater patient satisfaction.

Articles: A study on home versus outpatient ultraviolet B phototherapy for psoriasis was recently published in *BMJ* in 2009. Koek MB, Buskens E, vanWeelden H, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicenter randomized controlled non-inferiority trial (PLUTO study). *BMJ* 2009; 338: b1542 doi10.1136/bmj. b1542

The use of Home narrowband UVB phototherapy in the treatment of psoriasis does meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

Hayes Technology Assessment

Fractional carbon dioxide (CO₂) and erbium-doped yttrium aluminum garnet (Er:YAG) lasers are commonly used for treatment of excessive scarring. Laser therapy may be used to improve erythema, texture, pliability, and pain associated with burn and traumatic scars. Fractional laser ablation refers to the process in which a laser beam is split into hundreds of microbeams, which create small thermal injuries to the skin. It is believed that the injury caused by laser induces collagen formation and tissue remodeling. As opposed to ablative lasers, nonablative lasers induce coagulation only and do not cause epidermal injury and tissue vaporization.

Conclusion

An overall very-low-quality body of evidence is insufficient to draw regarding the efficacy and safety of CO₂ fractional laser ablation or Er:YAG fractional treatment of burn or traumatic scars for functional improvement. Although most of the reviewed studies reported improved scar pliability following fractional laser treatment, this represents a surrogate outcome that does not directly address the primary Key Question. There is a large body of evidence on fractional laser ablation of hypertrophic scars and keloids; however, it primarily addresses cosmetic outcomes. The literature evaluating the impact of fractional laser treatment on functional outcomes is wholly comprised of case reports, which only supply anecdotal information. Large, well-designed trials of fractional laser treatment that directly address improvement of functional outcomes associated with scarring as a result of burns or trauma are needed.

Hayes Rating: D² --Insufficient Evidence: For carbon dioxide (CO₂) fractional laser ablation for functional improvement related to burn or traumatic scars. D² --Insufficient Evidence: For Erbium-doped yttrium platinum garnet (Er:YAG) fractional laser treatment for functional improvement related to burn or traumatic scars.

Hayes. Hayes Technology Assessment. *Fractional Laser Treatment of Burn and Traumatic Scars for Functional Improvement*. Dallas, TX: Hayes; May 11, 2021. Retrieved February 03, 2023, from <https://evidence.hayesinc.com/report/htb.fractionallaser4442>

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met (unless otherwise noted):

Alopecia Treatment

CPT® or HCPC Codes	Description
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
With Diagnosis Codes	
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis

L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia
L64.8	Drug-induced androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified

Benign Skin Lesions

CPT® or HCPC Codes	Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
14446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair

11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
With Diagnosis Code	
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis

Excimer Laser (Vitiligo & Psoriasis)

CPT® or HCPC Codes	Description
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

Home Narrowband UVB Phototherapy

*Note: Code E0691 can be ordered more than once (e.g., scalp and hand/foot device) or billed with codes E0692-E0694.

CPT® or HCPC Codes	Description
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each

Fractional Laser for burns and traumatic scars

Medicare – Considered not medically necessary

Non-Medicare – Considered not medically necessary

CPT® or HCPC Codes	Description
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)

Laser/Intense Pulse Light Treatment for hair removal

CPT® or HCPC Codes	Description
No specific codes – commonly submitted with CPT code 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue	

PUVA

CPT® or HCPC Codes	Description

96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Scar/Keloid Revision

CPT® or HCPC Codes	Description
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
23921	Disarticulation of shoulder; secondary closure or scar revision
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24925	Amputation, arm through humerus; secondary closure or scar revision
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	Disarticulation through wrist; secondary closure or scar revision
25929	Transmetacarpal amputation; secondary closure or scar revision
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
31830	Revision of tracheostomy scar
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
With Diagnosis Codes	
L73.0	Acne keloid
L91.0	Hypertrophic scar
L90.5	Scar conditions and fibrosis of skin

UVA

CPT® or HCPC Codes	Description
96900	Actinotherapy (ultraviolet light)
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

Considered not medically necessary:
Botulinum Injections

CPT® or HCPC Codes	Description
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	Chemodenervation of parotid and submandibular salivary glands, bilateral
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles

Tattoo Removal

CPT® or HCPC Codes	Description
15783	Dermabrasion; superficial, any site (eg, tattoo removal)

Chemical Peel

CPT® or HCPC Codes	Description
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
17360	Chemical exfoliation for acne (eg, acne paste, acid)

Micro-dermabrasion

CPT® or HCPC Codes	Description
No Specific Codes	

Dermabrasion

CPT® or HCPC Codes	Description
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)

Tattooing, Depigmentation, and Melanocyte Transplant for Vitiligo

CPT® or HCPC Codes	Description
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No specific codes

Acne Scar Repair

CPT® or HCPC Codes	Description
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
With Diagnosis Code	
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne
L70.5	Acne excoriee
L70.8	Other acne
L70.9	Acne, unspecified

Medical Necessity Review not required:**Laser treatment (described in 2b):**

CPT® or HCPC Codes	Description
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (ie, proud flesh)

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Dates Reviewed	Date Revised
07/25/2002	12/07/2010 ^{MDCRPC} , 02/10/2011 ^{MDCRPC} , 12/06/2011 ^{MDCRPC} , 10/02/2012 ^{MDCRPC} , 07/02/2013 ^{MDCRPC} , 08/06/2013 ^{MPC} , 06/03/2014 ^{MPC} , 02/03/2015 ^{MPC} , 09/01/2015 ^{MPC} , 07/05/2016 ^{MPC} , 05/02/2017 ^{MPC} , 03/06/2018 ^{MPC} , 03/05/2019 ^{MPC} , 03/03/2020 ^{MPC} , 03/02/2021 ^{MPC} , 03/01/2022 ^{MPC} , 03/07/2023 ^{MPC} , 03/12/2024 ^{MPC}	04/18/2023

^{MDCRPC} Medical Director Clinical Review and Policy Committee
^{MPC} Medical Policy Committee

Review History	Description
05/21/2015	Added CPT codes
09/01/2015	Excimer Laser: added scalp psoriasis as indication
02/02/2016	Home UVB Phototherapy: Add psoriasis as a covered indication
08/02/2016	Home UVB Phototherapy: Add diagnosis of eczema will be reviewed on a case-by-case basis
12/19/2017	Added Plastic Surgery LCD (L37020)
06/17/2019	Added Eczema as an indication to Home Narrowband UVB phototherapy
08/06/2019	Minor changes were made to benign skin lesions criteria to allow removal of warts
12/01/2020	MPC approved to adopt updates to the existing hybrid Phototherapy, Skin criteria, KP-0255, to expand coverage for additional indications including Granuloma annulare and Pityriasis lichenoides chronica for in-office and home phototherapy. Members must have durable equipment coverage and requires initial support/teaching by the ordering provider for home phototherapy. Requires 60-day notice, effective date 05/01/2021.
04/28/2021	Added diagnosis codes covered by Medicare for home phototherapy; removed retired LCD L35008
05/04/2021	Laser treatment services described in 2b in criteria above, and represented by CPT codes: 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, and 17250, will no longer require medical necessity review. Requires 60-day notice, effective date October 1, 2021.
03/01/2022	Updated applicable codes.
10/28/2022	Updated Medicare Policy to defer to KP Non-Medicare criteria for phototherapy for skin conditions other than psoriasis.
11/01/2022	Updated Medicare Policy to defer to KP non-Medicare criteria for phototherapy for all skin conditions including home UVB.
02/07/2023	Clarified criteria for Fractional Laser Treatment of Burn and Traumatic Scars for Functional Improvement. Added Hayes Technology Assessment dated May 11, 2021, to references.
04/18/2023	Added retired Medicare Retired Local Coverage Article A55681 for supporting documentation