

## **CHEMICAL PEEL PROCEDURES & SERVICES FOR SKIN-RELATED CONDITIONS**

**A chemical peel is a minimally invasive procedure that uses various chemical and other means to improve the appearance of the skin by removing the top layers of skin cells.**

**VCHCP approves only medically necessary procedures (see below)**

Chemical peels of any type are considered cosmetic and *not* medically necessary when performed in the absence of a significant impairment in the superficial layers of the skin and are intended to change a physical appearance that would be considered within normal human anatomic variation. Examples include, but are not limited to treatment of photoaged skin, wrinkles, acne scarring or uneven epidermal pigmentation, ephelides (freckles), enlarged pores, rhytides (fine lines), pseudofolliculitis barbae (razor bumps), sebaceous keratosis, striae distensae (stretch marks), melasma, lentigines or liver spots.

### **SCOPE:**

This policy addresses the medically necessary versus cosmetic uses of chemical peel in the treatment of skin-related conditions.

This document does not address gender dysphoria related procedures. Criteria for gender dysphoria related procedures are found in the WPATH guideline used by the Plan. These are considered on a case-by-case basis.

**Medically Necessary:** Procedures are considered medically necessary if there is a significant impairment to the skin and the procedure can be reasonably expected to improve such impairment.

VCHCP does not approve procedures for cosmetic purposes. Procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those that are primarily intended to preserve or improve appearance.

### **POLICY:**

Chemical peels are considered medically necessary when used to treat individuals

1. With active moderate to severe acne that has failed to respond to ~~trial~~ topical and/or oral antibiotic acne therapy. [add a time frame, e.g. six months of....]

**Chemical Peel Procedures and Services for Skin-Related Conditions**

Effective Date: 10/17/24  
 Created by: Dr. Howard Taekman  
 Reviewed/No Updates: 2/20/25  
 Reviewed/Updated:

- If medium or deep chemical peels for 10 or more adjacent actinic keratosis or other superficial pre-malignant skin lesions ~~that~~ have failed to respond to other procedures, such as topical retinoid treatment, topical chemotherapeutic agents, or cryotherapy.

**NOTE:** Chemical peels may be contraindicated in the presence of rosacea, active infection, Fitzpatrick skin types III to VI, History of allergic reaction to the peeling agent, open lacerations and wounds in the area of the peel.

**REFERENCES:**

- Obagi, S. Chemical Peels: Principles, peeling agents, and pre-treatment assessment. Up-To-Date, March 2024. Retrieved October 9, 2024 from [https://www.uptodate.com/contents/chemical-peels-principles-peeling-agents-and-pretreatment-assessment?search=chemical%20peel&source=search\\_result&selectedTitle=1%7E27&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/chemical-peels-principles-peeling-agents-and-pretreatment-assessment?search=chemical%20peel&source=search_result&selectedTitle=1%7E27&usage_type=default&display_rank=1)
- Samargandy, S., Raggio, B. Chemical Peels for Skin Resurfacing. National Library of Medicine, October 2023. Retrieved October 10, 2024 from <https://www.ncbi.nlm.nih.gov/books/NBK547752/>

**A. Attachments: None**

**B. History:**

Policy Created by: Howard Taekman, MD; Robert Sterling, MD; Faustine Delacruz, RN; Gia Zabala, RN; Jennylyn Regacho, RN  
 Committee Review: UM: February 20, 2025; QAC: February 25, 2025

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
10/10/24	No	Howard Taekman, MD; Robert Sterling, MD; Faustine Delacruz, RN; Gia Zabala, RN; Jennylyn Regacho, RN	NEW
2/20/25	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review