

Corporate Medical Policy

Non-Pharmacologic Treatment of Rosacea

File Name: non-pharmacologic_treatment_of_rosacea
Origination: 8/2005
Last Review: 9/2024

Description of Procedure or Service

Rosacea is a chronic, inflammatory skin condition characterized by episodic erythema, edema, papules, pustules, and telangiectasia that occur primarily on the face but may also be present on the scalp, ears, neck, chest, and back. On occasion, rosacea may affect the eyes. Individuals with rosacea have a tendency to flush or blush easily. Since rosacea causes facial swelling and redness, it is easily confused with other skin conditions, such as acne, skin allergy, and sunburn.

Rosacea affects mostly adults with fair skin between the ages of 20 and 60. Rosacea is not life-threatening, but if not treated, may lead to persistent erythema, telangiectasias, and rhinophyma (hyperplasia and nodular swelling and congestion of the skin of the nose). The etiology and pathogenesis of rosacea is unknown, but may be due to both genetic and environmental factors. Some of the theories as to the causes of rosacea include blood vessel disorders, chronic helicobacter pylori infection, demodex folliculorum (mites), and immune system disorders.

While the clinical manifestations of rosacea do not usually impact the physical health status of the individual, there may be psychological consequences from the most visually apparent symptoms (i.e., erythema, papules, pustules, telangiectasias) that can impact quality of life. Rhinophyma, an end-stage of chronic acne, has been associated with obstruction of nasal passages and basal cell carcinoma in rare, severe cases. The probability of developing nasal obstruction or basal or squamous cell carcinoma with rosacea is not sufficiently great to warrant preventive removal of rhinophymatous tissue.

While rosacea cannot be cured, treatment can be effective to relieve its signs and symptoms. Treatment may include oral and topical antibiotics, isotretinoin, beta-blockers, alpha₂-adrenergic agonists (e.g., oxymetazoline, clonidine), and anti-inflammatories. Individuals are also instructed on various self-care measures such as avoiding skin irritants and dietary items thought to exacerbate acute flare-ups. To reduce visible blood vessels, treat rhinophyma, reduce redness, and improve appearance, various techniques have been used such as laser and light therapy, dermabrasion, chemical peels, surgical debulking and electrosurgery. The various lasers used include low-powered electrical devices and vascular light lasers to remove telangiectasias, CO₂ lasers to remove unwanted tissue from rhinophyma and reshape the nose, and intense pulsed lights that generate multiple wavelengths to treat a broader spectrum of tissue.

Regulatory Status

Several laser and light therapy systems have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process for various dermatologic indications, including rosacea. For example, rosacea is among the indications for:

- Vbeam laser system (Candela)
- Stellar M22™ laser system (Lumenis)
- excel VT®, excel V®, and xeo® laser systems (Cutera)
- Harmony® XL multi-application platform laser device (Alma Lasers, Israel)

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- UV-300 Pulsed Light Therapy System (New Star Lasers)
- CoolTouch® PRIMA Pulsed Light Therapy System (New Star Lasers).

Related Policies:

Cosmetic and Reconstructive Surgery

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Non-pharmacologic treatment of rosacea is considered investigational. BCBSNC does not cover investigational services.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Non-Pharmacologic Treatment of Rosacea is covered

Not Applicable

When Non-Pharmacologic Treatment of Rosacea is not covered

Non-pharmacologic treatment of rosacea, including but not limited to laser and light therapy, dermabrasion, chemical peels, surgical debulking and electro-surgery is considered investigational. BCBSNC does not cover investigational services.

Policy Guidelines

For individuals who have rosacea who receive nonpharmacologic treatment (eg, laser therapy, light therapy, dermabrasion), the evidence includes several small randomized, split-face design trials. The relevant outcomes are symptoms, change in disease status, and treatment-related morbidity. The randomized controlled trials evaluated laser and light therapy. No trials assessing other nonpharmacologic treatments were identified. None of the randomized controlled trials included a comparison group of individuals receiving a placebo or pharmacologic treatment; therefore, these trials do not offer evidence on the efficacy of laser or light treatment compared with alternative treatments. There is a need for randomized controlled trials that compare nonpharmacologic treatments with placebo controls and with pharmacologic treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.

The National Institutes for Health and Care Excellence (2017) published online pathways addressing skin damage and skin conditions. Pathways provide guidance on the use of topical agents to manage rosacea. There are no pathways, guidance, or recommendations on nonpharmacologic treatments for rosacea.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative

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Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 17106, 17107, 17108, 30117, 30118

ICD-10 diagnosis codes: L71.0, L71.1, L71.8, L71.9

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 11/9/04.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/14/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/12/06.

Specialty Matched Consultant Advisory Panel review - 4/27/07.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 4/9/08.

Specialty Matched Consultant Advisory Panel review - 5/2009.

National Institutes of Health (NIH). Combination Therapy for the Treatment of Rosacea. Clinical Trial #NCT 00945373. Retrieved on December 10, 2010 from <http://clinicaltrials.gov/ct2/show/study/NCT00945373?view=results>

BCBSA Medical Policy Reference Manual [Electronic version]. 2.01.71, 12/9/10

Specialty Matched Consultant Advisory Panel review 1/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/8/11

Van Zuuren EJ, Kramer S, Carter B et al. Interventions for rosacea. Cochrane Database Syst Rev 2011; (3):CD003262.

Specialty Matched Consultant Advisory Panel review 1/2012

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/13/12

Specialty Matched Consultant Advisory Panel review 1/2013

Shim TN, Abdullah A. The effect of pulsed dye laser on the dermatology life quality index in erythematotelangiectatic rosacea patients: an assessment. J Clin Aesthet Dermatol 2013; 6(4):30-2.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/12/13

Specialty Matched Consultant Advisory Panel review 1/2014

Medical Director review 1/2014

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BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/11/14
Specialty Matched Consultant Advisory Panel review 1/2015
Medical Director review 1/2015

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/10/15
Specialty Matched Consultant Advisory Panel review 1/2016
Medical Director review 1/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/08/2016
BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/14/2017
BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/13/2018

National Institutes for Health and Care Excellence (NICE). Skin conditions overview. 2017;
<https://pathways.nice.org.uk/pathways/skin-conditions>. Accessed September, 6, 2019.

Specialty Matched Consultant Advisory Panel review 10/2020

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 12/12/2019
Specialty Matched Consultant Advisory Panel review 10/2021
Medical Director Review 10/2021

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.71, 01/2021
Specialty Matched Consultant Advisory Panel review 9/2022
Medical Director Review 9/2022

Specialty Matched Consultant Advisory Panel review 9/2023
Medical Director Review 9/2023

Specialty Matched Consultant Advisory Panel review 9/2024
Medical Director Review 9/2024

Policy Implementation/Update Information

11/17/05 Notification of new policy. BCBSNC will not provide coverage for non-pharmacologic treatment of rosacea, including but not limited to laser and light therapy, dermabrasion, chemical peels, surgical debulking and electrosurgery. These services are considered investigational and BCBSNC does not cover investigational services. Notification given 11/17/05. Effective date, 1/19/06.

5/21/07 Reference sources added. No changes to criteria. (pmo)

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- 6/22/09 Reference sources added. No changes to criteria. (pmo)
- 6/22/10 Policy Number(s) removed (amw)
- 9/28/10 Added Diagnosis code 695.3 to “Billing/Coding” section. (mco)
- 2/15/11 Removed CPT codes 17000, 17003 and 17004 from policy. Specialty Matched Consultant Advisory Panel review 1/2011. References updated. (mco)
- 2/7/12 Specialty Matched Consultant Advisory Panel review 1/2012. References updated. Policy Guidelines updated. (mco)
- 2/12/13 References updated. Added “Related Policies” to Description section. Specialty Matched Consultant Advisory Panel review 1/2013. (mco)
- 7/1/13 ICD-10 diagnosis codes added to “Billing/Coding” section. (mco)
- 2/11/14 Specialty Matched Consultant Advisory Panel review 1/2014. References updated. Description section updated. Medical Director review 1/2014.No changes to Policy Statement. (mco)
- 6/10/14 Removed the ICD-10 effective date from the Billing/Coding section. (mco)
- 2/24/15 Specialty Matched Consultant Advisory Panel review 1/2015. References updated. Description section updated. Medical Director review 1/2015. Policy Statements remain unchanged. (td)
- 2/29/16 Billing/Coding section revised to remove ICD-9 codes. Policy Guidelines section revised. References updated. Specialty Matched Consultant Advisory Panel review 1/27/2016. Medical Director review 1/2016. (td)
- 12/30/16 Minor change in description section. Specialty Matched Consultant Advisory Panel review 11/30/2016. No change to policy statement. (an)
- 12/15/17 Policy Guidelines updated. Reference Added. Deleted ICD9 code from Billing/Coding section. Specialty Matched Consultant Advisory Panel review 11/29/2017. No change to policy statement. (an)
- 11/9/18 Reference Added. Specialty Matched Consultant Advisory Panel review 10/24/2018. No change to policy statement. (an)
- 10/29/19 Policy Guidelines and References updated. Specialty Matched Consultant Advisory Panel review 10/16/2019. No change to policy statement. (eel)
- 11/10/20 References updated. Specialty Matched Consultant Advisory Panel review 10/21/2020. No change to policy statement. (eel)
- 11/2/21 References updated. Description updated to remove related policy Light Therapy for Dermatologic Conditions – policy archived 2/2021. Specialty Matched Consultant Advisory Panel review 10/2021. Medical Direction review 10/2021. No change to policy statement. (tt)
- 10/18/22 Description and references updated. Specialty Matched Consultant Advisory Panel review 9/2022. No change to policy statement. Medical Director review 9/2022. (tt)

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- 9/29/23 Regulatory status and references updated. Specialty Matched Consultant Advisory Panel review 9/2023. No change to policy statement. Medical Director review 9/2023. (tt)
- 10/16/24 Regulatory status and references updated. Updated “patient” to “individual” throughout the policy. Specialty Matched Consultant Advisory Panel review 9/2024. No change to policy statement. Medical Director review 9/2024. (tt)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.