Medical Coverage Policy

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Coverage Policy Number 0482

Rosacea Procedures

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Related Coverage Resources

Acne, Topical
Dermabrasion and Chemical Peels
Topical Alpha Adrenergic Agonists

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses treatments for rosacea including rhinophyma.

Coverage Policy

Coverage for the treatment of rosacea varies across plans. Please refer to the customer's benefit plan document for coverage details.

Please refer to the applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for rosacea medications.

If coverage for treatment of rosacea is available, the following conditions of coverage apply.

Surgical excision and skin grafting/flap surgery for the treatment of advanced nodular rhinophyma is considered medically necessary when the rhinophyma is documented to be causing a functional impairment (e.g., airway obstruction) AND frontal, lateral, and worm's eye photographs document the condition.

The treatment of the untoward cosmetic effects associated with rosacea (e.g., telangiectasia, erythema) is considered cosmetic in nature and not medically necessary. Rosacea treatments that are considered cosmetic in nature and not medically necessary include, but are not limited to:

- chemical peels of any type
- dermabrasion
- intense pulsed light (IPL)
- laser therapy (e.g., pulsed dye)

General Background

Rosacea is a chronic disorder affecting the facial skin and is associated with blushing. Rosacea develops slowly, starting with redness around the cheeks and worsening to additional symptoms and affecting other parts of the face. Adults, starting at 40–50 years of age, are most often affected, especially fair-skinned people. In general, treatment of rosacea is aimed at improving the untoward cosmetic effects associated with the condition of the condition. Surgery may be indicated in a selected subset of individuals with advanced nodular rhinophyma when the condition is causing a significant functional impairment.

The signs and symptoms of rosacea vary from person to person and are often intermittent. The clinical conditions of rosacea include (American Academy of Dermatology [AAD], 2021):

- Erythema or flushing of the face/neck
- Pimples: The pimples, or papules and pustules, of rosacea, appear as small red bumps and occur as the disease progresses.
- Red lines: Some individuals with rosacea notice red lines, called telangiectasia, which appear when they flush.
- Bumps on the nose: Nasal bumps, a condition called rhinophyma, are an uncommon sign seen especially in untreated rosacea.
- Facial dryness, burning, stinging or itching

Historically, rosacea was classified as one of the following four subtypes: erythematotelangiectatic (vascular), papulopustular (inflammatory), phymatous/glandular, or ocular. However, rosacea is now considered a consistent multivariate disease process with multiple clinical manifestations, rather than distinct subtypes of disease. A diagnosis of rosacea may be made in the presence of either of the following diagnostic phenotypes: fixed centrofacial erythema in a characteristic pattern that may periodically intensify, or phymatous changes. Alternatively, a diagnosis made be made in the presence of two or more major phenotypes: papules and pustules, flushing, telangiectasia, or ocular manifestations. Secondary signs and symptoms may appear with one or more diagnostic or major phenotypes and may include the following: burning or stinging, edema, or dry appearance (Ferri, 2021; Dahl, 2021; Gallo, et al., 2018).

Ocular involvement may occur in the presence or absence of skin manifestations. Signs and symptoms of ocular rosacea may include blepharitis, foreign body sensations, lid margin telangiectasia, tear abnormalities, meibomian gland inflammation, conjunctivitis, frequent chalazion, and rarely, corneal ulcers and vascularization (Dahl, 2021; Gallo, et al., 2018).

Treatments

Rosacea can be treated and controlled, but there is no cure. Since the pathophysiology of rosacea is unknown, the treatments or therapies of rosacea empirically target the signs and symptoms of the disease. As previously stated, treatment for rosacea is usually performed solely for cosmesis, with the primary purpose being to improve appearance of the skin. However, in certain rare cases of advanced nodular rhinophyma, the condition causes a functional impairment such as airway obstruction, and thus surgical therapy may be indicated. In most patients who receive treatment, a stable state is reached with variable residual symptomatology.

Prior to initiating therapy, identification of any trigger factors are considered. Triggers are both exposures and situations that can cause a flare-up of the skin changes and flushing in rosacea. Trigger factors are specific for each patient and do not affect every patient. Common triggers include: hot or cold temperature, wind, hot drinks,

exercise, spicy food, alcohol, emotions, topical products that irritate the skin or impair barrier function, menopausal flushing, and medications that promote flushing. It is recommended that those trigger factors that induce flushing be avoided. Patients are recommended to use a broad-spectrum, gentle sunscreen daily; avoid midday sun, and use protective clothing when in the sun. The untoward cosmetic signs of rosacea may be camouflaged with nonirritating concealers and cosmetics. A combination of treatments is often prescribed, depending on the individual patient's needs. Sometimes both an oral antibiotic and a topical medication are prescribed (Ferri, 2021; Dahl, 2021; Kupiec-Banasikowska, et al., 2018).

Erythema or Flushing: Oral and topical therapies do not clear the redness or reduce the appearance of dilated blood vessels. Anti-inflammatory medication may be used to treat the erythema. Electrosurgery, intense pulse light (IPL) and laser surgery or vascular lasers are often used to destroy the visible blood vessels below the skin. Multiple IPL or laser therapy treatments may be needed to achieve the optimum results. Anecdotal evidence indicates treatment of rosacea with medications that reduce flushing may include anticholinergic medications (e.g., glycopyrrolate), alpha-2 adrenergic agonists (e.g., brimonidine), beta-blockers, clonidine, and psychotropic medications. These medications can have serious side effects that should be weighed against potential benefits. These therapies or treatments do not treat the underlying cause of rosacea but rather the red appearance of the skin which is associated with rosacea; therefore, these treatments are cosmetic in nature.

Papules and Pustules: Topical medications (e.g., metronidazole) and/or oral antibiotics (e.g., doxycycline) are frequently prescribed. The oral antibiotics tend to work faster than the topical medications. Glycolic acid peels, washes, and creams have been proposed to be used in combination with oral antibiotics. Chemical peel solutions damage the outer layers of the skin and stimulate collagen formation, resulting in dermal regeneration, thereby improving the appearance of the skin. Alpha-hydroxy acids (AHA), such as glycolic, lactic, or fruit acid, are used in superficial peeling to rejuvenate and resurface sun-damaged skin, soften the appearance of pores, treat fine wrinkles and reduce uneven pigmentation. For severe cases, off-label use of the retinoid isotretinoin may be used to help shrink thickened facial skin and diminish nodular rosacea. Due to the serious side effects of isotretinoin, it is commonly reserved for cases in which multiple treatments have failed.

Ocular: It is recommended that those patients with eyelid inflammation cleanse their eyelids often by gently scrubbing the eyelids with diluted baby shampoo or an over-the-counter eyelid cleaning product and apply warm compresses several times daily. Oral antibiotics are used to treat the ocular symptoms of rosacea. A short course of topical corticosteroid solution may be useful for symptomatic relief of ocular rosacea. It is recommended that ocular steroid therapy be initiated and managed by an ophthalmologist because experience with this treatment is limited. Liquid tears are useful for dry eyes and relief of ocular itching.

Rhinophyma: Early treatment of rhinophyma is recommended to help prevent the condition from progressing and becoming more difficult to treat. Changes due to rhinophyma can become permanent. The nasal skin can be erythematous with telangiectasias and sometimes become purple in color. In severe cases, the skin can have pits, fissures, and scarring. There can be infection and bleeding. In the rare advanced stages, rhinophyma can result in collapse of the nostrils, resulting in airway obstruction. Rhinophyma does not respond well to medical therapy. Rhinophyma can be corrected surgically, but the condition may recur. Generally, cosmetic surgery is performed to remove thickened tissue that can appear around the nose. The following cosmetic treatments are used to sculpt areas to a more normal appearance: dermabrasion, cryosurgery, electrosurgery, and/or laser surgery.

Surgical procedures are indicated for the treatment of advanced nodular rhinophyma, which may result in functional impairment such as airway obstruction. The surgical procedures can broadly be divided into full excision of the abnormal tissue and repair of the defect by graft or flap, and partial excision leaving the lower part of the pilosebaceous unit intact (superficial decortication). It has been reported that the latter appears to result in better results and is the treatment of choice. Treatment options may be combined to obtain best results (Ferri, 2021; Dahl, 2021; Gupta and Chaudhry, 2005; Laube and Lanigan, 2002; Rohrich, et al., 2002). Frontal, lateral, and worm's eye photographs can document the condition.

Laser and Intense Pulsed Light (IPL) Treatment: An ever-increasing number of lasers and a non-laser light therapy called intense pulsed light (IPL) are available for treating rosacea. Data on the effectiveness and safety of lasers and non-laser light therapy is limited. The U.S. Food and Drug Administration (FDA) classifies laser and

light therapies as procedures; therefore, long-term studies are not required. Most of what is known comes from observations made while treating individual patients. It is recommended that patients continue to consult their primary care physician or dermatologist for treatment and avoid personal rosacea triggers. These therapies or treatments do not treat the underlying cause of rosacea but rather the appearance of the skin; therefore, these treatments are cosmetic in nature.

U.S. Food and Drug Administration (FDA)

The FDA has granted 510(k) approval for several light and laser systems which can be found on the FDA 510(k) database. Intense pulsed light is referred to by a variety of trade names or service marks (e.g., FotoFacial™, PhotoFacial™, EpiLight™, MultiLight™, and PlasmaLight™).

There are a variety of lasers including, but not limited to (Laube and Lanigan, 2002):

- argon
- carbon dioxide (CO_2)
- copper-bromide
- erbium: yttrium aluminum garnet (Er:YAG)
- krypton
- neodymium: yttrium aluminum garnet (Nd:YAG)
- potassium-titanyl-phosphate (KTP)
- pulsed dye (e.g., Candela V-Beam)

Use Outside of the US
No relevant information.

Medicare Coverage

	Contractor	Determination Name/Number	Revision Effective Date
NCD	National	Laser Procedures (140.5)	5/1/1997
LCD	Palmetto GBA	Cosmetic and Reconstructive Surgery (L33428)	10/24/2019
LCD	Wisconsin Physicians Service Insurance Corporation	Cosmetic and Reconstructive Surgery (L34698)	1/1/2021
LCD	Novitas Solutions, Inc.	Cosmetic and Reconstructive Surgery (L35090)	11/7/2019

Note: Please review the current Medicare Policy for the most up-to-date information.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	**Description**
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

CPT®* Codes	Description
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
30120	Excision or surgical planing of skin of nose for rhinophyma

Considered Not Medically Necessary/Cosmetic for the treatment of the untoward cosmetic effects associated with rosacea:

CPT®* 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)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
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
17999†	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
96999†	Unlisted special dermatological service or procedure

†**Note: Considered Not Medically Necessary/Cosmetic when used to report intense pulsed light (IPL) or laser therapy (e.g.; pulsed dye) for the treatment of the untoward cosmetic effects associated with rosacea.**

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