Non-Pharmacologic Treatment of Rosacea

Rosacea is a chronic, inflammatory skin condition characterized by episodic erythema, edema, papules and pustules 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 patient, 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, clonidine, and anti-inflammatories. Patients 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 a variety of dermatologic indications, including rosacea. For example, rosacea is among the indications for the Candela® pulse dye laser system (Candela Corp.: Wayland, MA), the Lumenis® One Family of Systems intense pulsed light component (Lumenis Inc.; Santa Clara, Ca), Harmony® XL multi-application.
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platform laser device (Alma Lasers; Israel), UV-300 Pulsed Light Therapy System (New Star Lasers, Roseville, CA) and CoolTouch PRIMA Pulsed Light Therapy System (New Star Lasers, Roseville, CA).

Related Policies:
Cosmetic and Reconstructive Surgery
Light Therapy for Dermatologic Conditions

***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 electrosurgery 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. Relevant outcomes are symptoms, change in disease status, and treatment-related morbidity. None of the randomized controlled trials (RCTs) included a comparison group of patients receiving a placebo or pharmacologic treatment; therefore, these trials do not offer definitive evidence on the efficacy of nonpharmacologic treatment compared with alternative treatments. There is a need for RCTs 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.

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 Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.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
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*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**

- Specialty Matched Consultant Advisory Panel review 1/2012
- Specialty Matched Consultant Advisory Panel review 1/2013
- Specialty Matched Consultant Advisory Panel review 1/2014
- Medical Director review 1/2014
- Specialty Matched Consultant Advisory Panel review 1/2015
- Medical Director review 1/2015
Non-Pharmacologic Treatment of Rosacea


Specialty Matched Consultant Advisory Panel review 1/2016

Medical Director review 1/2016


### Policy Implementation/Update Information

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<th>Date</th>
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<td>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.</td>
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<td>ICD-10 diagnosis codes added to “Billing/Coding” section. (mco)</td>
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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.