Medical Policy

Title: Acne Surgery

**Professional**
- Original Effective Date: January 1, 2001
- Revision Date(s): January 30, 2006; September 19, 2013
- Current Effective Date: September 19, 2013

**Institutional**
- Original Effective Date: September 19, 2013
- Revision Date(s):
- Current Effective Date: September 19, 2013

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

**DESCRIPTION**

The physician makes a small incision through the skin overlying a lesion, or multiple lesions, such as comedones, cysts, or pustules for acne surgery. The skin over the lesion is removed. The lesion is opened with a surgical instrument and the fluid is drained for secondary healing. The lesion may be removed or marsupialized by exteriorizing the cyst and making a pouch where it used to be enclosed. No sutures are needed.
POLICY

A. Acne surgery, such as marsupialization, opening, expression, or removal of multiple milia, comedones, cysts, and pustules, is medically necessary for the treatment of active acne vulgaris.

B. Cryotherapy (CO2 slush, liquid N2) for active acne vulgaris is considered medically necessary.

Policy Guidelines

Utilization
- Acne surgery may be performed up to five times per year per patient.
- Acne surgery performed greater than five times in a year on a patient will be denied not medically necessary.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

10040 Acne surgery (e.g. marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
17340 Cryotherapy (CO2 slush, liquid N2) for acne

ICD-9 Diagnoses

695.3 Rosacea
706.0 Acne varioliformis
706.1 Other acne

ICD-10 Diagnoses (Effective October 1, 2014)

L70.0 Acne vulgaris
L70.1 Acne conglobata
L70.2 Acne varioliformis
L70.8 Other acne
L71.9 Rosacea, unspecified

REVISIONS

09-19-2013 Policy posted to the bcbsks.com web site on 08-24-2013 for an effective date of 09-19-2013.
In Policy section:
- Clarified the term cryotherapy in item B by adding "CO2 slush, liquid N2)" to read, "Cryotherapy (CO2 slush, liquid N2) for active acne vulgaris is considered medically necessary."
- In Policy Guidelines revised Utilization section from: "Acne surgery may be performed five times per year without review. Acne surgery performed greater than five times in a year on a patient; the medical record must be submitted to review for medically necessity." to: "Acne surgery may be performed up to five times per year per patient. Acne surgery performed greater than five times in a year on a patient will be denied not medically necessary."
- Removed the Medical Record Document requirements.

In Coding section:
- Removed CPT codes: 10060, 10061
- Removed ICD-9 Code: 680.0
- Added ICD-9 Code: 695.3
- ICD-10 Codes added

References reviewed and reformatted.

REFERENCES

Other References
2. Blue Cross and Blue Shield of Kansas Medical Consultant, Practicing Board Certified Dermatologist (KS 436), December 9, 2005.
3. Blue Cross and Blue Shield of Kansas Medical Consultant, Practicing Board Certified Dermatologist (MCMC), December 20, 2005.