BlueCross BlueShield Federal Employee Program.

FEP Medical Policy Manual

FEP 8.01.16 Chemical Peels

Annual Effective Policy Date: April 1, 2026

Original Policy Date: December 2011

Related Policies:

None

Chemical Peels

Description

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A chemical peel is a controlled removal of various layers of the skin with the use of a chemical agent. The most common use of chemical peeling is the treatment of photoaged skin. Chemical peeling has also been used for other conditions, including actinic keratoses, active acne, and acne scarring.

OBJECTIVE

The objective of this evidence review is to evaluate the safety and efficacy of chemical peels for the treatment of actinic keratoses and moderate-to-severe acne.

POLICY STATEMENT

Dermal chemical peels used to treat individuals with numerous (>10) actinic keratoses or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical, may be considered **medically necessary**.

Epidermal chemical peels used to treat individuals with active acne that has failed a trial of topical and/or oral antibiotic acne therapy are considered **medically necessary**. In this setting, superficial chemical peels with 40% to 70% alpha hydroxy acids are used as a comedolytic therapy. (Alpha-hydroxy acids can also be used in lower concentrations [8%] without the supervision of a physician.)

Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring or dermal peels used to treat end-state acne scarring are considered cosmetic and **investigational**.

POLICY GUIDELINES

Requests for all chemical peels should be carefully evaluated to determine whether the rationale is primarily cosmetic. Epidermal peels would be considered medically necessary in individuals with active acne who have failed other therapy because active severe acne may lead to acne scarring and may be psychologically painful leading to low self-esteem, depression, and anxiety. Dermal peels would be considered medically necessary in individuals with multiple actinic keratoses because these premalignant lesions may warrant destruction or removal as an alternative to watchful waiting. Other applications of chemical peels, including treatment of photoaged skin, wrinkles, and acne scarring, are considered cosmetic.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

The approach to the use of chemical peels for the treatment of active acne and post-acne scarring will depend on benefit language related to definitions of medically necessary, reconstructive, and cosmetic services. Some Plans may consider active acne a disease and, thus, its treatment is eligible for coverage, while the treatment of post-acne scarring may be considered cosmetic because the active disease is no longer present. Other Plans may consider the treatment of post-acne scarring to be reconstructive. Procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease, or congenital defect. Not all benefit contracts include benefits for reconstructive services. Benefit language supersedes this document.

Making the distinction between active and inactive acne can be difficult. However, simultaneous treatment with either antibiotics or tretinoin is an indication that the patient has an active ongoing disease.

FDA REGULATORY STATUS

U.S. Food and Drug Administration (FDA) clearance or approval of chemical agents used in peeling may not be relevant because these agents are prepared in-office, may have predated FDA approval, and/or may be considered cosmetic ingredients.

RATIONALE

Summary of Evidence

For individuals who have actinic keratoses who receive dermal chemical peels, the evidence consists of a systematic review involving 8 studies - 4 randomized controlled trials (RCTs), 2 non-randomized controlled trials, and 2 single-arm studies. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. Data analysis and interpretation of results were challenged by the high risk of bias of the primary studies, their imprecision, the variability of their peeling application protocols, and their focus on short-term clearance rates. Additional controlled studies, preferably randomized, are needed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have moderate-to-severe active acne who receive epidermal chemical peels, the evidence includes a split-face RCT and an active-comparator, split-face study. Relevant outcomes are symptoms, morbid events, quality of life, and treatment-related morbidity. Results from the small, randomized, placebo-controlled, split-faced trial found greater efficacy with active treatment than with placebo and the additional split-face study in mild-to-moderate acne found similar outcomes with once-daily dapsone gel and every 2-week chemical peels after 3 months. However, no randomized studies in moderate-to-severe acne were identified comparing chemical peel agents with conventional acne treatment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Academy of Dermatology

In 2024, the American Academy of Dermatology (AAD) published guidelines on the management of acne vulgaris, which included the following statement on chemical peels[17,] :

"Available evidence is insufficient to develop a recommendation on the use of...chemical peels (including glycolic acid, trichloroacetic acid, salicylic acid, Jessner's solution, or mandelic acid)...for the treatment of acne."

In 2021, the AAD published guidelines on the management of actinic keratosis, which gave a conditional recommendation based on moderate quality of evidence for the use of specific chemical peels for actinic keratosis.[18,] The recommendation stated: "For patients with AKs [actinic keratosis], we conditionally recommend treatment with ALA [aminolevulinic acid]-red light PDT [photodynamic therapy] over trichloroacetic acid peel."

American Society for Dermatologic Surgery

In 2017, the American Society for Dermatologic Surgery published recommendations on the use of several skin treatments following a course of isotretinoin, a treatment for severe cystic acne.[19,] Previously, a number of cosmetic skin treatments, including chemical peels, were discouraged for 6 months after the use of isotretinoin. These 2017 guidelines evaluated various treatments in the context of scarring and found that superficial chemical peels were safe as a treatment either concurrent with isotretinoin or within 6 months of its discontinuation. The lack of data on medium or deep chemical peels did not permit the Society to make a recommendation on those treatments.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
December 2011	New policy	
December 2012	Replace policy	No change in policy statement. Policy updated with literature review, and related references.
September 2013	Replace policy	Policy updated with literature review, no change in policy statements; Reference 9 added, other references renumbered, reordered or removed.
September 2014	Replace policy	Policy updated with literature review. In medically necessary statement on acne, the concentration was changed to 40% - 70% alpha hydroxy acids. References 6, 11 and 12 were added.
September 2015	Replace policy	Policy updated with literature review through May 28, 2015; no references added. No change in policy statements.
March 2017	Replace policy	Policy updated with literature review; references 3-6 and 14-16 added. Policy statements unchanged.
March 2018	Replace policy	Policy updated with literature review through November 1, 2017; reference 17 added. Policy statements unchanged.
September 2019	Replace policy	Policy updated with literature review through October 1, 2018; no references added. Policy statements unchanged.
March 2020	Replace policy	Policy updated with literature review through October 14, 2019; no references added. Policy statements unchanged.
March 2021	Replace policy	Policy updated with literature review through October 23, 2020; references added. Policy statements unchanged.
March 2022	Replace policy	Policy updated with literature review through September 20, 2021; references added. Policy statements unchanged.
March 2023	Replace policy	Policy updated with literature review through September 19, 2022; no references added. Not medically necessary language changed to Investigational and other minor policy statement refinements made; intent unchanged.
March 2024	Replace policy	Policy updated with literature review through November 3, 2023; reference added. Policy statements unchanged.
March 2025	Replace policy	Policy updated with literature review through October 25, 2024; reference added. Policy statements unchanged.
March 2026	Replace policy	Policy updated with literature review through October 20, 2025; reference added. Policy statements unchanged.