Clinical Policy: Acne Treatment

Reference Number: HNCA.CP.MP.692
Last Review Date: 07/26

Coding Implications
Revision Log

Policy is for Medi-Cal use only

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
This policy addresses the medical necessity criteria for acne treatment during the acute phase of treatment.

Policy/Criteria

I. It is the policy of Health Net of California® that surgical treatment of acne may be considered **medically necessary** for marsupialization, opening, expression, removal of comedones, milia and pustules, incision and drainage when meeting all of the following:

a. The condition must be clinically diagnosed (e.g., severe cystic acne, acne conglobata, or other conditions falling under ICD-10 ranges L70.0 to L70.9.
b. Must provide documentation that the lesions cause significant impairment of physical or mechanical function, or that extraction is required to prevent severe, irreversible skin damage.
c. Documentation should reflect that the condition has not adequately responded to standard, conservative medical management.
   Conservative medical management is defined by
   i. *Topical Therapy -8 to 12 weeks of consistent daily use of multimodal therapy.*
   ii. *Oral Antibiotics- 12 to 16 weeks of standard trial of antibiotics used concurrently with a topical retinoid and benzoyl peroxide.*
d. Providers must demonstrate that failure to perform the extraction would be hazardous to the patient due to an underlying medical complication, such as a high risk of deep tissue infection or severe systemic issues.

II. It is the policy of Health Net of California that surgical treatment (including laser surgery) of acne for any other reason than stated above is **not medically necessary**.

III. It is the policy of Health Net of California that chemical exfoliation/chemical peels for the treatment of acne is considered **not medically necessary**.

For Pharmaceuticals refer to (list may not be all inclusive)
CP.PMN.79 Doxycycline Hyclate (Acticlate, Doryx), Doxycycline (Oracea)
CP.PMN.80 Minocycline ER (Emrosi, Solodyn, Ximino, Minolira), Microspheres (Arestin), Foam (Zilxi)
CP.PMN.143 Isotretinoin (Absorica, Absorica LD, Amnesteem, Claravis, Zenatane)
CP.PMN.53 Off Label Use

Background

Acne vulgaris is a common chronic inflammatory disorder of the pilosebaceous unit that affects adolescents and adults and is among the most prevalent dermatologic conditions worldwide. Acne most frequently involves the face, chest, shoulders, and back, and presents with a spectrum of lesions including open and closed comedones, papules, pustules, nodules, and cysts. Severity can range from mild comedonal disease to severe inflammatory acne associated with permanent scarring and significant psychosocial burden.

The pathogenesis of acne is multifactorial and involves four primary mechanisms: follicular hyperkeratinization leading to obstruction of the pilosebaceous unit, increased sebum production driven by androgenic stimulation, colonization by *Cutibacterium acnes* (formerly *Propionibacterium acnes*), and subsequent inflammatory responses within the follicle. These processes result in the formation of microcomedones, the precursor lesion of acne, which may progress to inflammatory lesions and scarring if untreated.

Acne commonly begins during puberty due to hormonal changes that stimulate sebaceous gland activity but may persist into adulthood. Although most individuals experience some degree of acne during their lifetime, disease severity varies substantially. Risk factors include genetic predisposition, hormonal influences, certain medications, occlusive skin products, and mechanical friction. Acne can result in significant physical and psychological consequences, including pain, post-inflammatory hyperpigmentation, permanent scarring, anxiety, depression, and reduced quality of life.

Treatment is based on acne severity, lesion type, extent of involvement, and risk of scarring. Therapeutic options include topical agents such as benzoyl peroxide, retinoids, azelaic acid, salicylic acid, and topical antibiotics; systemic therapies including oral antibiotics, hormonal therapies, and isotretinoin; and adjunctive procedures in selected cases. Current evidence-based guidelines recommend multimodal treatment approaches targeting multiple pathogenic mechanisms while minimizing antibiotic resistance through appropriate use of topical and systemic antimicrobial therapies.

Early recognition and appropriate treatment are important to reduce disease progression, prevent permanent scarring, and improve psychosocial outcomes. Patients with severe, refractory, or scarring acne may require escalation to systemic therapies or specialty dermatologic care.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are

from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Codes That Support Coverage Criteria

CPT®* Codes	Description
10040	Extraction (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules).

CPT Codes That Do Not Support Coverage Criteria

CPT®* Codes	Description
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions.
17340	Cryotherapy (CO2 slush, liquid nitrogen) used for the treatment of acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid).
15788	Chemical peel, facial; epidermal (superficial)
15789	Chemical peel, facial; dermal (medium or deep)
15792	Chemical peel, nonfacial; epidermal (e.g., neck, hands)
15793	Chemical peel, nonfacial; dermal

ICD-10-CM Codes That Support Coverage Criteria

ICD-10-CM	Description
L70.0-L70.9	Acne

Reviews, Revisions, and Approvals	Date	Approval Date
Policy Developed. Reviewed by external specialist	7/26	7/26

References

1. American Academy of Professional Coders (AAPC)**.** (2026). *CPT® Code 10040 - Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures*. Codify by AAPC. Retrieved from AAPC Codify CPT 10040.
2. Pabau (2026). *CPT Code 10040: Acne surgery billing guide*. Procedure Codes Directory. Retrieved from Pabau CPT Code 10040 Guide.
3. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2024;90(5):1006-1022. doi:10.1016/j.jaad.2023.12.017
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5. Barbieri JS, Spivack SB, Shinkai K, et al. Antibiotic stewardship in dermatology: Oral antibiotic use for acne and rosacea. *J Am Acad Dermatol*. 2022;86(3):602-611. doi:10.1016/j.jaad.2021.08.060
6. Nelson M. Acne management: guidelines from the American Academy of Dermatology. *Am Fam Physician*. 2025;112(5):574-576. Available from the American Academy of Family Physicians. Accessed June 29, 2026.
7. American Academy of Dermatology. (2024). Guidelines of care for the management of acne vulgaris. *Journal of the American Academy of Dermatology*, *90*(5), 1006–1056. doi.org
8. American Academy of Family Physicians**.** Acne vulgaris: treatment guidelines from the AAD. *Am Fam Physician*. 2017;95(11):740. Available from AAFP. Accessed June 29, 2026.
9. NICE Clinical Knowledge Summary: Acne Vulgaris. Accessed June 29, 2026.
10. Harper JC. An Update on the Pathogenesis and Management of Acne Vulgaris. *Journal of the American Academy of Dermatology*.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and

limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.