



TITLE:	ACTINIC KERATOSES TREATMENT POLICY
POLICY #:	MM-PNP-050
VERSION #:	01
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	04/01/2024
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Ablative Procedures for Actinic Keratoses Treatments.

2. SCOPE

Medical UM Department

3. DEFINITIONS

An actinic keratosis (ak-TIN-ik ker-uh-TOE-sis) is a rough, scaly patch on the skin that develops from years of sun exposure, often found on the face, lips, ears, forearms, scalp, neck or back of the hands.

4. RESPONSIBILITIES

Medical UM Department

5. POLICY

Medical Necessity

Curative considers the following procedures medically necessary for treatment of actinic keratoses:

1. Destruction of actinic keratoses lesions using *either* of the following methods:
 - Cryosurgery with liquid nitrogen; *or*
 - Topical diclofenac, imiquimod, ingenol mebutate gel, or 5-fluorouracil (5-FU) with or without tretinoin cream.
2. Curettage or excision for removal of actinic keratoses when squamous cell carcinoma is suspected, and submission of a specimen for histological analysis is needed.
3. Destruction of actinic keratoses using any of the following methods for members who have failed to adequately respond to topical imiquimod or 5-FU, or to cryosurgery:
 - Chemical peel (chemoexfoliation)
 - Dermabrasion
 - Laser therapy

- Photodynamic therapy (e.g., Ameluz [aminolevulinic acid hydrochloride gel 10% in combination with blue or red-light photodynamic therapy (PDT) or Levulan Kerastick [aminolevulinic acid hydrochloride solution 20 % and blue light].

Experimental and Investigational

A. Curative considers the following interventions experimental and investigational for the *treatment* of actinic keratoses because their safety and effectiveness for this indication has not been established (not an all-inclusive list):

- Cream containing sunscreen, piroxicam and a retinoic/glycolic gel.
- Intense pulsed light
- Lapatinib
- Microneedling
- Microwave therapy.
- Non-ablative fractional thulium laser
- Thermal photodynamic therapy
- Topical calcipotriol
- Topical piroxicam
- Topical vitamin D and analogs.

B. Repetitive daylight photodynamic therapy is considered experimental and investigational for *prevention* of actinic keratoses because the effectiveness of this approach has not been established.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

7.1. All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

Clinical documentation of keratosis should specify the following:

- Type of keratosis—actinic or seborrheic
- Whether the keratosis is inflamed (or not otherwise specified)
- Location of the growths
- Causes (such as tanning bed exposure)

10. REFERENCE DOCUMENTS AND MATERIALS

10.1. Regulatory Authority - N/A

11. COLLABORATING DEPARTMENTS

N/A

12. DOCUMENT CONTROL

APPROVED BY:		
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(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A