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Owner Heather Jones:
VP Clinical Services
Area Medical Policy
Lines Of Business Commercial,
Mountain Health Trust,
PEIA
+ 1 more

Actinic Keratosis Treatment

PURPOSE:

The policy is to outline the appropriate treatments for actinic keratosis which has a high likelihood of developing into squamous cell carcinoma.

DEFINITIONS:

Actinic Keratosis: Keratinocyte neoplasms occurring on skin that has had long-term exposure to ultraviolet radiation.

PROCEDURE:

The following treatments for actinic keratosis may be considered medically necessary:

1. Cryosurgery; or
2. Laser therapy; or
3. Photodynamic therapy (PDT), or
4. Topical medications including topical diclofenac gel, imiquimod cream, ingenol mebutate gel, 5-fluorouracil [5-FU], or tirbanibulin; or
5. Chemical peels (medium-depth and deep), and dermabrasion when both of the following are met:
 - a. There are greater than 10 AK lesions or severe diffuse AK lesions present; and
 - b. Failure, contraindication or intolerance to one or more conventional field therapy treatments (e.g., topical 5-fluorouracil [5-FU, Efudex], topical diclofenac,

photodynamic therapy [PDT], topical imiquimod [Aldara]); or

6. Shave excision, curettage and electrodesiccation when either of the following are met:
 - a. Progression to squamous cell carcinoma (SCC) is suspected; or
 - b. Failure, contraindication or intolerance to one or more conventional field therapy treatments (e.g., topical 5-fluorouracil [5-FU, Efudex], topical diclofenac, photodynamic therapy [PDT], topical imiquimod [Aldara]).

The use of any of the above treatments for indications other than actinic keratosis is considered cosmetic, and therefore non-covered.

Superficial chemical peels and dermabrasion for actinic keratosis is considered cosmetic, and therefore, non-covered.

CODING:

CPT Code	Description
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15789	Chemical peel, facial; dermal
15793	Chemical peel, non-facial; dermal
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
17003	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photo-sensitizing drug(s) provided by a physician or other qualified health care professional, per day
96574	Debridement of premalignant hyperkeratotic lesion(s) (i.e., targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photo-sensitizing drug(s) provided by a physician or other qualified health care professional, per day
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)

CPT Code	Description
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg
ICD-10 Code	Description
L57.0	Actinic keratosis

Non-Covered Codes:

CPT Code	Description
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion (e.g., keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15792	Chemical peel, non-facial; epidermal

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American Academy of Dermatology Association (AAD). Actinic Keratosis: Diagnosis and Treatment. Last updated February 23, 2022. Accessed February 6, 2023.

Berman, B. Treatment of Actinic Keratosis. In: UpToDate. Last updated February 3, 2023. Accessed February 6, 2023.

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Steeb T, Wessely A, Petzold A, et al. How to Assess the Efficacy of Interventions for Actinic Keratosis? A

RELATED POLICIES:

- Actinic Keratosis - Topical Medications and Preferred Step Therapy Policy for additional information. These policies are located in the Provider Portal under Policies > [Medicaid, Commercial and ASO Drug Policies](#) (login required). Please note, these policies are not applicable to Medicare.
- Cosmetic Procedures
- Laser Treatment for Psoriasis

POLICY HISTORY:

Date:	Description:
2/22/2023	Annual Review: Changed title to "Actinic Keratosis Treatment", corrected formatting, updated "Related Policies" section, and added references.

DISCLAIMER:

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All Revision Dates

3/31/2023, 5/4/2022

Approval Signatures

Step Description	Approver	Date
EMT Approval	Mumtaz Ibrahim, MD: Chief Medical Officer	7/27/2024
PAC Approval	Robert Wetzel, MD: Medical Director	7/26/2024
Medical Directors Oversight Committee	Robert Cross, MD: Medical Director	7/26/2024
	Heather Jones: VP Clinical Services	6/18/2024

Lines Of Business

Commercial, Mountain Health Trust, PEIA, Self-Funded