



Comprehensive Medical and Dental Program Authorization Guideline

TITLE Wart or Other Skin Lesion Removal
RESPONSIBLE AREA Health Services
History of Review: 3/2007, 6/2008, 1/2012, 4/29/13/ 8/25/14, 1/23/15, 7/11/16, 3/31/17, 12/9/2018 06/03/19 Approval Date: 06/03/19

DESCRIPTION

This guideline is used in the prior authorization decision-making process regarding requests for removal of warts or other skin lesions such as, but not limited to, molluscum, uncomplicated nevi, keloids and skin tags.

CLINICAL GUIDELINE

Routine skin lesion debridement

Warts are a common pediatric problem, affecting 10% of the population at some time. Although it is impossible to predict the natural history of individual warts, studies conducted in children indicate that 66% of lesions resolve spontaneously within 2 years.

A number of therapies exist, but the response to any given treatment method is variable. Among the most common treatments are the application of a keratolytic agent (e.g., those containing salicylic acid) and cryotherapy (liquid nitrogen/freezing), each of which has an ultimate cure rate of only 75%. Adverse outcomes are reported to be more frequent and more severe in cryotherapy.

Complications of treatment include:

- Fear and discomfort that the child experiences,
- Complications such as blisters, infections and alterations of the pigmentation of the skin,
- Permanent scarring, and
- The need for frequent clinic visits for successful treatment

The best available evidence supports the use of topical treatments that contain salicylic acid, which can be found in over-the-counter (OTC) products. Such preparations have been shown to have a modest, but significant, treatment benefit over placebo (no treatment). Studies have suggested that the application of adhesive tape/duct tape may also be as effective as or more effective than conventional treatment. In one report, the application of duct tape produced a cure rate of 85%, which is more effective than cryotherapy and has no complications.

Wart Removal

Medically necessary wart removal is a covered service for CMDP eligible members. The procedure



requires prior authorization (PA) by CMDP when performed by a dermatologist. The member's healthcare provider must submit appropriate documentation to substantiate medical necessity. Medically necessary wart removal by primary care providers (PCP) does not require PA.

All cases of warts should be individually assessed and the choice of therapy selected based upon the age of the patient existence of pain or discomfort and the number, size, location, and distribution of the warts.

Considerations for Treatment:

- The child/youth is in some way symptomatic, i.e., has significant pain, bleeding and/or irritation from the warts or skin condition, therefore possibly increasing the distribution of the warts or skin condition.
- The warts or skin condition is growing, or is in an area of the body where they are subject to repeated trauma.
- The warts or skin condition are on the face especially near the eyes and causing impaired function (vision)

Warts or skin condition can be a self-limited viral infection that will resolve spontaneously. Treatment, if at all, should be conservative to avoid unnecessary trauma to the child/youth and unnecessary scarring as a result of the treatment

PLEASE NOTE: State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically.