Description:
Individuals may acquire a multitude of benign skin lesions over the course of a lifetime. Most benign skin lesions are diagnosed on the basis of clinical appearance and history. If the diagnosis of a lesion is uncertain, or if a lesion has exhibited unexpected changes in appearance or symptoms, a diagnostic procedure (eg, biopsy, excision) is indicated to confirm the diagnosis.

The treatment of benign skin lesions consists of destruction or removal by any of a wide variety of techniques. The removal of a skin lesion can range from a simple biopsy, scraping or shaving of the lesion, to a radical excision that may heal on its own, be closed with sutures (stitches) or require reconstructive techniques involving skin grafts or flaps. Laser, cautery or liquid nitrogen may also be used to remove benign skin lesions. When it is uncertain as to whether or not a lesion is cancerous, excision and laboratory (microscopic) examination is usually necessary.

Criteria: CWQI: HCS-0184A

I. Treatment or removal of a benign skin lesion is considered medically necessary when ALL of the following criteria are met:

a. Treatment or removal of 1 or more of the following symptomatic skin lesions is indicated when criteria is met:
   1. Seborrheic keratosis (non-cancerous growths of the outer layer of skin)
   2. Actinic keratosis (pre-malignant skin lesions due to sun exposure)
   3. Sebaceous (epidermoid or keratinous) cysts (slow-growing benign cyst)
   4. Moles (nevi)
   5. Papillomas (small benign wart-like growth)
   6. Lipomas (acrochordon)
   7. Acquired hyperkeratosis (keratoderma) (patches of thickening of the skin)
   8. Molluscum contagiosum
   9. Milia and Viral warts (excluding condyloma acuminatum)

b. Lesion has objective signs or symptoms of 1 or more of the following:
   1. Bleeding
2. Intense itching
3. Pain
4. Change in physical appearance (reddening or pigmentary changes)
5. Recent enlargement
6. Increase in the number of lesions
7. The lesion is in a position that is subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred (i.e. waist area, bra line, etc.)
8. The lesion impairs physical function (i.e. visual impairments, obstruction of an orifice)
9. The lesion has physical evidence of inflammation; (e.g., purulence, oozing, edema, erythema, etc.)
10. A prior biopsy suggests or is indicative of pre-malignancy (i.e. dysplasia)
11. The lesion appears to be pre-malignant with a clinical uncertainty as to the diagnosis; particularly where malignancy is a realistic consideration based on the lesion’s appearance, strong family history of melanoma, dysplastic nevus syndrome or prior melanoma.
12. **Wart removals** will be covered under the guidelines above. In addition, wart destruction will be covered when **1 or more** of the following clinical circumstances are present:
   i. Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding;
   ii. Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients or warts of recent origin in an immunocompromised patients;
   iii. Lesions are condyloma acuminata or molluscum contagiosum;
   iv. Cervical dysplasia or pregnancy is associated with genital warts

c. Treatment and/or removal of benign skin lesions includes **1 or more** of the following procedures:
   1. Cryotherapy (super-freezing tissue)
   2. Electrosurgery
   3. Excision
   4. Shave Excision
   5. Biopsy
6. **Laser therapy** may be indicated when **1 or more** of the following are present:
   *(If request is for Laser hair removal related to gender reassignment, see Gender Reassignment Criteria HCS-0145)*
   i. Benign skin lesions meeting the above criteria for treatment and/or removal
   ii. **Psoriasis** when **ALL** of the following are present:
      a) Diagnosis of psoriasis
      b) Inadequate response to or intolerance of topical therapy
      c) Less than 10% body surface area involvement
      d) No history of cutaneous photosensitization
d. Removal of benign skin lesions for reasons OTHER than those listed above as medically necessary are considered to be cosmetic and NOT covered.

Medicare Reference:
NCD: 250.4 Treatment of Actinic keratosis
LCD: L33979 Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)

Information to be Submitted with Pre-Authorization Request:
1. Medical records maintained by the physician must clearly and unequivocally document the medical necessity for lesion removal
2. Documentation must contain a written description of each treated lesion in terms of location, and physical characteristics.
3. A record of statement of a specific diagnosis

Applicable CPT/HCPC Codes:

<table>
<thead>
<tr>
<th>CPT/HCPC Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11300-11313</td>
<td>Shaving of epidermal or dermal lesions; code range</td>
</tr>
<tr>
<td>11400-11446</td>
<td>Excision, benign lesions; code range</td>
</tr>
<tr>
<td>17000-17004</td>
<td>Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); code range</td>
</tr>
<tr>
<td>17110-17111, 17250</td>
<td>Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular lesions; code range</td>
</tr>
<tr>
<td>96920</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</td>
</tr>
<tr>
<td>96921</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</td>
</tr>
</tbody>
</table>

CPT/HCPC Codes Not Covered

<table>
<thead>
<tr>
<th>CPT/HCPC Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11200-11201</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area; code range</td>
</tr>
</tbody>
</table>

Applicable ICD-10 Codes

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>B07.0-B07.9</td>
<td>Viral warts</td>
</tr>
<tr>
<td>D17.0-D17.39</td>
<td>Benign lipomatous neoplasm of skin and subcutaneous tissue</td>
</tr>
<tr>
<td>D22.0-D22.9</td>
<td>Melanocytic nevi</td>
</tr>
<tr>
<td>D23.0-D23.9</td>
<td>Other benign neoplasm of skin</td>
</tr>
<tr>
<td>L40.0</td>
<td>Psoriasis vulgaris</td>
</tr>
<tr>
<td>L40.1</td>
<td>Generalized pustular psoriasis</td>
</tr>
<tr>
<td>L40.2</td>
<td>Acrodermatitis continua</td>
</tr>
<tr>
<td>L40.3</td>
<td>Pustulosis palmaris or plantaris</td>
</tr>
<tr>
<td>L72.0</td>
<td>Epidermal cyst</td>
</tr>
<tr>
<td>L72.3</td>
<td>Sebaceous cyst</td>
</tr>
<tr>
<td>L82.0 L82.1</td>
<td>Seborrheic keratosis</td>
</tr>
<tr>
<td>Review Date</td>
<td>Revisions</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>10/2016</td>
<td>New criteria</td>
</tr>
</tbody>
</table>

References:

- Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4); Implementation Date 11/26/2001; Effective Date 11/26/2201; Accessed 10/12/2016
- Centers for Medicare & Medicaid Services, Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979); Noridian Healthcare Solutions, LLC; Effective Date 10/01/2015; Revision Effective Date 10/01/2016; Accessed 10/12/2016.
- National Institutes of Health/U.S. National Library of Medicine; MedlinePlus; Skin Lesion Removal: Updated by: Kevin Berman, MD, PhD, Atlanta Center for Dermatologic Disease, Atlanta, GA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team. Review Date 3/26/2016.
- UpToDate; Overview of benign lesions of the skin; Beth Goldstein, MD, Adam Goldstein, MD, MPH; access at [www.uptodate.com](http://www.uptodate.com); 2016 UpToDate