

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL
Benign Skin Lesions (*Non Malignant*)
Shaving Skin Lesions

Type of Policy

Surgical Care

Codes

ICD-9 Diagnosis codes: 709.9, 214, 214.0, 214.8, 680-686, 690-698, 700-709

**See also the Neoplasm Table, refer to skin benign lesion.*

CPT-4 Procedure Codes: 11000-11201, 11300-11313 (Shaving skin lesions)
11400-11471, 12001-13152, 17000-17004, 17110-11, 17250, 19000, 19001

***See also index in CPT-4 manual, excision lesion.**

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

The destruction or removal of a benign skin lesion [may be accomplished](#) by one of a wide variety of surgical techniques. Treatment of an asymptomatic benign lesion is considered not medically necessary and not eligible for benefits. Treatment of a symptomatic benign lesion would be eligible for benefits per MVP/Preferred Care policy indicated by the criteria listed below.

Shaving of Epidermal or Dermal lesions is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full thickness dermal excision. This includes local anesthesia, chemical or electro-cauterization of the wound. The wound does not require suture closure.

Office visits to evaluate such lesions are covered. If the lesion is identified as an **asymptomatic benign skin lesion**, and is removed at the time of the initial visit, only the office visit will be covered. The member is responsible for the office co-payment and any fees relating to the removal of the lesion. If the lesion is identified as a **symptomatic skin lesion**, benefits are available for the office visit and cost of the removal of the lesion.

Coverage is available for shaving of skin lesions subject to the type of lesions indicated in the criteria.

Indications/Criteria

A benign skin lesion may be considered **symptomatic** for the following reasons:

- causing pain;
- bleeding;
- intense itching;
- the lesion has physical evidence of inflammation/infection, e.g. purulence, oozing, edema, erythema, etc.;
- the lesion obstructs an orifice;
- the lesion clinically restricts eye function:
 - lesion restricts eyelid function;
 - lesion causes misdirection of eyelashes or eyelid;
 - lesion restricts lacrimal puncta and interferes with tear flow; or
 - lesion touches globe;
- there is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance;
- a prior biopsy suggests, or is indicative, of lesion malignancy; or
- the lesion is in an anatomical region subjected to recurrent physical trauma and there is documentation that such trauma has, in fact, occurred.

The removal of genital warts and condylomas will be covered.

Shaving techniques are considered medically necessary for the removal of the following types of skin lesions:

- irregular superficial nevus for pathology to rule out a malignancy;
- pyogenic granuloma; or
- irritated/frequently bleeding lesion other than skin tags.

Photographs of Skin Lesions

Coverage for photographs of skin lesions is considered when medical documentation indicates:

- documentation of multiple skin lesions in the same anatomical location, which are too numerous to monitor by accurate description in the medical record; and
- documentation of skin lesions requiring clinical monitoring and demonstrated changes in size, irregular borders, pigmentation or color.

Coverage for Dermatoscopy is considered when medical documentation indicates:

- familial history of one of the following:
 - dysplastic nevi;
 - atypical nevi; or
 - melanoma.

Exclusions/Limitations

Benign skin lesion removal for reasons other than those listed under *Indications/Criteria* would be considered cosmetic and not a covered benefit.

Such reasons might include (but are not limited to):

- to improve member's appearance;
- emotional distress;
- makeup trapping; or
- non-problematic lesions in any anatomic site which do not cause functional impairment.

No coverage is provided for removal and/or treatment of:

- skin tags (unless bleeding or inflamed);
- spider nevi;
- milia;
- lentigo; or
- keloid scars (unless results in a functional problem).

Exclusions/Limitations Photographs

- [Insufficient documentation supporting the need for use of photography after Medical Director review.](#)
- [Routine use of Medical Photography.](#)
- [Dermoscopy performed more frequently than every 24 months.](#)

References

HealthNow New York Inc., Upstate Medicare Division; Removal of benign skin lesions. Local Coverage Determination (LCD) L3947. Available on-line: umd.nycpic.com.

Empire Medicare, Removal of Benign Skin Lesions, LCD, L3086. Available at empiremedicare.com/newypolicy/policy/l3086.

[Journal of the American Academy of Dermatology November 2003, Pre-operative assessment of melanoma thickness by ABCD score of dermoscopy.](#)

[HAYES Technology Assessment Brief, Dermoscopy for Detection of Melanoma, June 2001.](#)

ECRI: [Windows on Technology – Dermoscopy for the Diagnosis of Melanoma and Other Forms of Malignancy. Accessed November 2006 – available to members at \[www.ta.ecri.org\]\(http://www.ta.ecri.org\).](#)

ECRI: [Custom Hotline Response – Whole Body Photography for Diagnosis of Skin Cancer, updated August 2006. Available to members at \[www.ta.ecri.org\]\(http://www.ta.ecri.org\).](#)

Approval(s) & Review/ Revision(s)

Medical:

Review:

Surgical Advisory Team: 3/5/07

Approval:

Quality Improvement Committee: 4/9/07

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative Policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at www.preferredcare.org.