

n00311

Benign Skin, Subcutaneous, and Oral Lesions

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This policy provides guidance for the utilization management team of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS/NH TPA) with the review of requests for the treatment and removal of benign skin lesions, subcutaneous lesions and/or oral skin lesions.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Policy to determine eligibility and coverage. Employer group and government contracts may vary. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services LLC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

- I. Description
 - A. The skin is an anatomically complex organ subject to a wide spectrum of skin lesions that may be benign or potentially malignant in nature. It is important to assess skin lesions when they are noticed on exam to determine if they pose a threat to the health of the member. Removal of a benign skin lesion or subcutaneous skin lesion at the request of the member without verification by a physician that the removal is medically necessary is considered a cosmetic procedure.
 - B. The medical indications of this policy also include requests for oral skin lesions for review.
- II. Medical Indications:
 - A. Removal of a benign or subcutaneous skin or oral lesion is considered medically necessary when one of the following is present:
 1. The lesion is suspicious for malignancy (e.g., atypical dysplastic nevi, actinic keratosis, probable basal or squamous cell carcinoma) or has a known tendency for malignant change to occur, **OR**
 2. The lesion clinically restricts vision or obstructs an orifice, **OR**
 3. There is a personal or family history of melanoma, **OR**
 4. The lesion is presumably benign **AND**
 - a. grows or enlarges; exhibits spotty pigmentation (color) changes and/or irregular margins; **OR**
 - b. begins to bleed or ulcerate; **OR**
 - c. becomes significantly inflamed, infected, itchy, or painful; **OR**

- d. is in an area of chronic irritation (examples: skin folds, groin, scalp, breasts, or neckline)

III. Coverage:

- A. Treatment of benign and/or subcutaneous skin/oral lesions/cysts is a covered benefit and deemed medically necessary per the criteria listed above.
- B. NHP/NHIC/NHAS follows the criteria within the policy for application to its Medicare Advantage membership. Local Coverage Article A54602 is referenced for removal of benign and/or subcutaneous skin lesions. In the absence of a Medicare National or Local Coverage Determination, this medical policy applies to our Medicare Advantage members.

IV. Limitations/Exclusions:

- A. Benign and subcutaneous skin/oral lesion removal and treatment are not a covered benefit when performed at the request of the member for cosmetic reasons.
- B. Network Health follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.

V. References:

- A. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination 250.4, Treatment of Actinic Keratosis (AK), effective 11/26/2001; updated 02/2018.
- B. Centers for Medicare and Medicaid Services (CMS) Local Coverage Article A54602, Removal of Benign Skin Lesions, effective 10/1/2015, revision effective 01/01/2026.
- C. MCG Health, Ambulatory Care 30th Edition Malignant Melanoma and Pigmented Skin Lesions Referral Management, RMG: R-0124(AC)
- D. MCG Health, Ambulatory Care 30th Edition Squamous Cell Carcinoma and Actinic Keratosis Referral Management, RMG: R-0129(AC)
- E. MCG Health, Ambulatory Care 30th Edition Scar Revision, A-0495 (AC)

Regulatory Citations:

UM2

Related Documents:

CPT Codes:*

11102	Tangential biopsy (shave, scoop Saucerize, curette) for single lesion
11103	Tangential biopsy each additional lesion
11104	Punch Biopsy, single lesion
11105	Punch biopsy, each additional lesion
11106	Incisional biopsy of skin (e.g. Wedge, including simple closure, when performed), single lesion
11107	Incisional biopsy of skin (e.g. Wedge, including simple closure, when performed), each additional lesion
11200	Removal of skin tags up to 15 lesions

11201	Removal of skin tags for each additional block (above 15 lesion), up to 10 more
11300-11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms, or legs,
11305-11308	Shaving of epidermal or dermal lesion single lesion scalp, neck, hands feet, genitalia
11310-11313	Shaving of epidermal or dermal lesion single lesion face, ears, eyelids, nose, lips, mucous member
11400-11406	Excision, benign lesion including margins, except skin tag(unless listed elsewhere) trunk, Arms or legs
11420-11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia
11440-11446	Excision, other benign lesion including margins, except skin tag(unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane
17000	Destruction (EG, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement, premalignant lesion (EG Actinic Keratoses; First Lesion
17003	Destruction (EG, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement, premalignant lesion (EG Actinic Keratoses; Second through 14 lesion, each (list separately in addition to code for first lesion)
17004	Destruction (EG, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement, premalignant lesion (EG Actinic Keratoses; 15 or more lesions
17110	Destruction (EG laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesion other than skin tags or cutaneous vascular proliferative lesions up to 14 lesions
17111	Destruction (EG laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesion other than skin tags or cutaneous vascular proliferative lesions ; 15 or more lesions
40820	Destruction of benign and premalignant lesions of the mouth
67850	Destruction of benign and premalignant lesions of the eyelid
	*CPT codes are subject to change as codes are retired or new ones developed. List is not comprehensive. Additional CPT codes may be covered under this medical policy if the medical necessity criteria is met.

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only. Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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