Medical Policy

Benign Skin Lesions

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Policy Number: 707
BCBSA Reference Number: None
NCD/LCD: Local Coverage Determination (LCD): Removal of BENIGN Skin LESIONS (L35498)

Related Policies
- Plastic Surgery #068
- Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy #519
- Ultrasonographic Evaluation of Skin Lesions #303

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Lesions Suspicious for Cancer
Biopsy or removal of a lesion suspicious for cancer found after pathology analysis to be a benign lesion is MEDICALLY NECESSARY when the documentation on the date of the procedure clearly shows why the lesion is suspicious for cancer, such as the ABCDEs or other signs concerning for melanoma, dysplastic or atypical growth patterns known to have potential for malignant transformation, or a differential that includes one of many other kinds of heterogenous cancerous skin growths (e.g. basal cell carcinoma, squamous cell carcinoma, merkel cell carcinoma, dermatofibrosarcoma protuberans, eccrine porocarcinoma, etc.). A prior biopsy demonstrating atypia, dysplasia, suggestive of malignancy or malignancy may also be a reason for additional biopsies or removal by excision. Each lesion represents a different problem (even when the diagnosis code is the same) as each requires an independent assessment for diagnoses and the therapeutic approach for each is dependent not only on the differential but also the size and location of the lesion in question.

Additional guidance for some specific types of common lesions:
Removal of benign pigmented lesions may be MEDICALLY NECESSARY when the documentation on the date of the procedure clearly shows why the lesion is suspicious for cancer, such as the ABCDEs for melanoma, “ugly duckling” sign, worrisome colors such as black, pink or white (as seen in regression), or various shades thereof, history of rapid growth or bleeding, evidence of atypical or dysplastic growth patterns suggestive of or at risk for malignant transformation or other listed signs of concern as are standard in the practice of Dermatology.
Removal of benign non-pigmented lesions may be **MEDICALLY NECESSARY** when their appearance is consistent with a non-melanoma skin cancer.

Appearance of squamous cell carcinoma (SCC) can include (among others):
Isolated keratotic/hyper-keratotic and/or eroded or ulcerated papule or plaque. Lesions may be fleshy, granulating, erosive, ulcerated, have a necrotic base or a soft, fleshy margin, may bleed easily, or may crust.

Appearance of basal cell carcinoma (BCC) can include (among others):
Translucent, “pearly”, skin-colored, reddish, brown, white, or blue papule or nodule with smooth surface and/or telangiectasia. It may also have an ulcer or a rolled border or a scab. It may also appear as a small patch of morphea or a superficial scar or pink or red thin isolated persistent plaques; it may have a fine thread-like border and telangiectasia.

Other rarer kinds of non-melanoma skin cancers may have heterogeneous appearances and may be captured in the differential diagnosis.

If a sample of a lesion is obtained in order to diagnose the lesion, and the lesion is not excised, a biopsy should be billed rather than an excision. If choosing to excise rather than perform a biopsy/partial sampling of a lesion, the provider should specify the reason for choosing an excision, such as the functional status of the patient, suspicion for melanoma, where incomplete sampling of the lesion will increase the chance of misdiagnosis, or size or depth of the lesion makes it important to remove the entire lesion.

**Lesions Not Suspicious for Cancer**
Removal of benign lesions not suspicious for cancer may be **MEDICALLY NECESSARY** when the documentation clearly shows how the removal will improve the member’s medical health, fix a functional impairment, reduce pain, recurrent bleeding, pruritus, recurrent physical trauma, recurrent inflammation, (clinical signs may include: edema, oozing, erythema or bleeding or history of these signs), or the risk of infectious spread to patient or other people (e.g. warts, molluscum or condyloma). (Examples: acrochordons along the bra line that are frequently traumatized causing bleeding, an eyelid lesion that causes visual obstruction).

Removal of benign lesions to improve appearance or for personal preference is considered **NOT MEDICALLY NECESSARY**.

**Medicare HMO BlueSM and Medicare PPO BlueSM Members**

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

**Local Coverage Determination (LCD): Removal of BENIGN Skin LESIONS (L35498)**

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at https://www.cms.gov.

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.
### Outpatient

| Commercial Managed Care (HMO and POS) | No |
| Commercial PPO and Indemnity | No |
| Medicare HMO BlueSM | No |
| Medicare PPO BlueSM | No |

### CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>11300</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less</td>
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<tr>
<td>11301</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm</td>
</tr>
<tr>
<td>11302</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm</td>
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<tr>
<td>11303</td>
<td>Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm</td>
</tr>
<tr>
<td>11305</td>
<td>Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less</td>
</tr>
<tr>
<td>11306</td>
<td>Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm</td>
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<tr>
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<td>11308</td>
<td>Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm</td>
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<tr>
<td>11310</td>
<td>Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less</td>
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<td>11311</td>
<td>Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm</td>
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<td>Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm</td>
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<tr>
<td>11400</td>
<td>Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less</td>
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<tr>
<td>11401</td>
<td>Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm</td>
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<tr>
<td>11402</td>
<td>Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm</td>
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</table>
| 11403      | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk,
Description
A skin lesion is a superficial growth or area of the skin that does not resemble the surrounding area of adjacent skin.

When the skin is exposed to the sun's ultraviolet radiation, lesions can develop on the skin. Skin lesions can also arise in other areas with minimal exposure to the sun. Some skin lesions are pre-malignant and can lead to skin cancer, e.g. actinic keratosis transforming into squamous cell carcinoma. Due to the risk of progression of these lesions to skin cancer, removal or treatment of the skin lesions can be done to diminish the risk of transformation. The three most common types of skin cancer in the United States are:
1. Basal cell carcinoma, 2. squamous cell carcinoma, and 3. melanoma. All three can occur ANYWHERE on the skin, but are most prominent on sun-exposed areas.

The ABCDEs of melanoma are some of the common, clinical characteristics used by dermatologists to classify melanomas, and are the most widely known among the lay public because of the excellent educational efforts made by the American Academy of Dermatology as well as practicing dermatologists and other health care professionals to educate patients. These features include (but are NOT limited to) the following:

**A - Asymmetrical Shape:** Melanoma lesions are often irregular or, asymmetrical, in shape. Benign moles are usually symmetrical.

**B - Border:** Typically, non-cancerous moles have smooth, even borders. Melanoma lesions usually have irregular borders that are difficult to define.

**C - Color:** The presence of more than one color (blue, black, brown, tan, etc.) or the uneven distribution of color can sometimes be a warning sign of melanoma. Benign moles are usually a single shade of brown or tan.

**D - Diameter:** Melanoma lesions are often greater than 6 millimeters in diameter (approximately the size of a pencil eraser).

**E - Evolution:** The evolution of a mole(s) has become the most important factor to consider when it comes to diagnosing a melanoma. If a mole has gone through recent changes in color and/or size, this could be an indication of malignant transformation, warranting further investigation.

**Policy History**

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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>3/2015</td>
<td>New benign lesions criteria added; policy transferred from medical policy #068, Plastic Surgery. Effective 3/1/2015. Local Coverage Determination (LCD) for Removal of Benign Skin Lesions (L27362) added.</td>
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<tr>
<td>11/2013</td>
<td>Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.</td>
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<tr>
<td>11/2012</td>
<td>Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.</td>
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<tr>
<td>5/1998</td>
<td>Included coverage for benign lesions when medically necessary, i.e., bleeding, pain, recent change in color or enlargement, exposed to frequent irritation. Effective October 1, 1998.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**


Endnotes

1 Based on a panel of expert opinion of Massachusetts dermatologists