



MASSACHUSETTS

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Medical Policy

Benign Skin Lesions

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Policy Number: 707

BCBSA Reference Number: N/A

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](#)

Policy¹

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 heterogenous 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

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO BlueSM	Prior authorization is not required .
Medicare PPO BlueSM	Prior authorization is not required .

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

CPT codes:	Code Description
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm

11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions 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 lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions

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

Date	Action
6/2020	Policy criteria unchanged. Effective 6/1/2020.
3/2015	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.
11/2014	Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.
11/2013	Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.
11/2012	Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.
11/2011	Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.
11/2010	Reviewed Medical Policy Group - Plastic Surgery and Dermatology, no change in coverage.
5/1998	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.

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

1. Alerić Z, Bauer V. Skin growths of the head and neck region in elderly patients--analysis of two five-year periods in General Hospital Karlovac, Croatia. *Coll Antropol.* 2011; 35 Suppl 2:195-198.
2. Feldman SR, Fleischer AB Jr. Progression of actinic keratosis to squamous cell carcinoma revisited: clinical and treatment implications. *Cutis.* 2011; 87(4):201-207.
3. Lanssens S, Ongenaes K. Dermatologic lesions and risk for cancer. *Acta Clin Belg.* 2011; 66(3):177-185.
4. Rigel DS, Stein Gold LF. The importance of early diagnosis and treatment of actinic keratosis. *J Am Acad Dermatol.* 2013; 68(1 Suppl 1):S20-27.
5. Tannous ZS, Mihm MC Jr, Sober AJ, Duncan LM. Congenital melanocytic nevi: clinical and histopathologic features, risk of melanoma, and clinical management. *J Am Acad Dermatol.* 2005;52(2):197-203.
6. Beers MH, Jones TV, Berkwitz M, et al., eds. Skin cancers: Premalignant lesions. In: *The Merck Manual of Geriatrics.* 3rd ed. Sec. 15, Ch. 125. White House Station, NJ: Merck & Co.; 2000.

Endnotes

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- ¹ Based on a panel of expert opinion of Massachusetts dermatologists