



MASSACHUSETTS

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Medical Policy

Benign Skin Lesions

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Policy Number: 707

BCBSA Reference Number: N/A

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

Removal of a benign skin lesion (e.g., nevus/mole, sebaceous cyst (pillar or epidermoid), wart, skin tag, seborrheic keratosis, or pigmented lesion) is considered **MEDICALLY NECESSARY** when **ANY** of the following criteria are met:

Suspicious for malignancy

- a. There is a clinical suspicion of malignancy.

Pre-malignant

- a. Known premalignant lesions e.g., actinic keratosis.

Symptomatic as evidenced by any of:

- a. Pain associated with the lesion
- b. Intense itching or burning
- c. Bleeding
- d. Recurrent trauma/irritation due to its location (e.g., edges of clothing).

Inflamed as evidenced by any of:

- a. Discharge/oozing
- b. Swelling
- c. Edema
- d. Erythema
- e. Purulence.

Functional limitation

- a. E.g., eyelid lesion that restricts vision, or a lesion that obstructs a body orifice.

Potential risk for infection transmission

- a. E.g., warts, molluscum, condyloma.

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

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 .

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
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

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
A63.0	Anogenital (venereal) warts

B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.5	Neoplasm of uncertain behavior of skin
L57.0	Actinic keratosis
L82.0	Inflamed seborrheic keratosis

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
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
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
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

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

Note: A diagnosis code from column 1 must be accompanied by a diagnosis code from column 2 to be considered medically necessary.

Column 1 Diagnosis code	Column 1 Description	Column 2 Diagnosis code	Column 2 Description
A63.0	Anogenital (venereal) warts	D69.8	Other specified hemorrhagic conditions
B07.0	Plantar wart	D69.9	Hemorrhagic condition, unspecified
B07.8	Other viral warts	H57.10	Ocular pain, unspecified eye
B07.9	Viral wart, unspecified	H57.11	Ocular pain, right eye

B08.1	Molluscum contagiosum	H57.12	Ocular pain, left eye
B35.1	Tinea unguium	H57.13	Ocular pain, bilateral
B35.2	Tinea manuum	L03.011	Cellulitis of right finger
B35.3	Tinea pedis	L03.012	Cellulitis of left finger
B35.4	Tinea corporis	L03.019	Cellulitis of unspecified finger
B35.6	Tinea cruris	L03.021	Acute lymphangitis of right finger
B35.8	Other dermatophytoses	L03.022	Acute lymphangitis of left finger
B35.9	Dermatophytosis, unspecified	L03.029	Acute lymphangitis of unspecified finger
D10.0	Benign neoplasm of lip	L03.031	Cellulitis of right toe
D10.39	Benign neoplasm of other parts of mouth	L03.032	Cellulitis of left toe
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck	L03.039	Cellulitis of unspecified toe
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk	L03.041	Acute lymphangitis of right toe
D17.20	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb	L03.042	Acute lymphangitis of left toe

D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm	L03.049	Acute lymphangitis of unspecified toe
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm	L03.111	Cellulitis of right axilla
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg	L03.112	Cellulitis of left axilla
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg	L03.113	Cellulitis of right upper limb
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites	L03.114	Cellulitis of left upper limb
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites	L03.115	Cellulitis of right lower limb
D17.79	Benign lipomatous neoplasm of other sites	L03.116	Cellulitis of left lower limb
D17.9	Benign lipomatous neoplasm, unspecified	L03.119	Cellulitis of unspecified part of limb
D18.01	Hemangioma of skin and subcutaneous tissue	L03.121	Acute lymphangitis of right axilla
D22.0	Melanocytic nevi of lip	L03.122	Acute lymphangitis of left axilla
D22.10	Melanocytic nevi of unspecified eyelid, including canthus	L03.123	Acute lymphangitis of right upper limb

D22.111	Melanocytic nevi of right upper eyelid, including canthus	L03.124	Acute lymphangitis of left upper limb
D22.112	Melanocytic nevi of right lower eyelid, including canthus	L03.125	Acute lymphangitis of right lower limb
D22.121	Melanocytic nevi of left upper eyelid, including canthus	L03.126	Acute lymphangitis of left lower limb
D22.122	Melanocytic nevi of left lower eyelid, including canthus	L03.129	Acute lymphangitis of unspecified part of limb
D22.20	Melanocytic nevi of unspecified ear and external auricular canal	L03.211	Cellulitis of face
D22.21	Melanocytic nevi of right ear and external auricular canal	L03.212	Acute lymphangitis of face
D22.22	Melanocytic nevi of left ear and external auricular canal	L03.213	Periorbital cellulitis
D22.30	Melanocytic nevi of unspecified part of face	L03.221	Cellulitis of neck
D22.39	Melanocytic nevi of other parts of face	L03.222	Acute lymphangitis of neck
D22.4	Melanocytic nevi of scalp and neck	L03.311	Cellulitis of abdominal wall
D22.5	Melanocytic nevi of trunk	L03.312	Cellulitis of back [any part except buttock]
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder	L03.313	Cellulitis of chest wall
D22.61	Melanocytic nevi of right upper limb, including shoulder	L03.314	Cellulitis of groin

D22.62	Melanocytic nevi of left upper limb, including shoulder	L03.315	Cellulitis of perineum
D22.70	Melanocytic nevi of unspecified lower limb, including hip	L03.316	Cellulitis of umbilicus
D22.71	Melanocytic nevi of right lower limb, including hip	L03.317	Cellulitis of buttock
D22.72	Melanocytic nevi of left lower limb, including hip	L03.319	Cellulitis of trunk, unspecified
D22.9	Melanocytic nevi, unspecified	L03.321	Acute lymphangitis of abdominal wall
D23.0	Other benign neoplasm of skin of lip	L03.322	Acute lymphangitis of back [any part except buttock]
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus	L03.323	Acute lymphangitis of chest wall
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus	L03.324	Acute lymphangitis of groin
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus	L03.325	Acute lymphangitis of perineum
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus	L03.326	Acute lymphangitis of umbilicus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus	L03.327	Acute lymphangitis of buttock

D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal	L03.329	Acute lymphangitis of trunk, unspecified
D23.21	Other benign neoplasm of skin of right ear and external auricular canal	L03.811	Cellulitis of head [any part, except face]
D23.22	Other benign neoplasm of skin of left ear and external auricular canal	L03.818	Cellulitis of other sites
D23.30	Other benign neoplasm of skin of unspecified part of face	L03.891	Acute lymphangitis of head [any part, except face]
D23.39	Other benign neoplasm of skin of other parts of face	L03.898	Acute lymphangitis of other sites
D23.4	Other benign neoplasm of skin of scalp and neck	L03.90	Cellulitis, unspecified
D23.5	Other benign neoplasm of skin of trunk	L03.91	Acute lymphangitis, unspecified
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder	L08.0	Pyoderma
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder	L08.89	Other specified local infections of the skin and subcutaneous tissue
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder	L08.9	Local infection of the skin and subcutaneous tissue, unspecified
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip	L24.9	Irritant contact dermatitis, unspecified cause

D23.71	Other benign neoplasm of skin of right lower limb, including hip	L24.A	Irritant contact dermatitis due to friction or contact with body fluids
D23.72	Other benign neoplasm of skin of left lower limb, including hip	L29.8	Other pruritus
D23.9	Other benign neoplasm of skin, unspecified	L29.9	Pruritus, unspecified
D28.0	Benign neoplasm of vulva	L30.8	Other specified dermatitis
D28.1	Benign neoplasm of vagina	L30.9	Dermatitis, unspecified
D29.0	Benign neoplasm of penis	L50.8	Other urticaria
D29.20	Benign neoplasm of unspecified testis	L50.9	Urticaria, unspecified
D29.21	Benign neoplasm of right testis	L51.8	Other erythema multiforme
D29.22	Benign neoplasm of left testis	L51.9	Erythema multiforme, unspecified
D29.30	Benign neoplasm of unspecified epididymis	L53.8	Other specified erythematous conditions
D29.31	Benign neoplasm of right epididymis	L53.9	Erythematous condition, unspecified
D29.32	Benign neoplasm of left epididymis	M79.601	Pain in right arm
D29.4	Benign neoplasm of scrotum	M79.602	Pain in left arm
D36.7	Benign neoplasm of other specified sites	M79.603	Pain in arm, unspecified

H00.11	Chalazion right upper eyelid	M79.604	Pain in right leg
H00.12	Chalazion right lower eyelid	M79.605	Pain in left leg
H00.14	Chalazion left upper eyelid	M79.606	Pain in leg, unspecified
H00.15	Chalazion left lower eyelid	M79.609	Pain in unspecified limb
H02.61	Xanthelasma of right upper eyelid	M79.621	Pain in right upper arm
H02.62	Xanthelasma of right lower eyelid	M79.622	Pain in left upper arm
H02.64	Xanthelasma of left upper eyelid	M79.629	Pain in unspecified upper arm
H02.65	Xanthelasma of left lower eyelid	M79.631	Pain in right forearm
H02.821	Cysts of right upper eyelid	M79.632	Pain in left forearm
H02.822	Cysts of right lower eyelid	M79.639	Pain in unspecified forearm
H02.824	Cysts of left upper eyelid	M79.641	Pain in right hand
H02.825	Cysts of left lower eyelid	M79.642	Pain in left hand
H61.011	Acute perichondritis of right external ear	M79.643	Pain in unspecified hand
H61.012	Acute perichondritis of left external ear	M79.644	Pain in right finger(s)
H61.013	Acute perichondritis of external ear, bilateral	M79.645	Pain in left finger(s)

H61.021	Chronic perichondritis of right external ear	M79.646	Pain in unspecified finger(s)
H61.022	Chronic perichondritis of left external ear	M79.651	Pain in right thigh
H61.023	Chronic perichondritis of external ear, bilateral	M79.652	Pain in left thigh
H61.031	Chondritis of right external ear	M79.659	Pain in unspecified thigh
H61.032	Chondritis of left external ear	M79.661	Pain in right lower leg
H61.033	Chondritis of external ear, bilateral	M79.662	Pain in left lower leg
I78.1	Nevus, non-neoplastic	M79.669	Pain in unspecified lower leg
K13.21	Leukoplakia of oral mucosa, including tongue	M79.671	Pain in right foot
K13.3	Hairy leukoplakia	M79.672	Pain in left foot
K13.5	Oral submucous fibrosis	M79.673	Pain in unspecified foot
K62.82	Anal sphincter tear (healed) (nontraumatic) (old)	M79.674	Pain in right toe(s)
K64.4	Residual hemorrhoidal skin tags	M79.675	Pain in left toe(s)
L11.0	Acquired keratosis follicularis	M79.676	Pain in unspecified toe(s)
L11.8	Other specified acantholytic disorders	R20.8	Other disturbances of skin sensation

L56.8	Other specified acute skin changes due to ultraviolet radiation	R20.9	Unspecified Disturbances of Skin Sensation
L57.8	Other skin changes due to chronic exposure to nonionizing radiation	R21	Rash and other nonspecific skin eruption
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified	R22.0	Localized swelling, mass and lump, head
L66.4	Folliculitis ulerythematosia reticulata	R22.1	Localized swelling, mass and lump, neck
L72.0	Epidermal cyst	R22.2	Localized swelling, mass and lump, trunk
L72.11	Pilar cyst	R22.30	Localized swelling, mass and lump, unspecified upper limb
L72.12	Trichodermal cyst	R22.31	Localized swelling, mass and lump, right upper limb
L72.2	Steatocystoma multiplex	R22.32	Localized swelling, mass and lump, left upper limb
L72.3	Sebaceous cyst	R22.33	Localized swelling, mass and lump, upper limb, bilateral
L72.8	Other follicular cysts of the skin and subcutaneous tissue	R22.40	Localized swelling, mass and lump, unspecified lower limb
L82.0	Inflamed seborrheic keratosis	R22.41	Localized swelling, mass and lump, right lower limb
L82.1	Other seborrheic keratosis	R22.42	Localized swelling, mass and lump, left lower limb

L85.0	Acquired ichthyosis	R22.43	Localized swelling, mass and lump, lower limb, bilateral
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris	R22.9	Localized swelling, mass and lump, unspecified
L85.2	Keratosis punctata (palmaris et plantaris)	R23.4	Changes in skin texture
L85.8	Other specified epidermal thickening	R23.8	Other skin changes
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans	R23.9	Unspecified skin changes
L87.1	Reactive perforating collagenosis	R26.2	Difficulty in walking, not elsewhere classified
L87.2	Elastosis perforans serpiginosa	R52	Pain, unspecified
L87.8	Other transepidermal elimination disorders	R58	Hemorrhage, not elsewhere classified
L90.3	Atrophoderma of Pasini and Pierini	R60.0	Localized edema
L90.4	Acrodermatitis chronica atrophicans	R60.1	Generalized edema
L90.5	Scar conditions and fibrosis of skin	R60.9	Edema, unspecified
L90.8	Other atrophic disorders of skin		
L91.0	Hypertrophic scar		

L91.8	Other hypertrophic disorders of the skin	
L91.9	Hypertrophic disorder of the skin, unspecified	
L92.2	Granuloma faciale [eosinophilic granuloma of skin]	
L92.3	Foreign body granuloma of the skin and subcutaneous tissue	
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue	
L98.0	Pyogenic granuloma	
L98.5	Mucinosis of the skin	
L98.6	Other infiltrative disorders of the skin and subcutaneous tissue	
L98.8	Other specified disorders of the skin and subcutaneous tissue	
L98.9	Disorder of the skin and subcutaneous tissue, unspecified	
L99	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere	
N75.0	Cyst of Bartholin's gland	
N84.3	Polyp of vulva	

N90.0	Mild vulvar dysplasia	
N90.1	Moderate vulvar dysplasia	
Q18.1	Preauricular sinus and cyst	
Q82.1	Xeroderma pigmentosum	
Q82.3	Incontinentia pigmenti	
Q82.5	Congenital non-neoplastic nevus	
Q82.8	Other specified congenital malformations of skin	
Q85.01	Neurofibromatosis, type 1	
Q85.03	Schwannomatosis	
Q85.09	Other neurofibromatosis	

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 is for Asymmetry: One half of the spot is unlike the other half.
- B is for Border: The spot has an irregular, scalloped, or poorly defined border.
- C is for Color: The spot has varying colors from one area to the next, such as shades of tan, brown or black, or areas of white, red, or blue.
- D is for Diameter: While melanomas are usually greater than 6 millimeters, or about the size of a pencil eraser, when diagnosed, they can be smaller.
- E is for Evolving: The spot looks different from the rest or is changing in size, shape, or color.

[American Academy of Dermatology](#)

If a sample of a lesion is obtained to diagnose the lesion, and the lesion is not excised, a biopsy may be appropriate rather than an excision. If choosing to excise rather than perform a biopsy/partial sampling of a lesion, the provider documentation should specify the reason for choosing an excision, such as the functional status of the patient, suspicion for malignancy, 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.

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

Policy History

Date	Action
1/2024	Annual policy review. Policy criteria reformatted. Policy intent and criteria unchanged. Diagnoses codes list added. New diagnoses-to-CPT codes edit implemented. Effective January 1, 2024.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
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.
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

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Endnotes

¹ Based on expert opinion