

1 **Clinical Practice Guideline: Surgical Removal of Benign Lesions**

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3 **Date of Implementation: June 16, 2015**

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5 **Product: Specialty**

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8 **GUIDELINES**

9 A. American Specialty Health – Specialty (ASH) considers services consisting of CPT
10 Codes 11102-11107 to be medically necessary for the biopsy (removal of a small
11 amount of tissue) of lesions for the following diagnoses to determine the extent of a
12 disease, confirm a diagnosis, or estimate the outcome of a disease:

- 13
14 • **ICD-10 Codes:** D48.5 Neoplasm of uncertain behavior of skin; D49.2 Neoplasm
15 of unspecified behavior of bone, soft tissue, and skin; D22.9, D23.9 melanocytic
16 nevi and other benign neoplasm skin –unspecified; L57.0 Actinic keratosis; L82.0
17 Inflamed seborrheic keratosis; L82.1 Other seborrheic keratosis; L11.1, L98.8
18 Transient acantholytic dermatosis [Grover] and other specified disorders of the
19 skin.

20
21 Biopsy codes are appropriate for needle aspiration for biopsy, incisional biopsy,
22 tangential biopsy, punch biopsy, and partial excision, as well as for scraping, curetting,
23 and using a skin punch.

- 24
25 1) Biopsy codes may be used to report the removal of a small amount of tissue
26 ▪ A single tissue sample may be lifted or picked out with forceps, or a portion
27 of the lesion may be biopsied by incising the lesion and applying sutures.

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29 B. ASH considers services consisting of CPT Codes 11305, 11306, 11307, 11308, 11400,
30 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426,
31 17000, 17003, 17110 and 17111 to be medically necessary, and not cosmetic, for the
32 removal of benign lesions:

- 33
34 • **IF one or more of the following conditions are presented and clearly**
35 **documented in the medical record:**
36 1) The lesion has one or more of the following characteristics: (a) bleeding; (b)
37 intense itching; (c) pain.
38 2) The lesion has physical evidence of inflammation, e.g., purulence, oozing,
39 edema, erythema, etc.
40 3) There is clinical uncertainty as to the likely diagnosis, particularly where
41 malignancy is a realistic consideration based on lesion appearance.

- 1 4) A prior biopsy suggests or is indicative of lesion malignancy.
- 2 5) The lesion is in an anatomical region subject to recurrent physical trauma, and
- 3 there is documentation that such trauma has, in fact, occurred.
- 4

5 **AND** at least 1 of the following diagnosis code requirements are met:

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ICD-10 Code	ICD-10 Code Description
B08.1	Molluscum contagiosum
D22.70 - D22.72, D22.9, D23.70 - D23.72, D23.9	Melanocytic nevi - Other benign neoplasm of skin
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
L57.0	Actinic keratosis
L72.0	Epidermal Cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8, L72.9	Other and unspecified follicular cyst of the skin and subcutaneous tissue
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9, L87.9	Epidermal thickening - Transepidermal elimination disorder, unspecified
L90.9, L91.9	Atrophic disorder of skin - Hypertrophic disorder of the skin, unspecified
L92.1, L94.2	Necrobiosis lipoidica, not elsewhere classified - Calcinosis cutis
L92.8, L98.0	Pyogenic granuloma - Other granulomatous disorders of the skin and subcutaneous tissue
L94.9	Localized connective tissue disorder, unspecified
Q82.5	Congenital non-neoplastic nevus
Q82.8 - Q82.9	Other and unspecified congenital malformation of skin

1 Wart removals will be covered under guidelines (1-4) above. In addition, wart destruction
 2 will be covered when there is evidence of spread, particularly in immunosuppressed
 3 patients **AND** at least 1 of the following diagnosis code requirements are met:
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ICD-10 Code	ICD-10 Code Description
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified

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 6 Nonsurgical care is considered the first option for the destruction of benign lesions and is
 7 typically attempted prior to considering surgical intervention.
 8

9 ASH considers CPT code 17250 (Chemical cauterization of granulation tissue [i.e., proud
 10 flesh]) an integral service as part of a health care provider’s medical or surgical care and
 11 not separately billable with surgical debridement CPT codes listed in the table below.
 12

CPT Code	CPT Code Description
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion
11103	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11104	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
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 separate/additional lesion (List separately in addition to code for primary procedure)
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

CPT Code	CPT Code Description
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
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

CPT Code	CPT Code Description
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
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
17003	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17110	Destruction (e.g., 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 (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (i.e., proud flesh)

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BACKGROUND

Benign skin lesions, which are caused by a variety of conditions, commonly occur in the form of moles (nevi), sebaceous cysts, warts, and seborrheic keratoses. Although many lesions are painless, some may cause irritation, pain or bleeding and require removal to alleviate symptoms. Multiple forms of therapy, including shaving, excision, cryotherapy, curettage, laser therapy, and pharmacotherapy, are available.

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Surgical Removal of Benign Lesions

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Nevi

Common acquired nevocellular nevi (moles) appear after the first 6-12 months of life and enlarge with body growth. The number of nevi increases with a greater concentration in the sun exposed areas. Unfortunately, an increased number of benign melanocytic nevi serves as an independent risk factor for malignant melanoma. Therefore, any treatment of common acquired nevi without histologic evaluation should be undertaken cautiously (Goldman, 2013).

Seborrheic Keratosis

Seborrheic keratosis are common benign epidermal proliferations that evolve from light-yellow, smooth macules to verrucous pigmented papules or plaques. Although there are several histopathologic variants of the SK, acantholytic type is most common, consisting of interweaving bands of keratinocytes associated with variable amounts of epidermal pigmentation (Goldman, 2013). Seborrheic keratoses can be similar in appearance to warts, moles, actinic keratoses, or skin cancer. The treatment in practice is mainly minor surgery, including cryosurgery, shave excisions, and laser-assisted removal (Wollina, 2019).

Sebaceous Cysts

Sebaceous cysts, also called epidermal inclusion cysts, most often arise from swollen hair follicles. Skin trauma can also cause a cyst to form. A sac of cells is created into which a protein called keratin is secreted. The only definitive management is surgical excision with complete removal of the cyst wall or capsule, using minimal scar segmental extraction or conventional surgical removal (Nguyen et al., 2013).

Skin Tag

A skin tag (acrochordon) is a benign, soft, moveable, skin-colored growth that hangs from the surface of the skin on a thin piece of tissue called a stalk. The prevalence of skin tags increases with age. They appear most often in skin folds of the neck, armpits, trunk, beneath the breasts or in the genital region. They are painless but may become painful if thrombosed or if irritated. They may become irritated if they occur in an area where clothing or jewelry rubs against them.

Plantar Warts

Warts are benign skin growths that result from viral infection. The virus that causes warts is referred to as the human papillomavirus (HPV). HPV generally invades the skin through small or invisible cuts and abrasions. Warts may be located on the fingers and hands (i.e., common warts) or the soles of the feet (i.e., plantar warts), or they may occur anywhere as small, smoother warts (i.e., flat warts). If left untreated, warts can grow to an inch or more in circumference and can spread into clusters of several warts; these are often called mosaic warts. Like any other infectious lesion, plantar warts are spread by touching, scratching, or even by contact with skin shed from another wart. The wart may also bleed, creating

1 another route for spreading. Occasionally, warts can spontaneously disappear after a short
 2 time, and, just as frequently, they can recur in the same location. Plantar warts tend to be
 3 hard and flat, with a rough surface and well-defined boundaries; warts are generally raised
 4 and fleshier when they appear on the top of the foot or on the toes. When plantar warts
 5 develop on the weight-bearing areas of the foot, such as the ball of the foot, or the heel,
 6 and they can be can cause sharp, burning pain. Pain occurs when weight is brought to bear
 7 directly on the wart, although pressure on the side of a wart can create equally intense pain.

9 **Pre-malignant Lesions**

10 Actinic keratoses are the most common type of premalignant skin lesions, occurring in sun-
 11 exposed areas that may give rise to squamous cell carcinomas. The lesions are scaly
 12 sandpaper-like patches, varying in color from skin-colored to reddish-brown or yellowish
 13 black. Lesions may be single or multiple. They are usually painless but may be slightly
 14 tender.

16 Bowen's disease (squamous cell carcinoma in situ) is a pre-malignant lesion, often due to
 17 arsenic exposure, that may give rise to squamous cell carcinoma. Lesions predominantly
 18 affect the elderly, and consist of persistent, erythematous, scaly plaques with well-defined
 19 margins.

21 Lentigo maligna (Hutchinson's Freckle) is a pre-malignant lesion that may give rise to
 22 lentigo maligna melanoma. These lesions are pigmented macules, often greater than 1 cm
 23 in diameter with an irregular border, occurring mainly on sun-exposed areas. Lesions
 24 characteristically have brown, black, red, and white areas and become more irregularly
 25 pigmented over time.

27 **TREATMENT OF BENIGN SKIN LESIONS**

28 Typically, skin lesions do not require any treatment. However, some benign skin lesions
 29 may require medical or surgical treatment to relieve symptoms or prevent complications
 30 (Higgins et al., 2015). The treatment of benign skin lesions depends on multiple factors,
 31 including lesion type and location, and may include the following methods of treatment:

- 32 • Medications (e.g., topical, systemic, intralesional)
- 33 • Radiotherapy
- 34 • Surgical excision (e.g., scissors, shaving, punch, scalpel, razor, curette)
- 35 • Electrosurgical devices (e.g., laser)
- 36 • Destruction (e.g., electrosurgical apparatus, electrocautery, cryosurgery, laser, and
 37 chemicals)
- 38 • Dermabrasion
- 39 • Incision and drainage

1 **PRACTITIONER SCOPE AND TRAINING**

2 Practitioners should practice only in the areas in which they are competent based on their
3 education, training and experience. Levels of education, experience, and proficiency may
4 vary among individual practitioners. It is ethically and legally incumbent on a practitioner
5 to determine where they have the knowledge and skills necessary to perform such services
6 and whether the services are within their scope of practice.

7
8 It is best practice for the practitioner to appropriately render services to a member only if
9 they are trained, equally skilled, and adequately competent to deliver a service compared
10 to others trained to perform the same procedure. If the service would be most competently
11 delivered by another health care practitioner who has more skill and training, it would be
12 best practice to refer the member to the more expert practitioner.

13
14 Best practice can be defined as a clinical, scientific, or professional technique, method, or
15 process that is typically evidence-based and consensus driven and is recognized by a
16 majority of professionals in a particular field as more effective at delivering a particular
17 outcome than any other practice (Joint Commission International Accreditation Standards
18 for Hospitals, 2020).

19
20 Depending on the practitioner's scope of practice, training, and experience, a member's
21 condition and/or symptoms during examination or the course of treatment may indicate the
22 need for referral to another practitioner or even emergency care. In such cases it is prudent
23 for the practitioner to refer the member for appropriate co-management (e.g., to their
24 primary care physician) or if immediate emergency care is warranted, to contact 911 as
25 appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for
26 information.

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