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

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

Product: **Specialty**

GUIDELINES

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

ICD-10 Code	ICD-10 Code Description
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D22.9, D23.9	Melanocytic nevi and other benign neoplasm skin – unspecified
L57.0	Actinic keratosis
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L11.1, L98.8	Transient acantholytic dermatosis [Grover] and other specified disorders of the skin

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

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

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

IF one or more of the following conditions are presented and clearly documented in the medical record:

1) The lesion has one or more of the following characteristics: (a) bleeding; (b) intense itching; (c) pain.
2) The lesion has physical evidence of inflammation (e.g., purulence, oozing, edema, erythema).
3) The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesional appearance (e.g., non-response to conventional treatment or change in appearance). However, if the diagnosis is uncertain, either biopsy or removal may be more prudent than destruction.
4) The lesion is in an anatomical region subject to recurrent physical trauma, and there is documentation that such trauma has, in fact, occurred.

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

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

ICD-10 Code	ICD-10 Code Description
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

Wart removals will be covered under guidelines (1-4) above. In addition, wart destruction is medically necessary when there is evidence of spread, particularly in immunosuppressed patients **AND** at least 1 of the following diagnosis code requirements are met:

ICD-10 Code	ICD-10 Code Description
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified

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

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

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

CPT® Code	CPT® Code Description
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
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

CPT® Code	CPT® Code Description
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
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

CPT® Code	CPT® Code Description
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)

According to the Current Procedural Terminology (CPT) Manual, appropriate code selection for lesion removal is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for complete excision. Please refer to the current CPT manual for further information.

Measurement is made prior to excision. Lesion compared to margin plus lesion should not differ significantly.

Do not report shave removal codes (11300 – 11313) when a tangential (shave) biopsy of the lesion is performed. Shave removal codes (11300 – 11313) include removal of tissue that may be submitted for pathological examination, biopsy code(s) should not be reported separately with these codes. Histopathologic examination of the lesion may be reported separately, see 88304-88305. When shave removal is performed with the sole intent of obtaining pathologic diagnosis, tangential biopsy CPT code(s) 11102-11103, should be reported.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Not Medically Necessary:

Removal of benign skin lesions that do not pose a threat to health or function is considered cosmetic and as such is not considered medically necessary.

DESCRIPTION/BACKGROUND

Benign skin lesions, which are caused by a variety of conditions, commonly occur in the form of moles (nevi), sebaceous cysts, warts, skin tags, 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.

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. An increased number of benign melanocytic nevi serves as an independent risk factor for malignant melanoma. A lesion suspected to be a dysplastic nevus should be completely excised by shave, punch, or excisional biopsy.

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. Removal is due primarily for cosmetic reasons. The treatment in practice is mainly minor surgery, including cryosurgery, shave excisions, and laser-assisted removal (Wollina, 2019; Gorai et al., 2022).

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.

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. When removal is needed, cryosurgery, electrodesiccation, or simple scissor or shave excision can be used.

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

TREATMENT OF BENIGN SKIN LESIONS

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

- Medications (e.g., topical, systemic, intralesional)
- Radiotherapy
- Surgical excision (e.g., scissors, shaving, punch, scalpel, razor, curette)
- Electrosurgical devices (e.g., laser)
- Destruction (e.g., electrosurgical apparatus, electrocautery, cryosurgery, laser, and chemicals)
- Dermabrasion
- Incision and drainage

Benign lesions may be removed in a variety of ways. These methods can be grouped into one of the following three categories.

1. **Shaving of Epidermal or Dermal Lesions**
    - Shaving is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision. This includes local anesthesia, chemical or electrocauterization. The wound does not require suture closure.
2. **Excision - Benign Lesions**
    - Excision of benign lesions of skin includes local anesthesia. Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed.
3. **Destruction, Benign Lesions**
    - Destruction means the ablation of benign tissues by any method, with or without curettement, including local anesthesia, and not usually requiring closure.

- Medical record documentation must support medical necessity for excisional removal of a benign skin lesion for other than cosmetic purposes. Each benign lesion excised should be reported separately.

PRACTITIONER SCOPE AND TRAINING

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

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

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

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

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