

Removal of Benign or Premalignant Skin Lesions

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary removal of benign or premalignant skin lesions.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Actinic keratoses – Sun-induced, premalignant lesions that appear primarily on photo exposed areas. Since many actinic keratoses eventually transform into squamous cell carcinoma, early removal of these lesions can reduce the morbidity and mortality associated with such malignant transformation.

Acne – A common, inflammatory disease of the sebaceous glands characterized by comedones, papules, pustules, inflamed nodules, and superficial pus-filled cysts. Acne occurs when sebum blocks the sebaceous glands and adjacent hair follicles. This blockage allows bacteria to multiply and inflame the blocked hair follicle.

PROCEDURES

1. A prior authorization is required.

Lesions that cause irritation, pain, or bleeding may require removal to alleviate symptoms. Surgical removal is also recommended for any lesion that shows possible signs of malignancy.

Removal of a benign skin lesion (e.g., nevus [mole], sebaceous cyst, wart, seborrheic keratosis, or pigmented lesion) may be considered medically necessary when ANY of the following criteria are met:

- There is drainage, bleeding, burning, intense itching, or pain associated with the lesion; or
- Inflammation, as evidenced by purulence, oozing, edema, erythema, etc.; or
- The lesion obstructs a body orifice, or restricts vision; or
- There is clinical suspicion of malignancy (e.g., a change in the ABCDEs of skin cancer [asymmetry, border irregularity, color, diameter, evolving or changing in size, shape, or color]); or
- Due to its anatomical location, the lesion is prone to being recurrently traumatized; or
- A prior biopsy suggests or is indicative of lesion malignancy.

Removal of a benign skin lesion (e.g., nevus [mole], sebaceous cyst, wart, seborrheic keratosis, or pigmented lesion) not meeting above criteria is considered not medically necessary.

Removal of skin tags that do not pose a threat to health or function are considered cosmetic, and therefore considered noncovered.

For the treatment of Actinic Keratosis (AK) ANY of the following treatments may be considered medically necessary:

- Cryosurgery (with liquid nitrogen); or
- Topical medications (i.e., Topical diclofenac gel, imiquimod cream, ingenol mebutate gel, or 5-fluorouracil [5-FU]); or
- Laser therapy; or
- Photodynamic therapy (PDT); or
- Electrodesiccation and curettage or full-thickness excision when EITHER of the following criteria is met:
 - Progression to squamous cell carcinoma (SCC) is suspected; or
 - There has been failure, intolerance or contraindication to treatment using conventional methods (e.g., cryotherapy, topical medication, laser therapy, and/or PDT); or
- Medium-depth chemical peels, deep chemical peels, or dermabrasion when BOTH of the following criteria are met:
 - There are greater than 10 AK lesions or severe diffuse AK lesions present; and
 - There has been failure, intolerance or contraindication to treatment using conventional methods (e.g., cryotherapy, topical medication, or electrodesiccation and curettage).

AK treatments for any other indication is considered cosmetic and, therefore, non-covered.

Epidermal/superficial chemical peels or superficial dermabrasion for the treatment of actinic keratosis is considered cosmetic and therefore, non-covered.

Surgical treatment of acne may be considered medically necessary for marsupialization, opening, expression, removal of comedones, milia and pustules, incision, and drainage.

Surgical treatment of acne not meeting the criteria as indicated in this policy is/are considered not medically necessary.

Laser treatment of active acne is considered experimental/investigational. The safety and effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

2. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

3. Place of service: outpatient

Treatment of benign or premalignant skin conditions is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting. is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT codes	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 each primary procedure).
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 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.
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter over 4.0.
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 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, 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, 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, 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, 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, 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, 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 (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); first lesion
17003	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion)
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (e.g., actinic keratoses); 15 or more lesions
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.
96567	Photodynamic therapy by external application of light to destroy premalignant lesion of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day

96573	Photodynamic therapy by external application of light to destroy premalignant lesion of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96574	Debridement of premalignant hyperkeratotic lesion(s) (i.e., tarted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesion of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cyst, pustules)

Covered diagnosis codes for procedure codes 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11402, 11401, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11444, 11446, 17110, 17111

Codes						
A63.0	B07.0	B07.8	B07.9	B08.1	D10.0	D17.0
D17.1	D17.20	D17.21	D17.22	D17.23	D17.24	D17.30
D17.39	D21.0	D22.0	D22.11	D22.111	D22.112	D22.12
D22.121	D22.122	D22.2	D22.20	D22.21	D22.22	D22.30
D22.39	D22.4	D22.5	D22.61	D22.62	D22.71	D22.72
D22.61	D23.0	D23.4	D23.5	D23.10	D23.111	D23.112
D23.121	D23.122	D23.20	D23.21	D23.22	D23.30	D23.39
D23.60	D23.61	D23.62	D23.70	D23.71	D23.72	D37.01
D48.1	D48.5	D48.61	D48.62	D48.7	H02.821	H02.822
H02.823	H02.824	H02.825	H02.826	I78.1	K13.21	L72.0
L72.11	L72.12	L72.3	L82.0	L82.1	L98.0	Z85.820
Z85.821	Z85.828					

Covered Diagnosis Codes for procedure codes 17000, 17003, 17004, 96567, 96573, 96574

Codes	
L57.0	

Noncovered Diagnosis Codes for procedures codes 17110 and 17111

Codes						
L70.0	L70.1	L70.3	L70.4	L70.5	L70.8	L70.9
L73.0						

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

10/27/2021	Approved in Medical Policy Committee
09/28/2022	Annual review; approved in medical policy committee
10/2022	Approved in QI/UM