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Origination Date	06/01/2024
Originated Department	Medical Management

Benign Skin Lesion Removal Department

Audience
Providers, Members, Brokers, MHC

Purpose

Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.

Definition

A skin lesion is a nonspecific term that refers to any change in the skin surface; it may be benign, malignant, or premalignant. Skin lesions may have color (pigment), be raised, flat, large, small, fluid-filled, or exhibit other characteristics. Common benign skin lesions may include moles (nevi), sebaceous cysts, seborrheic keratoses, skin tags (acrochordon), calluses, corns, or warts.

The treatment of benign skin lesions consists of destruction or removal by any of a wide variety of techniques. Removing a skin lesion can range from a simple biopsy, scraping, or shaving of

the lesion to a radical excision that may heal on its own, be closed with sutures (stitches), or require reconstructive techniques involving skin grafts or flaps. Laser, cautery, or liquid nitrogen may also remove benign skin lesions. When it is uncertain whether a lesion is cancerous, excision and laboratory (microscopic) examination is usually necessary.

Policy/Procedure

Mountain Health Co-Op covers the removal of lipomas, seborrheic keratoses, melanocytic nevi, acrochordons/skin tags, fibromas, warts, pyogenic granuloma (PG) [aka, lobular capillary hemangioma], focal intractable plantar hyperkeratosis (clavus/heloma) and dermatofibromas in adults when found to be medically necessary based upon documentation of a functional* problem.

1. **Mountain Health Co-Op covers the removal of actinic keratosis using cryotherapy, electrosurgery, chemosurgery, and surgical curettement regardless of symptoms, as they are considered premalignant lesions.**
   1.1 Some benign skin conditions present predominantly in children, such as congenital hemangiomas, port wine stains, and other vascular lesions, may only be covered under specific conditions identified in policies specific to those conditions. Specific lesions not shown to have covered functional* problems are denied based on the reconstructive and cosmetic limitations present in the plan certificate of coverage.

**Functional impairment is defined as pain or other symptoms of such a magnitude or location of the lesion(s) that it impairs an individual's ability to perform their activities of daily living (ADL), limit mobility, or otherwise prevent the normal function of a body part.*

2. **Clinical Rationale**
   2.1 Acquired nevi (moles) can appear anywhere on the skin. They are usually brown in color but can be skin-colored or pink, light tan to brown, or blue-black. Moles may be flat or raised and can be of various sizes and shapes. Most appear during the first 20 years of a person's life, although some may not appear until later in life. Sun exposure increases the number of moles. Most moles are benign. However, moles that raise suspicion of malignancy change in size, shape, or color, and those that bleed, itch, or become painful. Atypical moles (dysplastic nevi) have an increased risk of developing melanoma. Atypical moles are more prominent than average (greater than 6 mm) and irregular. They tend to have uneven color with dark brown centers and lighter, sometimes reddish, uneven borders or black dots at the edge. The most common methods of removal include shaving and excision. Congenital melanocytic nevi occur in approximately 1 % of newborns and are usually classified according to size. Giant congenital melanocytic nevi are defined as melanocytic nevi greater than 20 cm in the largest dimension. In contrast, small congenital nevi are defined as melanocytic nevi less than 1.5 cm in the largest dimension. Giant congenital melanocytic nevi are associated with an increased risk of the development of melanoma, and, therefore, they are surgically removed. However, small congenital nevi do not need to be removed as the risk of malignant transformation is thought to be small or none. The management of intermediate-

sized congenital nevi is controversial, as the risk of malignant transformation and the lifetime melanoma risk in patients with intermediate-sized congenital nevi is not known.

2.2 A skin tag (acrochordon) is a benign, soft, moveable, skin-colored growth that hangs from the skin's surface 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 irritated. They may become irritated if they occur in an area where clothing or jewelry rubs against them. Skin tags may be removed by excision, cryosurgery, or electrosurgery.

2.3 Bowen's disease (squamous cell carcinoma in situ) is a pre-malignant lesion, often due to arsenic exposure, that may give rise to squamous cell carcinoma. Lesions predominantly affect the elderly and consist of persistent, erythematous, scaly plaques with well-defined margins. Treatment options include excision, cryotherapy, curettage and cautery, and topical 5-fluorouracil.

2.4 Lentigo maligna (Hutchinson's Freckle) is a pre-malignant lesion that may give rise to lentigo maligna melanoma. These lesions are pigmented macules, often greater than 1 cm in diameter with an irregular border, occurring mainly on sun-exposed areas. Lesions characteristically have brown, black, red, and white areas and become more irregularly pigmented over time. The risk of conversion to melanoma by age 75 is estimated at 1 to 2 %. Patients should undergo regular follow-up examinations for signs of conversion to melanoma. Because conversion to melanoma is usually relatively slow, the decision to excise lentigo maligna should be based on several factors, including the size and location of the lesion, which determines the complexity of the procedure required, and the patient's life expectancy and comorbidities.

2.5 A systematic review (Loo et al, 2014) studied the effects of treatments for warts (non-genital). Seventeen studies were found to meet the inclusion criteria. Warts are caused by the human papillomavirus (HPV), of which there are over 100 types. They are most common at sites of trauma, such as the hands and feet, and probably result from inoculation of the virus into minimally damaged areas of epithelium. Warts on the feet can be acquired from walking barefoot in places where other people walk barefoot. One observational study (146 adolescents) found that the prevalence of warts on the feet was 27% in those who used a communal shower room and 1.3% in those who used the locker room. Warts, on the other hand, are also an occupational risk for butchers and meat handlers. One cross-sectional survey (1086 people) found that the prevalence of warts on the hand was 33% in abattoir workers, 34% in retail butchers, 20% in engineering fitters, and 15% in office workers. Immunosuppression is another crucial risk factor. One observational study in immunosuppressed renal transplant recipients found that, at 5 years or longer after transplantation, 90% had warts. The resolution rate is highly variable and probably depends on several factors, including host immunity, age, HPV type, and site of infection. One cohort study (1000 children in long-stay accommodation) found that two-thirds of warts resolved without treatment within 2 years.

2.6 An UpToDate review on “Neurofibromatosis type 1 (NF1): Management and prognosis” (Korf, 2015) states that “Cutaneous and subcutaneous neurofibromas

are not removed unless there is a specific need for removal (e.g., pain, bleeding, interference with function, disfigurement). Referral to dermatology is advised for patients with severe pruritus".

2.7 Ovejero and colleagues (2016) stated that cutaneous skeletal hypophosphatemia syndrome (CSHS), caused by somatic RAS mutations, features excess fibroblast growth factor-23 (FGF23) and skeletal dysplasia. In this study, records from 56 individuals were reviewed and demonstrated fractures, scoliosis, and non-congenital hypophosphatemia that, in some cases, were resolved. Phosphate and calcitriol, but not skin lesion removal, effectively controlled hypophosphatemia. No skeletal malignancies were found; 5 CSHS subjects underwent prospective data collection at clinical research centers. A literature review identified 45 reports that included 51 additional patients in whom the findings were compatible with CSHS. Data on nevi subtypes, bone histology, mineral and skeletal disorders, abnormalities in other tissues, and response to treatment of hypophosphatemia were analyzed. Fractures, limb deformities, and scoliosis affected most CSHS subjects. Hypophosphatemia was not present at birth. Histology revealed severe osteomalacia but no other abnormalities. Skeletal dysplasia was reported in all anatomical compartments, though less frequently in the spine; there was no clear correlation between the location of nevi and the skeletal lesions. Phosphate and calcitriol supplementation was the most effective therapy for rickets. Convincing data that nevi removal improved blood phosphate levels was lacking. An age-dependent improvement in mineral abnormalities was observed. A spectrum of extra-osseous/extra-cutaneous manifestations that included both benign and malignant neoplasms was present in many subjects, though osteosarcoma remains unreported.

Applicable Coding

CPT Codes

Covered codes if criteria are met:

11200-11201	Removal of skin tags, multiple fibrocutaneous tags, any area
113000-11313	Shaving of epidermal or dermal lesions
11400-11446	Excision, benign lesions
17000-17004	Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses)
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

54050-54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle)
56501-56515	Destruction of lesion(s), vulva
57061-57065	Destruction of vaginal lesion(s)
HCPCS Codes No applicable codes	

Vendors

- **Personify**
- **HPS**

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Review/Revision/Approval History	
Date	Description
06/01/2024	**New Policy**
3/16/2026	**Revised by Mountain Health CO-OP Policy Committee**

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