

## Dermatologic Conditions, Surgical 09

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

### Description & Definitions:

Skin lesions, including: moles, skin tags, fibromas, tumors, keloids, and cysts are removed from an individual's body either surgically or with treatments including, but not limited to, corticosteroids, cryotherapy, etc.

A skin biopsy is a medical procedure that removes a small sample of tissue to examine for damage or disease.

Epidermal Nerve Fiber Density Testing is a measurement of intra-epidermal nerve fiber density (IENFD) by skin punch biopsy where a small specimen is used to identify the amount of nerve fibers in the skin.

### Criteria:

**Dermatologic Conditions** (treatments, removal, laser therapy, dermoscopy or biopsy) are considered medically necessary for individuals with indications of **1 or more** of the following:

- **Benign skin lesions, warts, skin tags or tumors** (treatment or removal) of with **1 or more** of the following:
  - Sudden growth/enlargement, color changes, beginning to bleed or ulcerate, inflammation, infection, pain
  - The lesion is located in an anatomical region subject to recurrent physical trauma with documentation proving that such trauma has occurred
  - The lesion restricts vision
  - The lesion obstructs a body orifice
  - Showing evidence of spread from one body area to another, particularly in immunosuppressed patients
  - Lesions are condyloma acuminata or molluscum contagiosum
- **Congenital dermal sinus, dermoidal cysts, or nevus sebaceous of Jadassohn** (treatment or removal)
- **Destruction of cutaneous or intraneural neurofibroma** with **1 or more** of the following:
  - Suspicion of malignancy (e.g. sudden growth/enlargement, color changes, beginning to bleed or ulcerate, inflammation, pruritic, pain)

- The lesion is located in an anatomical region subject to recurrent physical trauma with documentation proving that such trauma has occurred
- The lesion restricts vision
- The lesion obstructs a body orifice
- **Keloid or other hypertrophic scars** (treatment or removal) with **1 or more** of the following:
  - Surgical removal of keloids is considered medically necessary after the failure of conservative non-surgical therapies (including but not limited to corticosteroids, pressure dressing, etc.) and **1 or more** of the following:
    - Significant pain
    - Bleeding
    - Infection
  - Treatment of a keloid with electron beam radiotherapy within 2 days following surgery and the individual is at high risk for keloid formation as indicated by **ALL** of the following:
    - Personal and/or family history of keloids
    - The lesion(s) are located in a high tension area
- **Plantar lesions, warts or other symptomatic lesions on the foot** (treatment or removal) as indicated by **1 or more** of the following:
  - Sudden growth or enlargement
  - Lesion exhibits spotty color changes or becomes darker
  - Lesion begins to bleed or ulcerate
  - Lesion becomes inflamed, pruritic or painful
  - Failed conservative therapy or treatment such as medications, foot pads or changes in footwear
- **Ablative Fractional Carbon Dioxide Laser Therapy** is considered medically necessary for **ALL** of the following:
  - Scar revisions post burns with **ALL** of the following:
    - Procedure is being done by a plastic surgeon
    - Individual has functional impairment
    - Individual has tried and failed **1 or more** of the following:
      - Silicone gel
      - Pressure garments
      - Sheeting
- **Biopsy of skin lesions** may be indicated for **1 or more** of the following:
  - An unexplained rash that did not improve with treatment
  - Open sores that did not heal with treatment
  - A skin growth or mole that has changed in size, color or shape
  - A skin growth or mole that appears to potentially be a melanoma
  - Rough, scaly or blistering skin that did not improve with treatment
- **Carbon Dioxide Laser Therapy** is considered medically necessary for **1 or more** of the following:
  - Removal of superficial basal cell carcinomas of the skin
  - Removal of actinic keratosis when failed treatments include **1 or more** of the following:
    - Topical imiquimod or 5-fluorouracil with or without tretinoin cream
    - Cryosurgery with liquid nitrogen
    - Curettage or excision when squamous cell carcinoma is suspected
    - Failed adequate response of **1 or more** of the following:
      - Chemical peel
      - Dermabrasion
      - Photodynamic therapy
- **Epidermal nerve fiber density testing (ENFD)** is considered medically necessary for individuals with suspected small fiber neuropathy and **ALL** of the following:
  - Painful sensory neuropathy
  - Physical examination shows no evidence of findings consistent with large-fiber neuropathy, such as reduced or absent muscle-stretch reflexes or reduced proprioception and vibration sensation
  - Electromyography studies are normal and show no evidence of large fiber neuropathy
  - Autonomic testing is normal and show no evidence of large fiber neuropathy
  - Nerve conduction velocity studies are normal and show no evidence of large fiber neuropathy

- **Handheld or digital dermoscopy** may be indicated for **1 or more** of the following:
    - Alopecia
    - Nonpigmented skin lesion, and clinical suspicion of skin cancer
    - Pigmented skin lesion, and need for initial evaluation
    - Pigmented skin lesion, and need for follow-up or surveillance (ie, nevi), as indicated by **1 or more** of the following:
      - Major atypical, pigmented (highly suspicious, highly atypical) skin lesions indicated by **ALL** of the following:
        - Asymmetry on previous dermoscopy
        - Additional suspicious features on previous dermoscopy, as indicated by **2 or more** of the following:
          - Irregular dots or globules
          - Irregular network
          - Irregular pigmentation or areas of hypopigmentation (ie, blue-white veil, regression structures)
          - Milky red areas
        - Follow-up interval of **1 or more** of the following:
          - Interval from initial dermoscopy to first follow-up dermoscopy is 3 months or greater
          - Interval from first follow-up dermoscopy to second follow-up dermoscopy is 6 months or greater.
          - Interval from second (or greater) follow-up dermoscopy to subsequent follow-up dermoscopy is 12 months or greater.
      - Minor atypical, pigmented skin lesions indicated by **ALL** of the following:
        - Asymmetry on previous dermoscopy
        - Irregular hypopigmented areas
        - Most recent dermoscopy 12 months ago or greater
      - Moderate atypical, pigmented (eg, multiple lesions, high-risk patient) skin lesions indicated by **ALL** of the following:
        - Asymmetry on previous dermoscopy
        - Additional suspicious features on previous dermoscopy, as indicated by **1 or more** of the following:
          - Irregular dots or globules
          - Irregular network
          - Irregular pigmentation or areas of hypopigmentation (ie, blue-white veil, regression structures)
          - Milky red areas
        - Follow-up interval of **1 or more** of the following:
          - Interval from initial dermoscopy to first follow-up dermoscopy is 6 months or greater.
          - Interval from first follow-up dermoscopy (or greater) to subsequent follow-up dermoscopy is 12 months or greater.
    - Systemic sclerosis, and need for evaluation of nailfold capillaries, as indicated by **ALL** of the following:
      - Individual diagnosed with systemic sclerosis by rheumatologist
      - Skin involvement distal to metacarpophalangeal joints
- **Initial Excimer and Pulse-dye Laser Therapy** for **1 or more** of the following:
  - Treatment of mild to moderate localized plaque psoriasis is considered medically necessary indicated by **ALL** of the following:
    - Affecting 10 percent or less of body
    - Failed to adequately respond to three or more months of single/combo topical treatments including **1 or more** of the following:
      - Corticosteroids
      - Vitamin D derivatives
      - Calcipotriene
      - Retinoids
      - Tazarotene

- Anthralin
- Tar preparations
- Keratolytic agents
- Salicylic acid
- Lactic acid
- Urea
- Treatment of vitiligo indicated by **ALL** of the following:
  - Failed to adequately respond to medical therapy including **ALL** of the following:
    - An eight week trial of one topical corticosteroid
    - A twelve week trial of one topical calcineurin inhibitor (e.g., tacrolimus 0.03% or 0.1% ointment, pimecrolimus 1% cream)
- **Initial Pulse-dye Laser Therapy** is considered medically necessary for **1 or more** of the following:
  - Genital warts when home therapy with **1 or more** of the following has been unsuccessful:
    - Podophyllotoxin
    - Imiquimod
  - Granuloma faciale
  - Keloid or other hypertrophic scars resulting in substantial loss of function
  - Keloids/Hypertrophic scars cause substantial pain necessitating constant pain relief medication
  - Multiple superficially located port wine stains and other hemangiomas in the face and neck where surgical removal is not feasible
  - Numerous glomangiomas superficially located in the face and neck where surgical removal is not feasible
  - Pyogenic granuloma in the face and neck
  - Verrucae when standard treatments have failed
- **Repeat or continued Excimer and Pulse-dye Laser Therapy** for **1 or more** of the following:
  - Treatment of mild to moderate localized plaque psoriasis is considered medically necessary with **ALL** of the following:
    - No more than 13 laser treatments per course or three courses per year
    - Individual has responded to initial course of laser therapy as documented by a reduction in Psoriasis Area and Severity Index (PASI) Score or other objective response measurement
  - Treatment of vitiligo is considered medically necessary with **ALL** of the following:
    - Up to 200 total treatments
    - Individual has documentation showing favorable clinical response to initial course of excimer laser therapy
- **Yttrium aluminum garnet (YAG) Laser Therapy** for **ALL** of the following:
  - Hidradenitis Suppurativa

**Dermatologic Conditions (treatments, removal, laser therapy, dermoscopy or biopsy)** are considered contraindicated and/or not medically necessary for any use other than those indicated in clinical criteria, to include but not limited to:

- Carbon Dioxide (CO2) Laser for Hailey-Hailey Disease
- Epidermal Nerve Fiber Density Testing to detect preclinical small fiber neuropathy in asymptomatic members with any of the following:
  - Diabetes
  - impaired glucose intolerance
  - hypothyroid persons, and for evaluation of individuals with Fabry disease, not an exclusive list) known to cause peripheral neuropathy
  - hereditary transthyretin (TTR) amyloidosis and iatrogenic TTR amyloidosis
  - Ehlers-Danlos syndromes
  - Fabry disease
  - fibromyalgia
  - postural tachycardia syndrome
  - REM sleep behavior disorder
  - For monitoring disease progression or response to treatment

- Sweat gland nerve fiber density for the diagnosis of small-fiber neuropathy and other indications
  - Diagnosis of endometriosis
- Keloids that result from a cosmetic procedure such as body piercing
- Non-symptomatic Benign Skin Lesions or tumors
- Non-symptomatic Port Wine stains are considered cosmetic
- Non-symptomatic plantar and venereal warts
- Photodynamic therapy (PDT) for the following:
  - Actinic cheilitis
  - Actinic dermatitis
  - Condyloma (genital warts)
  - Darier's disease (keratosis follicularis)
  - Disseminated superficial actinic porokeratosis
  - Dyspigmentation
  - Endodontic infections
  - Extra-mammary Paget's disease (e.g., Paget's disease of the vulva)
  - Granulomatous dermatitis
  - Herpes labialis
  - Hidradenitis suppurativa
  - Human papilloma virus infection
  - Intra-ocular choroidal metastases
  - Keratitis
  - Liposclerosis (lipodermatosclerosis)
  - Mycosis fungoides
  - Nekam's disease (also known as keratosis lichenoides chronica)
  - Onychomycosis
  - Photoaging
  - Plantar wart
  - Psoriasis
  - Rosacea
  - Scarring
  - Sebaceous hyperplasia
  - Squamous Cell Carcinoma in the Head and Neck
  - Superficial mycosis
  - Wound healing
- Removal of non-symptomatic keloids
- Visual image analysis, electrical impedance devices, multispectral image analysis, ultrasound, or other optical methods (e.g., optical coherence tomography [OCT], reflectance confocal microscopy [RCM]) for the early detection or monitoring of melanoma
- Whole body integumentary photography

## Document History:

### Revised Dates:

- 2025: March – Implementation date of 6/1/2025. Add exclusions from Photodynamic Therapy for Oncologic and Dermatologic Conditions and notes to reference MCG Photodynamic Therapy, Skin (A-0254)
- 2025: January – criteria updated codes updated references updated
- 2024: September – Added codes and criteria for skin biopsies, and Epidermal Nerve Fiber testing
- 2024: June – expanded criteria references updated
- 2022: May, July
- 2020: June
- 2016: January, March
- 2015: October
- 2014: August
- 2013: February
- 2012: August
- 2011: October

- 2010: August
- 2009: August
- 2008: August
- 2006: December
- 2003: October
- 2000: November
- 1998: February, October
- 1996: January

Reviewed Dates:

- 2022: 2023: May
- 2021: May
- 2020: March
- 2018: April, May
- 2017: January
- 2015: August
- 2014: October
- 2013: August
- 2011: August
- 2007: August
- 2006: May, October
- 2005: August
- 2004: October, December
- 2003: September
- 2002: September
- 2001: December
- 1999: October
- 1994: February

Effective Date:

- August 1991

## Coding:

### Medically necessary with criteria:

Coding	Description
0419T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas
0420T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas
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)
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 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
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
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
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day
96999	Unlisted special dermatological service or procedure

#### Considered Not Medically Necessary:

Coding	Description
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion



96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)

U.S. Food and Drug Administration (FDA) - approved only products only.

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.*

### Special Notes: \*

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Medicaid products.
  - Check Plan documents as some groups consider plantar wart treatment a non-covered benefit.
  - See MCG Photodynamic Therapy, Skin (A-0254) – CPT 96567, 96573, 96574
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - § Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions

### References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Provider Manuals. (2025). Retrieved 2 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

## Keywords:

Lesion, Wart(s), Keloid, Skin tag(s), Mole(s), Skin Lesions/Keloids/Warts/Dermoscopy, Surgical 09, electron beam radiotherapy, benign, malignant, cutaneous neurofibroma, intraneural neurofibroma, tumor, congenital dermal sinus, dermoidal cysts, nevus sebaceous of Jadassohn, sudden growth, sudden enlargement, color changes, bleeding, inflammation, pruritic, pain, skintags, skin tags, Handheld dermoscopy, digital dermoscopy, Nonpigmented skin lesion, pigmented skin lesion