

## Skin Lesions-Keloids-Warts-Dermoscopy, 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.\*.**

### Purpose:

This policy addresses Skin Lesions-Keloids-Warts-Dermoscopy.

### Description & Definitions:

**Dermatoscopy** is a noninvasive technique to examine the skin surface with an incident light microscope.

**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.

### Criteria:

The treatment or removal of lesions is considered medically necessary for individuals for indications of **1 or more of the following**:

- Request is for the treatment of a keloid or other hypertrophic scars 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
  - Pulse dye laser treatment is medically necessary that are a result of surgical procedure or injury with **1 or more** of the following:
    - Results in substantial loss of function

- Keloids/Hypertrophic scars cause substantial pain necessitating constant pain relief medication
- Request is for the treatment or removal of benign skin lesions, warts, skin tags or tumors 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
- Request is for the 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
- Requests for treatment of congenital dermal sinus, dermoidal cysts, or nevus sebaceous of Jadassohn
- Request is for surgical removal of plantar lesions, warts or other symptomatic lesions on the foot 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
- Initial excimer and pulsed dye laser treatment for 1 or more of the following:
  - mild to moderate localized plaque psoriasis is considered medically necessary with **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 with **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)
- Repeat or continued Excimer and pulsed dye laser treatment
  - for 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
  - for 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
- Pulse dye laser treatment is considered medically necessary for **1 or more** of the following:
  - Verrucae when standard treatments have failed
  - Numerous glomangiomas superficially located in the face and neck where surgical removal is not feasible
  - Pyogenic granuloma in the face and neck
  - Genital warts when home therapy with **1 or more** of the following has been unsuccessful:
    - Podophyllotoxin
    - Imiquimod
  - Granuloma faciale
  - Multiple superficially located port wine stains and other hemangiomas in the face and neck where surgical removal is not feasible
- 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
- Carbon Dioxide laser treatments are 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
- Yttrium aluminum garnet (YAG) Laser Therapy for **ALL** of the following:
  - Hidradenitis Suppurativa
- 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 (highly suspicious, highly atypical) pigmented skin lesions, as 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.

- Moderate atypical (eg, multiple lesions, high-risk patient) pigmented skin lesions, as 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.
- Minor atypical pigmented skin lesions, as indicated by **ALL** of the following:
  - Asymmetry on previous dermoscopy
  - Irregular hypopigmented areas
  - Most recent dermoscopy 12 months ago 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

The following are considered either **not medically necessary** or **cosmetic in nature** for any use other than those indicated in clinical criteria, to include but not limited to:

- Carbon Dioxide (CO2) Laser for Hailey-Hailey Disease
- 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
- 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

## 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.

## Document History:

### Revised Dates:

- 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

## 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).

(2023, Sep 21). Retrieved May 09, 2024, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

878.4860 Light based energy source device for topical application. (2018, Oct 19). Retrieved May 10, 2024, from Code of Federal Regulations: <https://www.ecfr.gov/current/title-21/section-878.4860>

Electrical Impedance Spectroscopy With Nevisense (SciBase AB) for Diagnosis of Cutaneous Melanoma. (2024, Mar 12). Retrieved May 08, 2024, from Hayes: <https://evidence.hayesinc.com/report/htb.linx2659>

LCD: Removal of Benign and Malignant Skin Lesions (L33445). (2019, Oct 24). Retrieved May 08, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33445&ver=71>

LCD: Routine Foot Care (L37643). (2019, Dec 05). Retrieved May 08, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=37643&ver=24&keyword=warts&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) with NCCN Evidence Blocks™. (2024). Retrieved May 09, 2024, from National Comprehensive Cancer Network: <https://www.nccn.org/guidelines/guidelines-with-evidence-blocks>

NCD: Treatment of Actinic Keratosis. (2001, Nov 26). Retrieved from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=129&ncdver=1&keyword=250.4&keywordType=starts&areald=s53&docType=NCAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Ogawa, R. (2024, May 01). Keloids and hypertrophic scars. Retrieved May 09, 2024, from UpToDate: [https://www.uptodate.com/contents/keloids-and-hypertrophic-scars?search=keloid%20treatment&source=search\\_result&selectedTitle=1%7E92&usage\\_type=default&display\\_rank=1#H3859369137](https://www.uptodate.com/contents/keloids-and-hypertrophic-scars?search=keloid%20treatment&source=search_result&selectedTitle=1%7E92&usage_type=default&display_rank=1#H3859369137)

Position Statement on Reflectance Confocal Microscopy. (2019, Jul 27). Retrieved May 09, 2024, from American Academy of Dermatology Association: [https://server.aad.org/forms/policies/Uploads/PS/PS-Reflectance%20Confocal%20Microscopy%20\(RCM\).pdf](https://server.aad.org/forms/policies/Uploads/PS/PS-Reflectance%20Confocal%20Microscopy%20(RCM).pdf)

Provider Manual Title: Hospital - Chapter IV: Covered Services and Limitations. (2022, Oct 24). Retrieved May 09, 2024, from Department of Medical Assistance Services - MES Public Portal: [https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/Hospital%20Chapter%20IV%20%28updated%2010.24.22%29\\_Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/Hospital%20Chapter%20IV%20%28updated%2010.24.22%29_Final.pdf)



Reflectance Confocal Microscopy for Diagnosis of Cutaneous Melanoma. (2023, Mar 07). Retrieved May 08, 2024, from Hayes: <https://evidence.hayesinc.com/report/dir.microscopy4699>

Software-Aided Adjunctive Diagnostic Device For Use By Physicians On Lesions Suspicious For Skin Cancer. (2024, May 06). Retrieved May 10, 2024, from U.S. Food and Drug Administration: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN230008>

### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per 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.*

### 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