

Review Criteria

Georgia Region



Title:	Benign Skin Lesion and Lipoma Removal		
Department:	QUALITY RESOURCE MANAGEMENT	Page:	1 of 2
Section:	UTILIZATION MANAGEMENT	Policy Number:	01-50
Type:	() New	Effective Date:	4/19/2011
	(X) Reviewed / Revised	Date:	3/20/2017 2/14/2018 1/14/2019 1/2/2020 1/7/2021 1/5/2022 2/15/2023

Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS/CONDITION: Benign skin lesion and benign lipomas

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS: 11440-11444; 11446; 11400-11404; 11406; 11420-11424; 11426 **Note: Please check Tricare Manual for exclusions and policy**

1.0 INDICATIONS/CHECKLIST

- Biopsy suggests or is indicative of premalignancy (e.g., dysplasia) or malignancy; or
- Due to its anatomic location, the lesion has been subject to recurrent trauma; or irritation for example bra-line, waist band etc or
- Lesion appears to be premalignant (e.g., actinic keratoses, Bowen's disease, dysplastic lesions, lentigo maligna, or leukoplakia) or malignant (due to coloration, change in appearance or size, etc., especially in a person with dysplastic nevus syndrome, family history of melanoma, or history of melanoma); or
- Skin/lipoma lesions are causing symptoms (e.g., bleeding, burning, itching, or irritation); or
- The lesion has evidence of inflammation (e.g., edema, erythema, or purulence); or
- The lesion is infectious (e.g., warts [verruca vulgaris]); or
- The lesion restricts vision or obstructs a body orifice. **OR**
- **Lipoma with significant Increase in size with concern for malignancy**

2.0 CONTRAINDICATIONS

In the absence of any of the above indications, removal of seborrheic keratoses, sebaceous cysts, nevi (moles), skin tags, or other benign skin lesions and lipomas is considered cosmetic.

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3.0 Views of the Southeast Permanente Medical Group:

Kaiser Permanente considers removal of seborrheic keratoses, sebaceous cysts, skin tags, acquired or small (less than 1.5 cm) congenital nevi (moles), or other benign skin lesions and lipomas are medically necessary if any of the above indications are met:

4.0 LITERATURE SUMMARY/Reference:

- Kaiser Permanente BEAM(EOC): **Moles, Blemishes and Birthmark Removal**
 The removal of moles or other lesions that are requested by Members solely for appearance reasons are not covered. However, if a Plan Physician recommends removal of these lesions for medical reasons, the removal will be covered.
NOTE: In some instances, the Medical Group may agree to provide some non-Medically Necessary removals of these lesions on a fee for service basis. Members should consult with their treating physicians or the Department of Dermatology to determine what services are available, the process for obtaining those non-covered services and the fees involved. It is common medical practice to send any lesion removed from a patient to pathology for evaluation. If the Member is requesting the procedure solely to improve appearance, then the pathology evaluation is part of that procedure, and the Member is responsible for the cost of the pathology evaluation.
- Aetna CPB- Benign Skin Lesion Removal- 12/4/2020

Approval

Luke Beno MD
Physician Program Director, Quality Resource
Management

4/19/2011_____

Date

Date