



KAISER PERMANENTE®

Mid-Atlantic States

Benign Skin Lesion Treatment

Medical Coverage Policy

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
- For Medicare members, please consult the Medicare Coverage Database.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Procedure: Benign Skin Lesion Treatment

II. Specialties: Dermatology, Plastic Surgery, General Surgery, Otolaryngology, Internal Medicine, Family Practice

III. Clinical Indications for Referral

- A.** In general, Kaiser Permanente Mid-Atlantic States (KPMAS) coverage for plastic and reconstructive surgery is limited to those procedures intended to significantly improve physical function as in procedures that correct or ameliorate a skin condition arising from accidental injury, disease, trauma, or treatment of a disease or a congenital defect.
- B.** Certain circumstances may justify medical treatment or removal of such benign lesions. Benign skin lesions may be referred for treatment IF the following conditions apply:
1. Lesions that are the result of medically necessary surgery or injury and treatment will significantly improve physical function: OR
 2. The lesion is visibly symptomatic (including but not limited to irritation, bleeding, severe itching, erythema, or pain) AND evaluation and management by primary care or by the referring service has been unsuccessful; AND
 3. Due to its anatomic location, the lesion has been subject to recurrent trauma, AND evaluation and management by primary care or by the referring service has been unsuccessful OR
 4. The lesion has required incision and drainage in the past, AND evaluation and management by primary care or by the referring service has been unsuccessful OR
 5. The lesion restricts vision or obstructs a body orifice's function, AND evaluation and management by primary care or by the referring service has been unsuccessful; OR
 6. The lesion is dysplastic or malignant (due to coloration, change in appearance or size etc., (ABCDE's1) especially in a person with dysplastic nevus syndrome, history of melanoma, or family history of melanoma); OR
 7. Biopsy suggests or is indicative of dysplasia (pre-malignancy) or malignancy, OR



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8. Skin lesions that have existed at or from birth and are a significant deviation from the common form or norm, such as pre-auricular skin tags and extra digits, OR
9. Cleft earlobes with a complete split, either newly lacerated or healed.

C. In the absence of any of the above indications, treatment or removal of benign lesions is considered cosmetic and not medically necessary as in **section IV, exclusions**, and limitations.

IV. Exclusions and Limitations

A. Procedures and services intended to improve or maintain appearance, not expected to significantly improve physical function, are considered cosmetic and excluded contractually.

B. KPMAS considers the treatment of the following benign non-cancerous skin lesions to be **cosmetic and therefore not covered unless they meet the criteria for removal in III.B:**

1. Seborrheic keratosis;
2. Dermatitis Papulosa Nigra (DPN)
3. Skin tags;
4. Keloid and hypertrophic scars;
5. Milia;
6. Sebaceous hyperplasia; and
7. Incomplete split or partially cleft earlobes and enlarged pierced holes; and
8. Benign appearing nevi (moles)



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Approval History

RUMC approval	RQIC approval	State of Maryland Filing	Implementation Date
07/27/2009	08/06/2009	08/11/2009	08/22/2009
09/17/2010	10/05/2010*	10/06/2010	10/17/2010

Date approved by RUMC	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
12/29/2010	01/28/2011	01/08/2011
02/15/2011	02/17/2011	02/28/2011
11/29/2011	11/30/2011	12/11/2011
11/18/2012	11/21/2012	12/02/2012
11/19/2013	11/21/2013	12/02/2013
11/24/2014	11/25/2014	12/05/2014
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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
11/23/2016	11/23/2016
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*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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