

Clinical Policy: Benign Skin Lesion Removal

Reference Number: WI.MP.01

Date of Last Revision: 7/2017

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This medical policy applies to Managed Health Services (MHS) and states that prior authorization (PA) is required for benign skin lesion removal and scar revision performed at or outside the providers office. Establishes the medical necessity criteria for benign skin lesion removal

Policy/Criteria

I. It is the policy of MHS health Wisconsin that Benign Skin Lesion Removal is **medically necessary** for the following indications:

- Skin lesions are causing symptoms, such as burning, itching, irritation, or bleeding; *or*
- The lesion has evidence of inflammation, e.g., purulence, edema, erythema; *or*
- Due to its anatomic location, the lesion has been subject to recurrent trauma; *or*
- The lesion restricts vision or obstructs a body orifice; *or*
- Lesion appears to be dysplastic or malignant (due to coloration, change in appearance or size, etc., especially in a person with dysplastic nevus syndrome, history of melanoma, or family history of melanoma); *or*
- Biopsy suggests or is indicative of dysplasia (pre-malignancy) or malignancy

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

MHS considers revision of scars that result from surgery medically necessary if they cause symptoms or functional impairment as described above. Note: Exceptions may apply to repair of scars that do not cause pain or functional impairment that are related to post-mastectomy scar revision.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

CLINICAL POLICY
POLICY TITLE

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
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

HCPCS Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	6/2008	6/2008
Reviewed/Revised	6/30/2009	7/1/2009
Reviewed/Revised	6/1/2010	6/1/2010
Reviewed/Revised	4/1/2011	4/1/2011
Reviewed/Revised	3/1/2012	3/1/2012
Reviewed/Revised	2/26/2013	3/1/2013
Reviewed/Revised	1/27/2014	2/1/2014

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Reviewed/Revised	12/1/2014	1/1/2015
Reviewed/Revised	10/2/2015	10/2/2015
Reviewed/Revised	8/1/2016	8/1/2016
Reviewed/Revised	7/1/2017	7/1/2017
Reviewed/Revised	3/1/2023	

References

1. [cp.mp.31 Cosmetic and reconstructive procedures](#)