



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject **Benign Skin Lesion Removal**

Effective Date ..... 3/15/2011  
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## Hyperlink to Related Coverage Policies

- Acne Procedures
- Actinic Keratosis Treatments
- Foot Care Services
- Photodynamic Therapy for Dermatologic Conditions
- Phototherapy and Photochemotherapy for Dermatological Conditions

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

Coverage for treatment or removal of benign skin lesions is dependent on benefit plan language and may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. In addition, many benefit plans specifically exclude skin tag removal. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for treatment or removal of benign skin lesions is available, the following conditions of coverage apply.

CIGNA covers the treatment or removal of a benign skin lesion (e.g., nevus [mole], sebaceous cyst, wart, seborrheic keratosis, skin tag, or pigmented lesion) as medically necessary when ANY of the following criteria are met:

- There is drainage, inflammation, bleeding, burning, intense itching, or pain associated with the lesion.
- The lesion is growing in size.
- The lesion obstructs a body orifice, restricts vision or otherwise significantly interferes with normal function.
- There is clinical suspicion of malignancy (e.g., a change in the ABCDs of skin cancer [asymmetry, border irregularity, color, and diameter]).
- Due to its anatomical location, the lesion is prone to being recurrently traumatized.

**CIGNA covers pterygium excision as medically necessary when there is increased growth of the lesion toward the center of the cornea and/or the lesion results in a functional deficit (i.e., visual disturbance, discomfort, irritation).**

**CIGNA does not cover paring, cutting or excision of a benign non-foot\* hyperkeratotic lesion (e.g., callus) because it is considered cosmetic in nature and/or not medically necessary.**

**\*Note: For specific coverage conditions of a foot callus please refer to the CIGNA Coverage Policy Foot Care Services.**

**CIGNA does not cover benign skin lesion treatment or removal when performed solely for the purpose of altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance because it is considered cosmetic and not medically necessary.**

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## **General Background**

The skin is the largest organ of the body and consists of two distinct layers: the dermis and the epidermis. The epidermis consists of basic keratinocytes that contain keratin, a fibrous protein; melanocytes, responsible for pigmentation in the lower part; and basal cells, the innermost layer. The dermis is a connective tissue layer under the epidermis and contains nerve endings, capillaries and sensory receptors. The skin acts as a primary protective barrier between the internal structures of the body and the external environment. A skin lesion is an area of the skin in which the appearance has changed; the change may affect one small spot or an entire area. Typically, skin lesions are classified as noncancerous (i.e., benign) or cancerous (i.e., malignant). Noncancerous skin lesions may be caused by viruses, systemic disease, or environmental factors. Skin cancer, the most common form of cancer in the United States, includes basal cell carcinoma, Kaposi's sarcoma, melanoma, squamous cell carcinoma and Paget's disease. The scope of this Coverage Policy is limited to removal of noncancerous (i.e., benign) skin lesions.

While caused by a variety of conditions, benign skin lesions commonly occur in the form of moles (i.e., nevi), sebaceous cysts, warts, seborrheic keratoses, skin tags and pigmented lesions. Although many lesions are removed primarily for cosmetic reasons (i.e., to improve appearance), some may cause irritation, pain or bleeding and require removal to alleviate symptoms. Surgical removal is also recommended for any lesion that shows possible signs of malignancy. Clinical signs of suspicion (i.e., ABCDs of melanoma) include the following (American Academy of Dermatology [AAD], 2006):

- **Asymmetry**—One half of a mole is unlike the other half.
- **Border irregularity**—Border may be irregular, scalloped or poorly circumscribed.
- **Color**—Color may be varied from one area to another; shades of tan and brown, black; sometimes white, red or blue.
- **Diameter**—Melanomas are usually greater than 6 mm in diameter when diagnosed, can also be smaller.

### **Types of Benign Skin Lesions**

**Nevus (Mole):** Moles can appear anywhere on the skin, are usually pigmented with shades of brown and can be of various sizes and shapes. They are the most common form of benign skin tumor (Bangs, 2003). Most appear during the first 20 years of life, but some may not appear until later. A "nevus," a term often used synonymously for a mole, may be either acquired or congenital. Moles may increase in size or number upon exposure to the sun. Moles that are dysplastic or atypical usually appear larger than average and irregular in shape, with uneven color patterns. Traditionally, dysplastic nevi were viewed as precursor lesions to melanoma, and removal was recommended for atypical-appearing moles. More recently, they have been viewed as markers of increased risk for melanoma (Salopek, 2002). Prophylactic removal of dysplastic nevi does not eliminate the risk of subsequent melanoma formation (Swetter, 2003). Changing moles may indicate melanoma, but all moles undergo changes as part of their natural course, and most changing moles do not represent melanomas (Bangs, 2003). Changes may occur as a result of involution, irritation or hair follicle rupture. Moles may also enlarge and darken during pregnancy. Removal is indicated for clinical signs of severe atypia,

suspicion of malignancy, irritation, or location in a body area subject to recurrent trauma (AAD, 1993). The treatment of choice for removal is by shave biopsy or elliptical excision.

**Sebaceous Cyst (Epidermal Inclusion Cyst):** Some glands in the skin are attached to hair follicles and produce an oily substance known as sebum. They are found most often on the face, neck, back and chest. A blocked gland results in the formation of a cyst. Usually these benign cysts do not require treatment, and they may resolve without treatment. If a cyst becomes infected, it may require removal. Acne is a common, chronic, inflammatory condition involving the pilosebaceous ducts. The primary lesion of acne is the comedone. This noninflamed lesion may be open (i.e., blackhead) or closed (i.e., whitehead) and may be accompanied by inflammatory lesions, including papules, pustules and cysts. Removal of sebaceous cysts may be performed by cryosurgery, curettage, electrosurgery or excision. Treatment of acne often employs manual comedone extraction; intralesional injections; incision and drainage; or electrocauterization.

**Wart:** Warts are benign skin growths that result from viral infection. The virus that causes warts is referred to as the human papillomavirus (HPV). Warts may be located on the fingers and hands (i.e., common warts) or the soles of the feet (i.e., plantar warts), or they may occur anywhere as small, smoother warts (i.e., flat warts). Some warts disappear without treatment; others may become painful or irritated. They may be removed via topical treatments, cryotherapy, electrosurgery, cutting, or laser surgery (AAD, 2000).

**Seborrheic Keratosis:** Noncancerous growths that occur in the outer layer of skin that are usually brown in color are seborrheic keratoses. These lesions, which vary in size, can also vary in color from brown to black. Seborrheic keratoses are characterized by a waxy appearance. This type of lesion occurs more frequently with aging, although it may occur during pregnancy, during estrogen therapy or in association with other medical problems. Lesions located on the face may affect appearance and are sometimes removed solely for cosmetic reasons. Removal may be warranted if a lesion becomes irritated because of its location or for suspicion of skin cancer. Removal typically is performed by cryosurgery, curettage or electrosurgery (AAD, 1997).

**Skin Tag:** Skin tags, or acrochordons, are benign, soft, fleshy tumors that typically appear in adulthood (i.e., age 60 and over). They are found in 25% of the population and are more common in women. The underlying cause is unknown, but may be hereditary. They often appear in multiple numbers and may vary in size from one millimeter to one centimeter in diameter. Skin tags may be associated with seborrheic keratosis, a benign hyperkeratotic lesion of the epidermis. Lesions can increase in size and number with pregnancy or weight gain. It is not unusual for skin tags to return after removal. Due to the benign nature of skin tags, they rarely require pathologic examination.

Skin tags are flesh-colored or hyperpigmented, and are often pedunculated (i.e., attached to the skin by a thin stalk). They usually occur on the eyelids, neck, axilla or groin. In the majority of cases, skin tags are asymptomatic and require no intervention. In some limited cases, however, they may be subjected to repeated trauma or irritation, resulting in chronic inflammation, pain, bleeding or localized infection. If the lesion is subjected to repeated trauma or irritation removal may be medically necessary. Medical treatment of skin tags typically includes avoidance of recurrent trauma or irritation (e.g., avoiding irritating jewelry or tight-fitting clothes) and the application of topical medications such as an antibiotic ointment. Methods of removal include excision, cautery and cryotherapy. Patients often seek treatment because of the unsightly appearance of skin tags, requesting removal solely for cosmetic purposes.

**Hyperkeratotic Lesion (Callus):** A callus is a hyperkeratotic lesion that typically occurs on the weight bearing part of the feet and palmar aspects of the hands from excess friction or pressure. The lesion often becomes thick as it progresses and in some cases may cause pain. Conservative treatment is usually successful and consists of avoiding pressure or friction and nonprescription medications such as salicylic acid preparations. Other treatments such as periodic shaving and surgical excision may be indicated for a foot callus when there is pain interfering with activities of daily living (e.g., painful ambulation). Paring, cutting or excision of callus formation located in other areas is considered not medically necessary.

**Other Pigmented Lesions:** Other pigmented lesions of the skin can be either melanocytic or nonmelanocytic. Melanocytic lesions include common acquired nevi, dysplastic nevi, congenital pigmented nevi, Spitz nevi, malignant melanomas, blue nevi, lentigines, ephelides (freckles) and café-au-lait spots. Nonmelanocytic lesions may include seborrheic keratoses, dermatofibromas, pigmented basal cell carcinomas, epidermal nevi, lentigines, and vascular lesions (AAD, 2004). Melanocytic lesions can be identified by appearance in some

cases and should be closely followed for changes or abnormalities. However, some pigmented lesions can be accurately identified only through histological exam. As a result, removal is indicated for suspicion of melanoma or for lesions that are irritated, infected or painful.

### **Pterygium**

Pterygium is a growth onto the cornea, characterized by fibrovascular overgrowth of conjunctiva. The condition may be caused by dry eye or irritation from wind, dust, and/or ultraviolet light. Some pterygia may involve the visual axis and result in astigmatism, restrictive strabismus, or distortion of the eyelid; advanced cases can obscure the optical center of the cornea and cause significant alteration in visual function. The lesions are usually benign although in some cases precursors of actinic-induced neoplasm may be found in the lesions. Treatment of pterygia generally involves simple excision when there are resulting visual disturbances and/or discomfort. In addition, eye drops or ointment may be used. Other surgical interventions may involve conjunctival autografting and the application of antimetabolites (e.g., mitomycin C) (Fisher, Trattler, 2009; Yanoff and Druker, 2008; Ang, et al., 2007). Human amniotic membranes have also been shown to be effective (For information regarding human amniotic membrane transplant for ocular conditions see CIGNA Coverage Policy: Amniotic Membrane Transplant for the Treatment of Ocular Conditions).

### **Treatment of Benign Skin Lesions**

In many circumstances, skin lesions do not require any treatment. However, some benign skin lesions may require medical or surgical treatment to relieve symptoms or prevent complications. Nevertheless, in some cases, treatment is performed entirely to improve physical appearance. According to various guidelines published by the AAD, the treatment of benign skin lesions depends on multiple factors, including lesion type and location, and may include the following methods of treatment:

- medications (e.g., topical, systemic, intralesional)
- radiotherapy
- surgical excision (e.g., scissors, shaving, punch, scalpel, razor, curette)
- electrosurgical devices (e.g., laser)
- destruction (e.g., electrosurgical apparatus, electrocautery, cryosurgery, laser, and chemicals)
- dermabrasion
- incision and drainage

### **Summary**

Benign skin lesions occur frequently and in all age groups and may consist of moles, sebaceous cysts, warts, seborrheic keratoses, skin tags and other pigmented lesions. In some cases, removal may be medically appropriate for lesions that are symptomatic, obstructive or suspicious. Established methods of removal vary according to lesion type and location but may include shave biopsy, excision, cryosurgery, lesional injections, electrosurgery and laser. When removal of the lesion is performed only to improve physical appearance, the removal is cosmetic and not medically necessary.

## **Coding/Billing Information**

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary. Benefit exclusions and limitations may apply.**

<b>CPT<sup>®</sup>* Codes</b>	<b>Description</b>
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 ten lesions (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 (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins (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 (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 (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 (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 (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular 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 lesions; 15 or more lesions
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft

ICD-9-CM Diagnosis Codes	Description
078.10	Unspecified viral warts
078.11	Condyloma acuminatum
078.12	Plantar wart
078.19	Other specified viral warts
216.0-216.9	Benign neoplasm of skin, nevus
372.40-372.45	Pterygium
701.9	Unspecified hypertrophic and atrophic condition of the skin, skin tag
702.11	Inflamed seborrheic keratosis
702.19	Other seborrheic keratosis
706.2	Sebaceous cyst
709.00	Dyschromia, unspecified

**Cosmetic/Not Medically Necessary/Not Covered:**

CPT* Codes	Description
11055 <sup>†</sup>	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056 <sup>†</sup>	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057 <sup>†</sup>	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions

<sup>†</sup>**Note: Cosmetic, not medically necessary and not covered when used to report treatment of a callus lesion located in an area other than the foot.**

ICD-9-CM Diagnosis Codes	Description
700	Corns and callosities
V50.1	Other plastic surgery for unacceptable appearance

**\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.**

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## Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	3/17/2007	0302	Benign Skin Lesion Removal

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