

Medical Coverage Policy | Benign Skin Lesion and Viral Infectious Lesion Removal



EFFECTIVE DATE: 04/15/2008
POLICY LAST UPDATED: 04/15/2008

OVERVIEW

This policy documents that coverage is only provided for removal of symptomatic lesions

PRIOR AUTHORIZATION

Not Applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial:

Symptomatic benign skin lesion removal/treatment is a covered service.

NOTE: In such cases where the lesion removal is considered to be cosmetic, and not covered, the member must be given advanced beneficiary notification (ABN), advising that the insurance will not pay for the service and the member is liable. This should be documented in the patient's record.

ICD-9 V50.9 (ICD10 Z41.9) (elective surgery for purposes other than remedying health states, unspecified) should be filed if the procedure is cosmetic in nature. When this is filed, the claim will deny and the member may be billed.

If this code is not filed or there has been no advance member notice, the member may not be billed (by a participating provider). Any later determination that the procedure is cosmetic in nature will result in the member not being held liable. If notice is given, there is no requirement to file.

Evidence of the above listed covered conditions must be clearly documented in the member's medical record.

The decision to submit a specimen for pathologic interpretation will be independent of the decision to remove or not remove the lesion. It is assumed, however, that a tissue diagnosis will be a part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

MEDICAL CRITERIA

None

BACKGROUND

Benign skin lesions are common and are frequently removed at the patient's request to improve appearance. Removal of certain asymptomatic benign skin lesions that do not pose a threat to health or function are considered cosmetic and as such are not covered and considered contract exclusions.

Benign skin lesions include, but are not limited to, seborrheic keratosis and sebaceous (epidermoid) cysts.

Other skin lesions include, but are not limited to, viral infectious lesions, i.e., condylomata, papillomata, molluscum contagiosum, herpetic lesions, warts (e.g., common, plantar, flat), milia, or other benign, premalignant (e.g., actinic keratosis), or malignant lesions.

Skin lesion removal/treatment can be accomplished using various methods—excision, paring, curettage, ablative destruction and shaving:

- Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed.
- Paring involves cutting off the outer coating, layer, or part of a lesion.
- Curettage is a surgical scraping or cleaning by means of a curette.
- Destruction involves the ablation of benign, premalignant or malignant tissues by any method; electrosurgery, cryosurgery, laser and chemical treatment, with or without curettage, including local anesthesia, and not usually requiring closure.
- Shaving involves taking a thin slice off the top of the skin. It is also used to remove superficial abnormal areas.

There may be instances when the removal of skin lesions is not cosmetic. Removal of these non cosmetic skin lesions is typically performed when the following conditions are present and clearly documented in the member's medical record:

- The lesion has one or more of the following characteristics: bleeding; intense itching or pain, sudden enlargement (over a 1 month observation).
- The lesion has physical evidence of inflammation, (e.g., purulence, ulceration, oozing, edema or erythema etc.).
- The lesion obstructs an orifice or restricts vision.
- There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic condition based on lesion appearance.
- A prior biopsy suggests or is indicative of lesion malignancy.
- The lesion is an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has, in fact, occurred.

In addition, wart destruction is typically performed when the following clinical circumstances are present:

- Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding.
- Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients.
- Other infections (e.g., molluscum) or any other condition in which wart removal is not cosmetic.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable cosmetic services.

CODING

BlueCHiP for Medicare and Commercial:

To ensure correct claims processing for services that are cosmetic, claims must be submitted with the following diagnosis:

ICD-9 V50.9 (ICD-10 Z41.9) Elective surgery for purposes other than remedying health states, unspecified

RELATED POLICIES

None

PUBLISHED

Provider Update	June 2008
Policy Update	Aug 2007

REFERENCES

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