Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:
Removal of Benign Skin Lesions

Effective: March 1, 2025

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409
CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care-- A dual-eligible product; 857-304-6304

Senior Products

☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Skin lesions are areas of skin that differ from the skin around them. They may occur as a result of an injury or damage to the skin and are often noncancerous (benign) but may also be a sign of underlying conditions such as infections or autoimmune diseases. Symptoms of skin lesions may include abnormal growth, itchiness, swelling, pain, or change in color.

Clinical Guideline Coverage Criteria

The Plan considers the removal of benign skin lesions as reasonable and medically necessary when documentation confirms **ONE** of the following signs or symptoms:

1. The lesion presents with one of the following:
    a. Bleeding; **or**
    b. Intense itching; **or**
    c. Pain; **or**
    d. Change in physical appearance:
        i. Reddening; **or**
        ii. Pigmentary change; **or**

iii. Enlargement; **or**
iv. Increase in the number of lesions

2. The lesion has physical evidence of inflammation (purulence, edema, erythema, etc.); **or**
3. The lesion obstructs an orifice; **or**
4. The lesion clinically restricts vision;
    a. Lesion restricts eyelid function; **or**
    b. Lesion causes misdirection of eyelashes or eyelid; **or**
    c. Lesion restricts lacrimal puncta and interferes with tar flow; **or**
    d. Lesion touches globe; **or**
    e. Lesion clinically restricts eye function

The Plan considers removal of warts may be considered reasonable and medically necessary when documentation confirms **ONE** of the following signs or symptoms:

1. Periocular warts associated with chronic recurrent conjunctivitis secondary to lesion virus shedding; **or**
2. Warts showing evidence of spread from one body area to another; **or**
3. Lesions are condyloma acuminata or molluscum contagium; **or**
4. Cervical dysplasia or pregnancy associated with genital warts

~~5. The Plan considers the biopsy or removal of lesion suspicious for cancer as medically necessary when documentation confirms the following:~~
    ~~a. ABCDEs (asymmetry, border, color, diameter, evolution)~~
    ~~b. Dysplastic or atypical growth patterns~~
    ~~c. Prior biopsy demonstrating atypia, dysplasia suggesting malignancy~~
    ~~d. Other signs concerning for melanoma~~
~~6. The Plan considers the removal of non-pigmented lesion as medically necessary when documentation confirms the following:~~
    ~~a. Appearance is consistent with a non-melanoma skin cancer~~
~~7. The Plan considers the removal of benign lesions not suspicious of cancer as medically necessary when documentation confirms the following:~~
    ~~a. Lesion is causing a physical impairment (e.g., interferes with movement)~~
    ~~b. Lesion is causing significant symptoms (e.g., intense pain, burning, itching) that cannot be effectively treated with appropriate local and or systemic medications (e.g., analgesics, corticosteroids, antibiotics)~~
    ~~c. Lesion has a history of intermittent and recurrent breakdown that has been refractory to physician supervised local treatment~~

Limitations

The Plan considers ~~the biopsy or~~ removal of skin lesions as not medically necessary for appearance or personal preference

Codes

The following code(s) is associated with this service:

Table 1: CPT/HCPCS Codes

***The following CPT codes are considered medically necessary when submitted with the appropriate ICD-10 Code**

Code	Description
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in

Code	Description
	addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative 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 proliferative lesions; 15 or more lesions

List of Medically Necessary ICD-10 Codes

The codes below are for informational purposes only for HPHC Commercial. For THP Commercial and THP Direct, please see the Reconstructive and Cosmetic Surgery MNG for prior authorization requirements

Table 2: CPT/HCPCS

Code	Description
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
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, 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
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

References:

1. ASPS Recommended Insurance Coverage Criteria for Third Party Payers- Skin Lesions: http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Skin-Lesions.pdf
2. Feldman SR, Fleischer AB Jr. Progression of actinic keratosis to squamous cell carcinoma revisited: clinical and treatment implications. Cutis. 201; 87(4):201-207

Approval And Revision History

April 19, 2023: Reviewed by the Medical Policy Approval Committee (MPAC), new MNG created outlining coverage for the removal of benign skin lesions.

Subsequent endorsement date(s) and changes made:

- December 2023: Rebranded Unify to One Care effective January 1, 2024
- March 20, 2024:Reviewed by MPAC and renewed without changes effective May 1, 2024
- December 18. 2024: Reviewed by MPAC; THP Commercial and THP Direct added as applicable Lines of Business, criteria updated regarding the removal of benign skin lesions, codes 17000, 17003, 17004, 17110, and 17111 added and will be considered medically necessary when submitted with the appropriate ICD-10 code linked in the coding section effective March 1, 2025

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.