

**SELECT HEALTH NETWORK, INC.
PHYSICIAN PRACTICE GUIDELINES**

SUBJECT: Benign Lesion Removal Guideline

Date Issued: 10/06

Date Reviewed/Revised: 10/07, 11/08, 09/09, 08/10, 10/11, 10/12, 3/14, 5/15, 8/16, 10/17, 8/18, 7/19, 7/20

Sources: AdminiStar Federal Local Medical Review Policy Carrier. "Removal of Benign Skin Lesions." (Policy Number INTEG-C-0801) Medicare Part B Bulletin (2000): 00-03.
Plastic Surgery Information Service; The American Society of Plastic Surgeons and Plastic Surgery Educational Foundation. 2 May 2000
<http://www.plasticsurgery.org/faz/differ.htm>.

- I. Indications for Benign Lesion Removal:
 - A. Seborrheic keratoses.
 - B. Skin tags.
 - C. Sebaceous (epidermoid) cysts.
 - D. If one or more of the following conditions are present and clearly documented in the medical record:
 1. History of bleeding, intense itching, or pain.
 2. Physical evidence of inflammation, e.g., purulence, oozing, edema, erythema, crusting.
 3. Obstruction of an orifice or clinical restriction of vision.
 4. Clinical uncertainty as to the diagnosis, particularly when the lesion gives the appearance of malignancy.
 5. A prior biopsy indicated a possible malignancy.
 6. The lesion is in an anatomical region subject to recurrent physical trauma/irritation. The medical record must clearly indicate that trauma/irritation has occurred.
 7. Recent enlargement, history of rupture or previous inflammation, or location subject to risk of epidermal cyst.
- II. Medical evidence does not support Benign Lesion Removal for:
 - A. Benign skin lesions that are in sensitive areas but are not problematic.
 - B. Reasons for removal that do not meet the criteria of medical necessity listed above, including but not limited to, emotional distress, "makeup trapping", and non-problematic lesions in any anatomical location.
 - C. The removal of benign skin lesions that do not pose a threat to health or function.