

**Benign Lesion Removal Guidelines**

**DEPARTMENT: Utilization Management Physician Practice Guidelines**

**EFFECTIVE DATE: 10/06**

**DATE LAST REVIEWED: 9/21**

**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

**RECOMMENDED GUIDELINES:**

- 1) 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:
    - i) History of bleeding, intense itching, or pain.
    - ii) Physical evidence of inflammation, e.g., purulence, oozing, edema, erythema, crusting.
    - iii) Obstruction of an orifice or clinical restriction of vision.
    - iv) Clinical uncertainty as to the diagnosis, particularly when the lesion gives the appearance of malignancy.
    - v) A prior biopsy indicated a possible malignancy.
    - vi) The lesion is in an anatomical region subject to recurrent physical trauma/irritation. The medical record must clearly indicate that trauma/irritation has occurred.
    - vii) Recent enlargement, history of rupture or previous inflammation, or location subject to risk of epidermal cyst.
- 2) 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.