



UM-CDG-028 Removal of Benign Skin Lesions

Approved By:
Director, Health ServicesEffective Date:
10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address removal of benign skin lesions such as seborrheic keratoses, sebaceous cysts, and skin tags. These are common in the elderly population and frequently requested to be removed per request for appearance purposes. Removal of certain benign lesions that does not pose a threat to health or function are considered cosmetic.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Excision: full thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed

POLICY

SECUR Health Plan recognizes that there exist instances where removal of a non-malignant (benign) skin lesion will be medically necessary. For SECUR Health Plan to consider removal of a benign skin lesion as medically necessary, one or more of the following conditions must be present and clearly explained in the supporting documentation.

1. Lesion has one or more of the following characteristics:
 - Bleeding
 - Itching
 - Pain
 - Change in physical appearance
 - Recent enlargement
 - Increase in number
2. Lesion has physical evidence of inflammation
3. Lesion obstructs an orifice
4. Lesion clinically restricts vision
5. Clinical uncertainty as to the likely diagnoses where malignancy is a realistic possibility given the lesion's appearance
6. Prior biopsy suggests or is indicative of lesion malignancy
7. Lesion is in an anatomical region subject to recurrent trauma and the provided documentation supports this
8. Wart removals will be considered medically necessary where the lesion meets one or more of the above in

1-7. In addition to the above, wart destruction will be considered medically necessary when one or more of the below conditions are met:

- Periocular wart associated with chronic recurrent conjunctivitis thought to be secondary to lesion virus shedding
- Wart shows evidence of spreading from one area of the body to another
- Lesions are condyloma acuminata or molluscum contagiosum
- Cervical dysplasia or pregnancy associated with genital warts

One evaluation and management service to determine diagnosis of benign skin lesion(s) may be considered medically necessary, event despite subsequent lesion(s) removal being determined to be cosmetic.

Removal of benign skin lesions that do not pose a threat to health or function are considered cosmetic by SECUR Health Plan and are therefore considered not medically necessary.

SECUR Health Plan will not consider separate evaluation and management service on the same day as a dermatologic service as medically necessary unless a documented specific and significantly identifiable medical service is rendered. Additionally, SECUR Health Plan will consider a separate evaluation and management service by the operating physician during the global period as not medically necessary unless the service is for a medical problem unrelated to the surgical procedure.

The method of removal used will be at the discretion of the treating physician and appropriateness of the technique utilized will not be considered as a factor in determining medical necessity for a benign skin lesion removal. However, the supporting documentation provided must indicate as to why an excisional removal, other than for cosmetic purposes, was the surgical procedure of choice.

Each benign lesion excised should be reported separately. Additionally, the use of the term “physician” within this coverage determination guideline encompasses practitioners including non-physicians, nurse practitioners, physician assistants, and clinical nurse specialists.

References:

1. Benign skin lesions. Medscape.com. Published January 4, 2022. Accessed September 14, 2023. <https://emedicine.medscape.com/article/1294801-overview>
2. Mulhem E, Pinelis S. Treatment of nongenital cutaneous warts. *Am Fam Physician*. 2011;84(3):288-293.
3. Laser treatment of benign pigmented lesions. Medscape.com. Published November 10, 2022. Accessed September 14, 2023. <https://emedicine.medscape.com/article/1120359-overview>
4. Local Coverage Determination (LCD) L35498, Removal of Benign Skin Lesions, 2/15/2015 <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=35498&ver=28>