

ASPS Recommended Insurance Coverage Criteria for Third-Party Payers

Skin Lesions

BACKGROUND

A skin lesion is any alteration in normal skin architecture, and it can occur on any site of the body. Clinical examination may not reveal whether a skin lesion is a benign, pre-malignant, or malignant; biopsy may be necessary.

DEFINITION: COSMETIC AND RECONSTRUCTIVE SURGERY

For reference, the following definitions of cosmetic and reconstructive surgery were adopted by the American Medical Association in 1989:

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

DEFINITIONS: LESIONS

Benign Lesions

There are many types of benign skin lesions and the diagnoses can sometimes be made by clinical examination. Those lesions for which clinical exam does not provide certain diagnosis may require incisional or excisional biopsy.

Pre-malignant Lesions

A pre-malignant lesion is a lesion that, given enough time, may become malignant. Examples of pre-malignant skin lesions include dysplastic nevi, giant congenital nevi, nevus sebaceous, actinic keratosis, and atypical junctional melanocytic hyperplasia (AJMH).

Malignant Lesions

These are skin lesions which may invade or destroy surrounding tissues and that may spread, or metastasize, to other parts of the body. The three most common skin malignancies seen are basal cell carcinoma, squamous cell carcinoma and melanoma. Other more uncommon cutaneous and subcutaneous malignancies may also be seen.

POLICY

Removal of a skin lesion(s) is considered reconstructive surgery and medically necessary when one of the following diagnoses or conditions are present:

Diagnosis

- A. Melanoma
 - Malignant melanoma of skin
- B. Other malignant neoplasm of skin (i.e. basal cell and squamous cell carcinoma)
 - Basal Cell Carcinoma
 - C44.01
 - C44.111
 - C44.112
 - C44.119
 - C44.211
 - C44.212
 - C44.219
 - C44.310
 - C44.311
 - C44.319
 - C44.41
 - C44.510
 - C44.511
 - C44.519
 - C44.611
 - C44.612
 - C44.619
 - C44.711
 - C44.712
 - C44.719
 - C44.81
 - C44.91
 - Squamous cell Carcinoma
 - C44.02
 - C44.121
 - C44.122
 - C44.129
 - C44.221
 - C44.222
 - C44.229
 - C44.320
 - C44.321
 - C44.329
 - C44.42
 - C44.520
 - C44.521
 - C44.529
 - C44.621
 - C44.622
 - C44.629
 - C44.721
 - C44.722
 - C44.729
 - C44.82
 - C44.92

ICD-10

C43.0-C43.9
D03.0-D03.9

Other specified malignant neoplasm	DØ4.5	
C44.09	DØ4.6Ø	
C44.191	D04.61	
C44.192	D04.62	
C44.199	DØ4.7Ø	
C44.291	D04.71	
C44.292	D04.72	
C44.299		
C44.390	D. Benign lesions of the skin	
C44.391	1. Lipoma	D17.Ø-D17.9
C44.399		
C44.49		
C44.590	2. Benign neoplasm of skin	D23.0-D23.9
C44.591		
C44.599	3. Hemangioma and lymphangioma, any site	D18.00-D18.09, D18.1
C44.691		
C44.692		
C44.699	4. Sebaceous cysts	L72.3
C44.791		
C44.792	E. (Skin) neoplasms of uncertain behavior	D48.5
C44.799		
C44.89	F. Actinic keratoses	L57.0
C44.99		
Unspecified malignant neoplasm	G. Changing lesions, including:	R23.8
C44.101	1. Enlarging or changing colors	
C44.102	2. Dyschromia (abnormal pigmentation of skin)	
C44.109	3. Obstructing an orifice	
C44.201	4. Restricting vision	
C44.202	5. Chronically irritated with evidence of:	
C44.209	• inflammation	
C44.300	• purulence	
C44.301	• oozing	
C44.309	• edema	
C44.40	• erythema	
C44.500	H. Bleeding	R58
C44.501		
C44.509	I. Painful	
C44.601		
C44.602	R2Ø.Ø	
C44.609	R2Ø.1	
C44.701	R2Ø.2	
C44.702	R2Ø.3	
C44.709	R2Ø.8	
C44.80	R2Ø.9	
C44.90		
C. Carcinoma in situ of the skin	J. Itching	L29.9
DØ4.Ø		
DØ4.1Ø	K. History of:	
DØ4.11	• previous skin malignancy or	Z85.820
DØ4.12	• pre-malignancy	Z85.828
DØ4.2Ø	• previously infected lesion	Z86.19
D04.21	• personal history of disease of the skin and subcutaneous tissue	Z87.2
D04.22	• Personal history of other infectious and parasitic diseases	Z86.19
DØ4.3Ø	• Personal history of irradiation	Z92.3
DØ4.39	• Family history of malignant neoplasm of other organs or systems	Z80.0

Procedure**CPT Code****References**

A. Shaving for epidermal and dermal layers	11300-11313
B. Excision and simple closure, benign lesions	11400-11446
C. Excision, malignant lesions	11600-11646
D. Repair, intermediate, layer closure wounds	12031-12057
E. Repair, complex wound closure	13100-13153
F. Adjacent tissue transfer or rearrangement	14000-14061 14031-14302
G. Split thickness skin graft	15050-15121
H. Full thickness skin graft	15200-15261
I. Destruction of benign or premalignant lesions by any method, including laser, with or without surgical curettage	17000, 17003, 17004
J. Excision, lymph nodes and lymphatic channels	38500-38542
K. Cervical lymphadenectomy	38700-38724
L. Axillary lymphadenectomy;	38740-38745
M. Inguinofemoral lymphadenectomy	38760-38765
N. Injection procedure; for identification of sentinel node	38792
O.	

1. McCarthy, J. *Plastic Surgery*. (8 vol). St. Louis: Mosby, 1989.
2. Cruse, C.W. and D. Reintgen. Treatment of primary malignant melanoma: A review. *Sem Surg Onc*. 9:215-218, 1993.
3. Eshima, I. Role of plastic surgery in the treatment of malignant melanoma. *Surg Clin North Amer*. 26:1331-1342, 1996.
4. Karagas, M.R. et. al. Use of tanning devices and risk of basal cell and squamous cell skin cancers. *J Natl Cancer Inst*. 94:224-6, 2002.
5. Goldberg, D.P. Assessment and surgical treatment of basal cell skin cancer. *Clin Plast Surg*. 24:673-86, 1997.
6. Thompson, H.G. Common benign pediatric cutaneous tumors: timing and treatment. *Clin Plast Surg*. 17:49-64, 1990.
7. Morganroth, G.S. and D. J. Leffell. Non-excisional treatment of benign and premalignant cutaneous lesions. *Clin Plast Surg*. 20:91-104, 1993.
8. Graham, G.F. Cryosurgery. *Clin Plast Surg*. 20:131-146, 1993.
9. Casson, P. and S. Colen. Dysplastic and congenital nevi. *Clin Plast Surg*. 20:105-11; discussion 111-13, 1993.

This coding is provided as a guideline for the physician and is not meant to be exclusive of other possible codes. Other codes may be acceptable depending on the nature of any given procedure.

Approved by the ASPS[®] Executive Committee, March 2003.

