

<b>Policy Name</b>	Clinical Policy – Eyelid Lesion Removal
<b>Policy Number</b>	1321.00
<b>Department</b>	Clinical Product & Development
<b>Subcategory</b>	Medical Management
<b>Original Approval Date</b>	03/21/2018
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<b>Company Entities Supported (Select All that Apply):</b> <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')
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<b>ACRONYMS and DEFINITIONS</b>	
n/a	

<b>PURPOSE</b>
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To provide the medical necessity criteria to support the indications for eyelid lesion removal. Applicable procedure codes are also defined.

<b>POLICY</b>
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### A. Background

This document outlines the general medical necessity criteria for removal of eyelid lesions. The distinction between what may be regarded as medically necessary or not medically necessary can be delineated based on the clinical picture. A variety of surgical techniques are used for lesion removal including shaving, excision, and destruction.

## B. Medically Necessary

Removal of benign, carcinogenic, or infected eyelid lesions may be medically necessary if one or more of the following conditions are present and documented in the medical record.

1. The lesion has become symptomatic (e.g., pain, itching, bleeding), or has undergone a change in appearance (e.g., reddening, enlargement, pigmentary change, increase in number of lesions), or displays evidence of inflammation or infection (e.g., purulence, oozing, edema, erythema);
2. The lesion obstructs an orifice;
3. The lesion clinically affects eye function, such as:
  - a. restricts eyelid function
  - b. causes misdirection of eyelashes or eyelid
  - c. restricts lacrimal puncta and interferes with tear flow
  - d. touches the globe
  - e. interferes with vision
4. There is clinical uncertainty of malignancy based on appearance;<sup>1</sup>
5. A prior histological exam or biopsy suggests or is indicative of atypia (e.g., atypical nevus) or malignancy;<sup>2</sup>
6. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has occurred;<sup>3</sup>
7. There is a history of infection, drainage, or rupture in or around the lesion;<sup>4</sup>
8. The lesion(s) are periocular warts associated with chronic recurrent conjunctivitis secondary to lesion virus shedding; or,
9. The lesion(s) have evidence of being contagious;<sup>5</sup>
10. The removal of the lesion is not strictly for cosmetic purposes.

## C. Documentation

Medical necessity must be supported by adequate and complete documentation in the member's medical record that describes the procedure and the medical rationale and must be available upon request. Medical necessity requires documentation that includes all the following items. For retrospective review the full operative report and the medical plan of care is required.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the author. Stamped signatures are not acceptable.

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<sup>1</sup> Ju, 2024

<sup>2</sup> Ju, 2024

<sup>3</sup> Anderson, 2023

<sup>4</sup> Ramberg, 2021

<sup>5</sup> Chodash, 2008.

Required documents include:

1. Eye exam including patient complaint, history, examination, and medical decision that supports the plan for removal of the lesion. Statements such as, “irritated skin lesion” alone do not support lesion removal.
2. Drawings, diagrams, or photographs, documenting the precise characteristics and location of the lesion(s);
3. The decision to submit the specimen for pathology is independent of the decision to remove the lesion, but pathologic analysis is expected if a lesion is suspected of malignancy;
4. Detailed procedure/operative report that incorporates:
  - a. Indications
  - b. Description of the lesion and description of procedure and surgical technique

#### D. Procedural Detail

CPT Codes	
10005	Fine needle aspiration including ultrasound guidance; first lesion
10006	Fine needle aspiration including ultrasound guidance each additional lesion; add-on
10007	Fine needle aspiration biopsy including fluoroscopic guidance; first lesion
10008	Fine needle aspiration biopsy including fluoroscopic guidance; each additional lesion; add-on
10009	Fine needle aspiration biopsy including CT guidance; first lesion
10010	Fine needle aspiration biopsy including CT guidance; each additional lesion; add-on
10011	Fine needle aspiration biopsy including MR guidance; first lesion
10012	Fine needle aspiration biopsy including MR guidance; each additional lesion; add-on
11102	Tangential biopsy of skin, single lesion
11103	Tangential biopsy of skin, each additional lesion (add on code)
11104	Punch biopsy of skin, single lesion
11105	Punch biopsy of skin, each additional lesion (add on code)
11106	Incisional biopsy of skin, single lesion
11107	Incisional biopsy of skin, each additional lesion (add on code)
11200	Removal of skin tags up to 15
11201	Remove skin tags add-on each additional 10 lesions
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm

13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
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
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm.
11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
14060	Adjacent tissue transfers or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
14061	Adjacent tissue transfers or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm
14301	Adjacent tissue transfers or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm

14302	Adjacent tissue transfers or rearrangement, any area; each additional 30.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq. cm or 1% of body area of infants and children
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq. cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
15040	Harvest of skin for tissue cultured skin autograft, 100 sq. cm or less
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or less, or 1% of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq. cm, or each additional 1% of body area of infants and children, or part thereof. (List separately in addition to code for primary procedure.)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq. cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or less, or 1% of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq. cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq. cm or less
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq. cm to 75 sq. cm (List separately in addition to code for primary procedure)
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq. cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq. cm or less

15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq. cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm; each additional 100 sq. cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15630	Delay of flap or sectioning of flap (division and inset), at eyelids, nose, ears, or lips
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15770	Graft; derma-fat-fascia
17000	Destruct premalignant lesion first lesion
17003	Destruct premalignant lesions 2-14 lesions in addition to code 17000
17004	Destruct premalignant lesion >15 lesions (do not report with 17000 or 17003)
17106	Destruction of skin lesions <10 sq. cm
17107	Destruction of skin lesions 10.0-50 sq. cm
17108	Destruction of skin lesions >50 sq. cm
17110	Destruct benign lesion up to 14 lesions
17111	Destruct benign lesion 15 or more lesions
17280	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm

17283	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
17286	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
67810	Incisional biopsy of eyelid skin including lid margin
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
<b>Modifiers</b>	
RT	Right Side
LT	Left Side
50	Bilateral
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid

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<b>RELATED POLICIES AND PROCEDURES</b>	
n/a	

<b>DOCUMENT HISTORY</b>		
<b>Approval Date</b>	<b>Revision</b>	<b>Effective Date</b>
02/21/2018	Initial Policy	02/21/2018
12/13/2018	Revision to expand ICD10 codes to 7 digits.	01/01/2019
03/13/2019	Revision to update references, added CPT codes, added diagnoses	05/01/2019
10/18/2019	Annual review; no criteria changes.	11/01/2019
08/19/2020	Annual review with addition of CPT codes	01/01/2021
07/07/2021	Deleted extraneous language on surgical techniques; added CPT code 11646 (malignant lesions over 4.0 cm)	10/01/2021
07/06/2022	Annual review; no criteria changes.	10/01/2022
07/12/2023	Clarify procedure is for all types of lesions; remove dimensions and measurements from documentation requirements; add four CPT codes.	10/01/2023
07/10/2024	Add two CPT codes: 67810 and 67840. No criteria changes.	11/01/2024

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