

Treatment and Removal of Benign Skin Lesions

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

The integumentary system consists of the skin, hair, and nails. The skin is divided into three layers: the epidermis, dermis, and subcutaneous fat; diseases of these protective outer layers are among the most common conditions worldwide. Lesions of the skin can be benign (non-malignant), pre-malignant (potential for evolving into malignancy), or malignant (cancerous). Such lesions may be congenital or acquired, often due to extensive ultraviolet light (UV) exposure or underlying illness. Diagnosis is primarily through history, clinical exam, and the appearance of the lesion(s). While most benign lesions require no intervention, some cases may require intervention due to bothersome symptoms, for definitive diagnosis, or for exclusion of malignant features. Treatment options range from biopsy to excision or tissue destruction. Lasers, electrosurgery, or liquid nitrogen may also be utilized. Malignant skin lesions are not addressed in this guideline.

Definitions

"ABCDE" is a model for clinical suspicion. Lesions meeting any of these criteria are considered suspicious for malignancy and may require intervention:

- Asymmetry: one half of the mole or lesion appears different from the other half;
- Border: the edges of a mole or lesion are irregular, ragged, or blurred;
- Color: the color of the lesion is variable and lacks uniformity; the color is not the same all over and may include shades of brown or black or sometimes have patches of pink, red, white or blue;

- Diameter: the mole of lesion is greater than 6mm across;
- Evolution: the size, shape, or color has undergone change

“Benign skin lesions” are those with minimal risk of malignant transformation and commonly require no intervention in a majority of individuals. Includes, but not limited to, the following:

- Acne (glands and hair follicles plugged with oil and dead skin cells)
- Acquired or small (<1.5cm) congenital nevi (pigmented mole on skin)
- Acrochordons (skin tags)
- Cherry angioma (capillary proliferations)
- Dermatofibroma (subcutaneous tissue lesion)
- Epidermoid cysts (“sebaceous” cysts, epidermal inclusion cysts)
- Erythematotelangiectatic rosacea (transient flushing, persistent central facial erythema, and telangiectasias)
- Hemangioma (superficial or deep proliferation of blood vessels)
- Keloids (excessive tissue growth)
- Lipoma (mature fat cells enclosed by thin fibrous capsules)
- Neurofibroma (cutaneous or subcutaneous nerve sheath tumor that forms soft bumps on or under the skin)
- Nevus flammeus (port-wine stain)
- Nevus simplex (macular stain)
- Pyogenic granuloma (capillary hemangioma characterized by rapid growth and friable surface)
- Pilomatricoma/Pilomatrixoma (nodules/papules associated with hair follicles)
- Seborrheic keratosis (“senile wart”)
- Telangiectasia (dilation of small blood vessels)
- Trichodermal cyst / Trichilemmal cyst / Pilar cyst is located in the dermis and is a slow-growing subcutaneous node that originates from the outer hair root sheath. It resembles epidermoid cysts and is commonly found on the scalp.

“Cosmetic” refers to a procedure done to enhance or alter human anatomy/appearance in a non-natural form or to repair a “defect” that is within the normal variation of anatomical form. Cosmetic surgery does not include reconstructive surgery that is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part or reconstructive surgery due to a congenital disease or anomaly of a covered child that has resulted in a functional defect.

“Mole mapping/total body photography (TBP) and dermatoscopy/dermoscopy” refer to visual or digital aids used by dermatologists. Examples include total body imaging, skin surface microscopy, digital epiluminescence microscopy (DELM), epiluminescence microscopy (ELM), and incidence light microscopy.

“Pterygium” is a benign growth of the eye.

“Photodynamic therapy” refers to the combination of topical photosensitizers (e.g., aminolevulinic acid) followed by illumination with visible light to activate the drug and destroy the target tissue. Photodynamic therapy may also be called photoradiation therapy, phototherapy, or photochemotherapy.

“Premalignant skin lesions” are lesions that are benign in their current form but have varying potential for malignant transformation. Premalignant skin lesions include the following:

- “Actinic keratosis” appears as a rough, scaly patch and is commonly seen after long-term UV exposure. There is a risk of malignant transformation if left untreated.
- “Lentigo maligna” is a melanoma in situ, meaning that it contains malignant cells but without any invasive growth. It can progress to invasive melanoma. It occurs primarily in elderly individuals with UV exposure and is often found on the face and neck.
- “Leukoplakia” is a condition that causes mostly white patches of thickened tissue, usually on the inside of the mouth. It has a significant risk of malignant transformation, and is associated with alcohol and tobacco use.
- “Squamous cell carcinoma in situ (Bowen’s disease)” appears as a flat, red, scaly growth. It is common in elderly individuals and is considered a pre-malignant form of squamous cell carcinoma found in the outermost layer of skin.

“Reconstructive” refers to a procedure to restore normal human anatomy/appearance/physiology after trauma, accidental injury, disease, or congenital defect. Normal skin appearance may include slight variation, scars, and genetic or age-associated skin changes.

“Removal and biopsy” preserve tissue (i.e., sent for pathological analysis) while *destructive techniques* destroy the lesion.

“Skin lesions” is a nonspecific term that refers to any change in the skin surface that may be benign, premalignant, or malignant.

Surgical treatment for benign skin lesions:

- “Cryosurgery” refers to the use of liquid nitrogen (or argon) to freeze (destroy) a lesion.
- “Electrosurgery” refers to the use of electric current to remove or destroy lesions; can be associated with electrocautery to stop bleeding (e.g., Bovie device).
- “Laser surgery” refers to the use of laser technology to destroy lesions (e.g., pulsed carbon dioxide (CO₂) laser, erbium yttrium aluminium garnet (YAG) laser, 755 nm alexandrite laser, and 532 nm diode laser, etc.).
- “Surgical curettage or excision” refers to the use of a surgical instrument (e.g., curette or scalpel) to remove lesions.

“Topical therapy” refers to the use of topical agents (e.g., 5-fluorouracil) to destroy certain lesions. Topical agents are commonly used as a first line therapy for benign skin lesions and may be subject to the formulary and criteria outlined in the pharmacy benefit.

“Warts” are caused by various subtypes of the human papillomavirus (HPV) that can form in the mucosa and skin. There are many types of warts such as verruca vulgaris/common warts, verruca palmaris/palmar warts, verruca plana/flat warts, verruca plantaris/plantar warts, etc.

A. Clinical Indications

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a. Indication-Specific Criteria

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Medical Necessity Criteria for Clinical Review

Indication-Specific Criteria

Surgical Treatment (i.e., cryosurgery, electrosurgery, laser surgery, curettement, or excision)

Surgical treatment of benign skin lesions is considered medically necessary when ALL of the following criteria are met:

1. Removal is expected to reasonably improve physical or functional impairment (not performed for cosmetic purposes); *and*
2. There is clear documentation of medical necessity, including a diagnosis and a description of the lesion’s location, physical characteristics, and rationale for intervention; *and*
3. ONE of the following criteria is met and documented in the medical record:
 - a. Prior biopsy suggests premalignancy or malignancy; *or*
 - b. There is recurrent trauma/irritation/discomfort due to lesion location (e.g., bra line, waistband); *or*
 - c. The lesion clinically appears to be pre-malignant (e.g., actinic keratoses, large or changing congenital or acquired nevi, Bowen’s disease, low-risk cutaneous squamous cell carcinoma in situ, dysplastic lesions, lentigo maligna, leukoplakia) or malignant (due to ABCDE criteria, or associated symptoms, especially in patients with personal/family history of melanoma); *or*
 - i. **Note:** In cases where the diagnosis is uncertain, biopsy or removal is more medically appropriate than destruction.
 - d. The lesion is persistently symptomatic (e.g., bleeding, burning, itching, pain); *or*
 - e. The lesion shows evidence of inflammation (e.g., edema, erythema, purulence); *or*
 - f. The lesion is infectious (especially in immunocompromised patients); *or*
 - g. The lesion restricts vision (e.g., restricts eyelid function, misdirects eyelashes/eyelids, interferes with tear ducts, or touches globe), restricts breathing or eating (near or on the nares or lips), or obstructs a body orifice.

Other Treatments

1. Pterygium removal is medically necessary in cases of increased growth towards the center of cornea and/or when the lesion results in functional deficit (visual impairment, restriction of eye movement, irritation).
2. Wart removal is considered medically necessary when ONE of the following criteria is met:
(Note: Asymptomatic warts are often self-limiting and may not require treatment. Patients who are very young (infants, toddlers, young children) are NOT the same as being immunocompromised.)
 - a. Warts (HPV-mediated, e.g., verruca vulgaris/common warts, verruca palmaris/palmar warts, verruca plana/flat warts, verruca plantaris/plantar warts, etc.); *or*
 - b. Periocular warts associated with chronic recurrent conjunctivitis thought to be secondary to lesion viral shedding; *or*
 - c. Lesions consistent with molluscum contagiosum are considered medically necessary for removal if ONE of the following criteria is met:
 - i. Symptomatic (e.g., spreading, pain, irritation); *or*
 - ii. Immunocompromised patient; *or*
 - iii. After a trial and failure of over the counter measure; *or**Note: Molluscum contagiosum is caused by a virus and is almost always self-limited in children, to the extent that most members do not require, and/or do not respond to treatment.*
 - d. Lesions consistent with condyloma acuminata (genital warts).
3. Scar removal (e.g., excision or destruction) is considered medically necessary after trial and failure of conservative therapy (topical or intralesional injections) for reduction in symptoms or size AND if one of the following criteria is met:
(Note: Excisions can cause regrowth of a scar such as keloids or hypertrophic scars, and may result in minimal improvement)
 - a. The lesion interferes with normal bodily function; *or*
 - b. The lesion causes pain or irritation; *or*
 - c. Removal is intended to correct functional physical impairment, including pain, burning, itching, or other impairing symptoms due to inflammation (not for cosmetic appearance).
4. Tattoos: Tattoo application is medically necessary when it is a component of a medically necessary treatment, such as radiation therapy or as part of a covered breast reconstruction.
5. Trichodermal cyst / Trichilemmal cyst / Pilar cyst removal is considered medically necessary after trial and failure of conservative therapy and the cyst is persistently symptomatic (infection, pain, irritation, etc.).

Experimental or Investigational / Not Medically Necessary

Any lesion or condition not meeting the criteria discussed above is NOT medically necessary.

Routine foot care for cosmetic purposes is considered not medically necessary. This includes the shaving and/or excision of benign plantar hyperkeratotic lesions (calluses) in the absence of persistent symptoms.

Procedures performed for subjective cosmetic reasons, for being bothersome, for being unsightly, or for non-physical, social or emotional distress are considered not medically necessary.

Cosmetic services are considered not medically necessary (please refer to the member's plan benefit for exclusion of services considered cosmetic), including, but not limited to, the following:

1. Procedures performed only to improve physical appearance such as in acne scars, uneven pigmentation, and/or photoaging (wrinkles)
2. Tattoo removal
3. Laser skin resurfacing
4. Chemical peels
5. Non-surgical light and laser therapy (including intense pulsed light therapy)
6. Dermabrasion
7. Photodynamic therapy
8. Ultrasonographic evaluation of photoaging and rejuvenation techniques

The following approaches are considered experimental or investigational:

1. Computerized total body photography (TBP) systems (e.g., MelaFind, MoleMapCD, MoleMate, MoleSafe)
2. Conventional total body photography (TBP) and dermoscopy
3. Confocal scanning laser microscopy
4. Electrical impedance device
5. High-resolution ultrasonography
6. Multi-photon laser scanning microscopy (also known as multi-photon fluorescence microscopy or multi-photon excitation microscopy)
7. Multi-spectral image analysis
8. Optical coherence tomography
9. Spectroscopy
10. Visual image analysis

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
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
17000	Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses)
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
17110	Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
Code	Description
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
Code	Description
A63.0	Anogenital (venereal) warts
B07.0 - B07.9	Viral warts
B08.1	Molluscum contagiosum
D03.0 - D03.9	Melanoma in situ
D04.0 - D04.9	Carcinoma cell carcinoma in-situ of skin
D17.0 - D17.39	Benign lipotamous neoplasms
D18.00 - D18.09	Hemangioma and lymphangioma, any site
D21.0 - D21.9	Other benign neoplasms of connective and other soft tissue
D22.0 - D22.9	Melanocytic nevi
D23.0 - D23.9	Other benign neoplasms of skin
D28.0	Benign neoplasm of vulva
D28.1	Benign neoplasm of vagina
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum
D37.01	Neoplasm of uncertain behavior of lip
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D48.5	Neoplasm of uncertain behavior of skin
H02.821 - H02.826	Cysts of eyelid
H11.00 - H11.069	Pterygium of eye
I78.0	Hereditary hemorrhagic telangiectasia
K13.21	Leukoplakia of oral mucosa, including tongue
L57.0	Actinic keratosis

Table 2	
ICD-10 codes considered medically necessary with Table 1 codes if criteria are met:	
Code	Description
L70.0 - L70.9	Acne
L71.8	Other rosacea
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.12	Trichodermal (proliferating) cyst
L72.3	Sebaceous cyst
L82.0 - L82.1	Seborrheic keratosis
L91.0 - L91.9	Hypertrophic disorders of skin
L98.0	Pyogenic granuloma
Q82.5	Congenital non-neoplastic nevus
Q85.00 - Q85.09	Neurofibroma (nonmalignant)

Table 3	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline:	
Code	Description
0419T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma
0420T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
15788	Chemical peel, facial; epidermal
15792	Chemical peel, nonfacial; epidermal

Table 3	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline:	
Code	Description
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17360	Chemical exfoliation for acne(eg, acne paste, acid)
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg

Table 4	
CPT/HCPCS codes considered experimental or investigational for indications in this guideline:	
Code	Description
96904	Whole body integumentary photography, for monitoring of high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or family history of melanoma
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion

Table 4	
CPT/HCPCS codes considered experimental or investigational for indications in this guideline:	
Code	Description
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)

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Clinical Guideline Revision / History Information

Original Date: 6/15/2017

Reviewed/Revised: 1/18/2018, 4/25/2018, 04/15/2019, 10/21/2020, 10/21/2021, 12/01/2021, 10/20/2022, 10/19/2023, 11/01/2024, 12/01/2025