

<b>Policy title</b>	<b>Benign skin lesions v1.3</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of CCG recommendation</b>	<b>January 2020</b>

Removal of benign skin lesions is not offered for cosmetic reasons. It should only be offered in situations where the lesion is causing symptoms according to the criteria outlined below. Risks from the procedure can include bleeding, pain, infection, and scarring.

A patient with a skin or subcutaneous lesion that has features suspicious of malignancy must be treated and referred according to National Institute of Health and Care Excellence (NICE) guidelines. This policy does not refer to premalignant lesions and other lesions with potential to cause harm.

This policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the criteria for referral for surgical opinion listed on page 2:

- benign moles (excluding large congenital naevi)
- solar comedones (small skin coloured papule)
- corn/callous
- dermatofibroma (knot of fibrous tissue in the skin)
- lipomas (fatty lumps that grow under skin)
- milia (small white bumps on the skin)
- molluscum contagiosum (non-genital)
- epidermoid & pilar cysts (sometimes incorrectly called sebaceous cysts)
- seborrhoeic keratoses (basal cell papillomata)
- skin tags (fibroepithelial polyps) including anal tags
- spider naevi (telangiectasia)
- non-genital viral warts in immunocompetent patients
- xanthelasmata (yellowish collections of cholesterol below the skin, typically on the eyelids or around them)
- neurofibromata (benign nerve-sheath tumor)

**The benign skin lesions, which are listed above, must meet at least ONE of the following criteria to be removed:**

- The lesion is unavoidably and significantly traumatised on a regular basis\* with evidence of this causing regular\* bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- There is repeated infection requiring 2 or more antibiotics per year
- The lesion bleeds in the course of normal everyday activity
- The lesion causes regular\* pain
- The lesion is obstructing an orifice or impairing field vision
- The lesion significantly impacts on function e.g. restricts joint movement
- The lesion causes pressure symptoms e.g. on nerve or tissue
- If left untreated, more invasive intervention would be required for removal
- Facial viral warts
- Facial spider naevi in children causing significant psychological impact
- Suspected or previously confirmed lipomas on the body which are > 5cms in size, or in a sub-facial position, or presenting with rapid growth and/or pain: These should be subject to an urgent direct access ultrasound scan and referral to the regional sarcoma clinic on a two week wait suspected cancer pathway if concerning features are present. Lipomas that do not show any of these concerning features, would need to meet at least one of the above-mentioned benign skin lesion policy criteria to be removed.

\*Definition of 'regular' in the policy refers to traumatisation, causing bleeding or pain in the course of normal everyday activities.

**Removal of fibroadenoma can be considered for patients where the fibroadenoma is associated with any ONE of the following:**

- a. becomes symptomatic and painful
- b. increases in size or
- c. the patient notices a change

The following are outside the scope of this policy recommendation:

- Lesions that are suspicious of malignancy should be treated or referred according to NICE guidelines.
- Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should be referred or, where appropriate, treated in primary care.
- Removal of lesions other than those listed above.

Referral to appropriate speciality service (e.g. dermatology or plastic surgery):

- The decision as to whether a patient meets the criteria is primarily with the referring clinician. If such lesions are referred, then the referrer should state that this policy has been considered and why the patient meets the criteria.
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role, independent providers, and community or intermediate services.

## References

NHS England (2019) Evidence-Based Interventions (EBI): Guidance for CCGs

NICE guideline: Suspected cancer: recognition and referral NG12 (2015, updated 2021)

NICE cancer service guideline: Improving outcomes for people with skin tumours including melanoma CSG8 (2006, updated 2010)

### NOTE:

- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

Clinical coding (Updated April 2022).

Age range: ALL

The following procedures are subject to criteria-based access:

### ICD10 Diagnostic Codes (Primary position)

D17.0 Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck

D17.1 Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk

D17.2 Benign lipomatous neoplasm of skin and subcutaneous tissue of limbs

D17.3 Benign lipomatous neoplasm of skin and subcutaneous tissue of other and unspecified sites

H02.6 Xanthelasma of eyelid

L57.0 Actinic keratosis

L57.1 Actinic reticuloid

L57.2 Cutis rhomboidalis nuchae

L57.3 Poikiloderma of Civatte

L57.4 Cutis laxa senilis

L57.5 Actinic granuloma

L57.8 Other skin changes due to chronic exposure to nonionizing radiation

L57.9 Skin changes due to chronic exposure to nonionizing radiation, unspecified

L72.0 Epidermal cyst

L72.1 Trichilemmal cyst

L72.2 Steatocystoma multiplex

L72.8 Other follicular cysts of skin and subcutaneous tissue

L72.9 Follicular cyst of skin and subcutaneous tissue, unspecified

L81.0 Postinflammatory hyperpigmentation

L81.1 Chloasma

L81.2 Freckles

L81.3 Café au lait spots

L81.4 Other melanin hyperpigmentation

L81.5 Leukoderma, not elsewhere classified

L81.6 Other disorders of diminished melanin formation

L81.7 Pigmented purpuric dermatosis

L81.8 Other specified disorders of pigmentation

L81.9 Disorder of pigmentation, unspecified

L82 Seborrhoeic keratosis

L84 Corns and callosities

OPCS Procedure codes:

D02.1 Excision of lesion of external ear

D02.2 Destruction of lesion of external ear

D02.8 Other Extirpation of lesion of external ear specified

D02.9 Extirpation of lesion of external ear Unspecified

S01 Plastic excision of skin of head or neck

S02 Plastic excision of skin of abdominal wall

S03 Plastic excision of skin of other site

S04 Other excision of skin

S05 Microscopically controlled excision of lesion of skin

S06 Other excision of lesion of skin

S07 Photodynamic therapy of skin

S08 Curettage of lesion of skin

S09 Photodestruction of lesion of skin

S10 Other destruction of lesion of skin of head or neck

S11 Other destruction of lesion of skin of other site

Please note that there is no need for specific exclusion codes as benign skin lesions are in the primary diagnosis position only.

Key words: skin lesions, warts, moles, lipomas, skin tags