

<b>Policy title</b>	<b>Benign skin lesions V2.0</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of CCG/ ICB recommendation</b>	<b>January 2020; Updated June 2024</b>

Removal of benign skin lesions is not offered for cosmetic reasons. Removal should only be undertaken 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 all benign lesions when there is diagnostic certainty and they do not meet the criteria for referral for surgical opinion listed on page 2. This includes but is not limited to

- 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, for example verrucae
- xanthelasmata (yellowish collections of cholesterol below the skin, typically on the eyelids or around them)
- neurofibromata (benign nerve-sheath tumor)
- port wine stains

**Benign skin lesions must meet at least ONE of the following criteria to be removed:**

- The lesion is unavoidably and significantly traumatised on a regular basis\* which is evidenced by one of the following:
  - There is documented evidence of bleeding occurring 3 or more times within a year of sufficient severity to require a dressing for 24 hours,
  - There has been a significant episode of bleeding requiring treatment by cautery or suturing,
  - There is documented evidence that the unavoidable trauma has resulted in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year
- 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
- Early treatment of a lesion, such as infantile haemangioma, to prevent future complications like obstruction of an orifice or impact on vision where advised by a specialist.
- Facial viral warts
- Warts in immunocompromised patients
- Suspected or previously confirmed lipomas on the body which are > 5cms in size, or in a sub-fascial 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 traumatising, causing bleeding or pain in the course of normal everyday activities.

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.

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

- It is the responsibility of the referring and/or treating clinician to ensure the patient meets BLMK ICB's Benign Skin Lesion policy criteria before a referral or any treatment takes place.
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role, independent providers, and community or intermediate services.

### **References**

Academy of Medical Royal Colleges Evidence Based Interventions (EBI) Statement: (January 2019) Removal of benign skin lesions

NICE guideline: Suspected cancer: recognition and referral NG12 (2015, updated October 2023)

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

### **NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- 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

## Clinical Coding

**Age range: ALL**

### 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 (dominant position):

S05 Microscopically controlled excision of lesion of skin  
S06 Other excision of lesion 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  
C101 Excision of lesion of eyebrow  
C108 Other specified operations on eyebrow  
C109 Unspecified operations on eyebrow  
C111 Excision of lesion of canthus  
C112 Destruction of lesion of canthus  
C118 Other specified operations on canthus  
C119 Unspecified operations on canthus  
C121 Excision of lesion of eyelid NEC  
C122 Cauterisation of lesion of eyelid

C123 Cryotherapy to lesion of eyelid  
C124 Curettage of lesion of eyelid  
C125 Destruction of lesion of eyelid NEC  
C126 Wedge excision of lesion of eyelid  
C128 Other specified extirpation of lesion of eyelid  
C129 Unspecified extirpation of lesion of eyelid  
D021 Excision of lesion of external ear  
D022 Destruction of lesion of external ear  
D028 Other specified extirpation of lesion of external ear  
D029 Unspecified extirpation of lesion of external ear  
E091 Excision of lesion of external nose  
E092 Destruction of lesion of external nose NEC  
E096 Laser destruction of lesion of external nose  
E098 Other specified operations on external nose  
E099 Unspecified operations on external nose  
F021 Excision of lesion of lip  
F022 Destruction of lesion of lip  
F028 Other specified extirpation of lesion of lip  
F029 Unspecified extirpation of lesion of lip  
N012 Excision of lesion of scrotum  
N013 Destruction of lesion of scrotum  
N018 Other specified extirpation of scrotum  
N019 Unspecified extirpation of scrotum  
N242 Operations on skin of male perineum NEC  
N271 Excision of lesion of penis  
N272 Cauterisation of lesion of penis  
N273 Destruction of lesion of penis NEC  
N278 Other specified extirpation of lesion of penis  
N279 Unspecified extirpation of lesion of penis  
P054 Excision of lesion of vulva NEC  
P058 Other specified excision of vulva  
P059 Unspecified excision of vulva  
P061 Laser destruction of lesion of vulva  
P062 Cryosurgery to lesion of vulva  
P063 Cauterisation of lesion of vulva  
P065 Excision of lesion of labia  
P068 Other specified extirpation of lesion of vulva  
P069 Unspecified extirpation of lesion of vulva  
P111 Excision of lesion of female perineum  
P112 Laser destruction of lesion of female perineum  
P113 Cauterisation of lesion of female perineum  
P114 Destruction of lesion of female perineum NEC  
P118 Other specified extirpation of lesion of female perineum  
P119 Unspecified extirpation of lesion of female perineum

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

**Policy update record**

June 2024 BLMK ICB QP meeting	New criteria added in relation to lesions which bleed. Removal of “spider naevi in children causing significant psychological impact” from the list of criteria on page 2. Correction of a spelling error on page 2, “sub-fascial”. Inclusion of port wine stains to the list on page 1. Policy scope expanded to include all benign skin lesions. Statement relating to removal of lesions that may require more invasive intervention has been amended to include consideration of likely future impact, and confirmation by a specialist. Removal of fibroadenoma from the policy.
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