



POLICY AND PROCEDURE MANUAL

Policy Title: Removal or Biopsy of Suspicious Skin Lesions	Policy Number: I.19
Primary Department: Medical Management	NCQA Standard: N/A
Affiliated Department(s): N/A	URAC Standard: N/A
Last Revision Date: 05/2018	Next Review Date: 09/30/2021
Revision Dates: 05/2017; 05/2018	Review Dates: 05/09/2017; 06/27/2018; 6/26/2019; 09/2020
Effective Date: 05/10/2017	
Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input checked="" type="checkbox"/> MeridianChoice	
Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____	
Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/>	

Procedure:

Criteria for Coverage:

Requests for biopsy or removal of suspicious skin lesions can be approved by the nursing staff if any of the following is present.

- Lesion size is greater than 5 mm
- Lesion is changing
 - Rapid growth, color change
- Lesion is bleeding
- Lesion has an ulceration
- Lesion has an irregular border
- Lesion is causing pain

Requests for biopsy or removal of suspicious lesions that do not have one of the above characteristics will be referred to the medical director.

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html), the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy

between this policy and either the Michigan Medicaid Provider Manual (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None:

MI:

IL:

OH:

References: N/A

State Letters/Bulletins					
CMS National/Local Coverage Determination (NCD/LCD)					
Medicare Managed Care Manual:					
Medicaid CFR:					
State Administrative Codes:					
Contract Requirements:					
Related Policies:					