UTILIZATION REVIEW CRITERIA

Benign Eyelid Lesion iCare Criteria #678.00

Benign Eyelid Lesion Removal - CPT CODE 67840

Coverage Criteria:

There may be instances when the removal of a non-malignant skin lesion(s) is medically appropriate. iCare will, therefore, consider the removal of these lesion(s) as medically necessary, and not cosmetic, if one or more of the following conditions are present and clearly documented in the medical record:

- The lesion is causing burning, itching, or bleeding; or
- The location of the lesion is causing irritation or pain (e.g., trichiasis); or
- The lesion shows signs of inflammation or infection; or
- The lesion is causing clinically restricting the function of the eye (e.g., visual field obstruction, mechanical ptosis, lacrimal puncta restriction, tear flow interference, etc.); or
- Lower eyelid tumor or mass causing signs and symptoms of eyelid ectropion; or
- Clinical uncertainty exists as to the likely diagnosis when malignancy is a realistic consideration; or
- Prior biopsy suggests or is indicative of lesion premalignancy/malignancy; or
- An examination of the lesion indicates the possibility for pre-malignancy/malignancy due to any of the following characteristics:
    - Asymmetry - one half of the lesion does not match the other half;
    - Border - the edges of a lesion are irregular, ragged, blurred;
    - Color - the color is not the same all over and may include shades of brown or black or sometimes have patches of red, white or blue;
    - Diameter - the lesion is larger than six millimeters across (about ¼ inch or the size of a pencil eraser);
    - Evolving - the lesion is changing in size (enlarging), shape or color and/or the lesion appears different than other present eyelid lesions; or
- Lesion(s) that seems to be spreading, increasing in number, or contagious

Limitations:

- Removal of a benign skin lesion(s) that does not present a threat to health or function is considered cosmetic and is not covered under this iCare criteria, nor is it a payable service at iCare Health Solutions.
- iCare will, however, allow an E&M service to determine a diagnosis of benign skin lesion(s), even in the event the subsequent lesion(s) removal is determined to be cosmetic.
- Members are liable for services rendered to remove asymptomatic benign eyelid lesions for cosmetic purposes. The physician has the responsibility to notify the member in advance that iCare will not cover cosmetic surgery and that the member will be liable for the cost of the service. It is strongly advised that the member, by his or her signature, accept responsibility for payment. Charges should be clearly stated.
- iCare will not pay for a separate E & M service on the same day as a surgical lid procedure unless a documented significant and separately identifiable medical service is rendered. The service must be fully and clearly documented in the patient's medical record and modifier 25 should be used.
- iCare will not pay for a separate E & M service rendered by the operating physician during the global period unless the service is for a medical problem unrelated to the surgical procedure, and the service is fully and clearly documented in the patient's medical record.
- If anticipated lesion removal does not include removal of more than just skin (e.g., involving lid margin, tarsus, and/or palpebral conjunctiva) with or without simple direct closure ~~),~~ iCare will not pay for CPT code 67840.

Coding Information:

ICD-10 codes covered when coverage criteria are met:	
B08.1	Molluscum contagiosum
D04.0 - D04.9	Carcinoma in situ of skin [Bowen's disease, lentigo maligna]
D17.0 - D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue
D18.00 - D18.09	Hemangioma
D22.0 - D22.9	Melanocytic nevi
D23.0 - D23.9	Other benign neoplasm of skin
D48.5	Neoplasm of uncertain behavior of skin [dysplastic nevus syndrome], not to include standard chalazion
I78.1	Nevus, non-neoplastic [nevus simplex, telangiectasia, cherry angioma]
L57.0	Actinic keratosis
L72.0	Epidermal cyst
L72.3	Sebaceous cyst
L82.0 - L82.1	Seborrheic keratosis [not covered for the removal of dermatosis papulosa nigra]
L91.0 - L91.9	Hypetrophic scar [acrochordons, skin tags]
L98.0	Pyogenic granuloma
Q82.5	Congenital non-neoplastic nevus [nevus flammeus, port-wine stain]

The diagnosis codes included in this document are representative examples and are not intended to be exhaustive. Additional codes may apply depending on the patient's condition and clinical documentation.

Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, date of service[s]).
- The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
- The submitted medical record must support the use of the selected ICD-10-CM code(s).
- Diagnostic test results.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient's legal guardian.

- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient's legal guardian.
- Pre-operative notes must be signed by the provider that will be performing the procedure.
- Documentation shall describe lesion(s) removal involving more than just skin (i.e., involving lid margin, tarsus, and/or palpebral conjunctiva) with or without simple direct closure.

Sources:

Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.

- American Academy of Dermatology Association. What to Look For: ABCDEs of Melanoma. 2026. https://www.aad.org/public/diseases/skin-cancer/find/at-risk/abcdes. Last accessed March 4, 2026.
- American Academy of Ophthalmology. How to Choose Eyelid Lesion Removal Code. October 28, 2025. https://www.aao.org/practice-management/news-detail/how-to-choose-eyelid-lesion-removal-code. Last accessed March 4, 2026.
- Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual (Publication 100-2), Chapter 16, § 120 - Cosmetic Surgery. Issued June 18, 2025. https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms012673. Last accessed March 4, 2026.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (L34028). Jacksonville, FL: First Coast; effective March 21, 2021.
- First Coast Service Options, Inc. Local Coverage Determination Reference Article: Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57025). Jacksonville, FL: First Coast; effective January 1, 2025.
- Heistein JB, Acharya U, Mukkamalla SKR. Malignant Melanoma. February 17, 2024. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; January 2025. Available on the National Library of Medicine NCBI Bookshelf at https://www.ncbi.nlm.nih.gov/books/NBK470409/. Last accessed March 4, 2026.
- McCune, Donna, CCS-P, COE, CPMA. How to Document and Code Lesion Removal. Review of Ophthalmology. June 5, 2016. https://www.reviewofophthalmology.com/article/how-to-document-and-code-lesion-removal. Last accessed March 5, 2026.
- Other Carriers' medical policies:
  - Aetna, Inc. Clinical Policy Bulletin Number 0633: Benign Skin Lesion Removal. Reviewed September 25, 2025.

https://www.aetna.com/cpb/medical/data/600_699/0633.html. Last accessed March 4, 2026.
- CGS Administrators, LLC. Local Coverage Determination (LCD): Removal of Benign Skin Lesions (L34200). Nashville, TN; CGS: effective August 7, 2025.
- Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L34233). Fargo, ND; Noridian: effective October 23, 2025.
- Novitas Solutions, Inc. Local Coverage Determination (LCD): Removal of Benign Skin Lesions (L34938). Mechanicsburg, PA; Novitas: effective September 26, 2019.

- Stokkermans TJ, Prendes M. Benign Eyelid Lesions. May, 29, 2023. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; January 2025. Available on the National Library of Medicine NCBI Bookshelf at https://www.ncbi.nlm.nih.gov/books/NBK582155/. Last accessed March 4, 2026.

Background:

Benign lesions of the eyelid are encountered in ophthalmologic practice. While eyelid lesions may be asymptomatic and may not require treatment, removal may be clinically indicated when a lesion causes functional impairment, persistent irritation, recurrent inflammation or inflammation, or when the clinical appearance raises concern and malignancy cannot be excluded. Because the eyelid plays a crucial role in ocular surface protection, tear film distribution, and maintenance of normal visual function, lesions that interfere with eyelid mechanics or ocular surface health may warrant surgical management. Surgical removal may be performed using minor procedure techniques and may involve simple excision with or without direct closure, depending on the lesion characteristics and location. Documented symptoms, physical examination findings, and/or the potential for functional or diagnostic benefit can be considered in the determination of medical necessity for removal of benign eyelid lesions. It is important to note that a histological examination (a biopsy) is a definitive way to confirm malignancy.

REVIEW AND REVISION HISTORY		
Date	**Description**	**Approver & Title**
03.09.2026	Approval by PAC	Approval by PAC