

Clinical Policy: Surgical Excision of Eyelid Lesions

Reference Number: OC.UM.CP.0075

Last Review Date: 11/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The majority of eyelid lesions are benign, ranging from innocuous cysts and chalazion/hordeolum to nevi and papillomas. Key features that should prompt further investigation include gradual enlargement, central ulceration or induration, irregular borders, eyelid margin destruction or loss of lashes, and telangiectasia. This policy describes the medical necessity requirements for surgical excision of eyelid lesions.

Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.[®] (Envolve) that surgical excision and repair of eyelid or conjunctiva due to lesion or cyst or eyelid foreign body removal is **medically necessary** for any of the following indications:
 - A. Lesion with one or more of the following characteristics:
 1. Bleeding;
 2. Persistent or intense itching;
 3. Pain;
 4. Inflammation;
 5. Restricts vision or eyelid function;
 6. Misdirects eyelashes or eyelid;
 7. Displaces lacrimal puncta or interferes with tear flow;
 8. Touches globe;
 9. Unknown etiology with potential for malignancy.
 - B. Lesions classified as one of the following:
 1. Malignant;
 2. Benign;
 3. Cutaneous papilloma;
 4. Cysts;
 5. Embedded foreign bodies.
 - C. Periocular warts associated with chronic conjunctivitis.

Background

The majority of eyelid lesions are benign, ranging from innocuous cysts and chalazion/hordeolum to nevi and papillomas. Key features that should prompt further investigation include gradual enlargement, central ulceration or induration, irregular borders, eyelid margin destruction or loss of lashes, and telangiectasia.

Benign tumors, even though benign, often require removal and therefore must be examined carefully and the differential diagnosis of a malignant eyelid tumor considered and the method of removal planned. The lesion is examined with respect to its size, shape, color, level in the eyelid, mobility, tethering and tenderness. The peri-orbital area is examined for additional lesions. If a malignant tumor is suspected, additional evaluation including a full medical examination may be needed and other

specialists including an oculoplastic surgeon, dermatologist, oncologist and head and neck surgeon may be consulted in more advanced cases.

The treatment of eyelid lesions depends on the diagnosis which is obtained by biopsy. Benign eyelid lesions are excised in full and ocular reconstruction performed using direct closure, flaps or grafts. Malignant tumors may require adjuvant treatment with either radiotherapy or chemotherapy after excision, depending on the diagnosis. Surgery of eyelid lumps and bumps can frequently be done under local anesthesia.

A chalazion or meibomian cyst is caused by inflammation of a blocked meibomian gland. Chalazia differ from styes (hordeola) in that they are subacute and usually painless nodules. They may become acutely inflamed, but unlike a sty, chalazia usually sit inside the lid rather than on the lid margin. The surgical excision procedure of a chalazion varies depending on the chalazion's texture. Chalazion excision is usually an ambulant procedure with local anesthesia.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
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
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
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm

CLINICAL POLICY
Surgical Excision of Eyelid Lesions

CPT® Codes	Description
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
67800	Excision of chalazion, single
67801	Excision of chalazion, multiple, same lid
67805	Excision of chalazion, multiple, different lids
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67938	Removal of embedded foreign body, eyelid
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision of lesion, conjunctiva; over 1 cm
68130	Excision of lesion, conjunctiva; with adjacent sclera

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
C43.111	Malignant melanoma of right upper eyelid, including canthus

CLINICAL POLICY

Surgical Excision of Eyelid Lesions

ICD-10-CM Code	Description
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D22.111	Melanocytic nevi of right upper eyelid, including canthus

CLINICAL POLICY

Surgical Excision of Eyelid Lesions

ICD-10-CM Code	Description
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
H00.011	Hordeolum externum right upper eyelid
H00.012	Hordeolum externum right lower eyelid
H00.014	Hordeolum externum left upper eyelid
H00.015	Hordeolum externum left lower eyelid
H00.021	Hordeolum internum right upper eyelid
H00.022	Hordeolum internum right lower eyelid
H00.024	Hordeolum internum left upper eyelid
H00.025	Hordeolum internum left lower eyelid
H00.031	Abscess of right upper eyelid
H00.032	Abscess of right lower eyelid
H00.034	Abscess of left upper eyelid
H00.035	Abscess of left lower eyelid
H00.11	Chalazion right upper eyelid
H00.12	Chalazion right lower eyelid
H00.14	Chalazion left upper eyelid
H00.15	Chalazion left lower eyelid
H02.811	Retained foreign body in right upper eyelid
H02.812	Retained foreign body in right lower eyelid
H02.814	Retained foreign body in left upper eyelid
H02.815	Retained foreign body in left lower eyelid
H02.821	Cysts of right upper eyelid
H02.822	Cysts of right lower eyelid
H02.824	Cysts of left upper eyelid
H02.825	Cysts of left lower eyelid
S01.121A	Laceration with foreign body of right eyelid and periocular area initial encounter
S01.121D	Laceration with foreign body of right eyelid and periocular area subsequent encounter
S01.121S	Laceration with foreign body of right eyelid and periocular area sequela
S01.122A	Laceration with foreign body of left eyelid and periocular area initial encounter
S01.122D	Laceration with foreign body of left eyelid and periocular area subsequent encounter
S01.122S	Laceration with foreign body of left eyelid and periocular area sequela

CLINICAL POLICY

Surgical Excision of Eyelid Lesions

ICD-10-CM Code	Description
S01.141A	Puncture wound with foreign body of right eyelid and periocular area initial encounter
S01.141D	Puncture wound with foreign body of right eyelid and periocular area subsequent encounter
S01.141S	Puncture wound with foreign body of right eyelid and periocular area sequela
S01.142A	Puncture wound with foreign body of left eyelid and periocular area initial encounter
S01.142D	Puncture wound with foreign body of left eyelid and periocular area subsequent encounter
S01.142S	Puncture wound with foreign body of left eyelid and periocular area sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	08/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review; Updated ICD-10 diagnosis codes to include chalazia and hordeola	12/2021	12/2021
Annual Review	11/2022	11/2022

References

1. Kersten RC, Ewing-Chow D, Kulwin DR, Gallon M. Accuracy of clinical diagnosis of cutaneous eyelid lesions. *Ophthalmology* 1997;104:479-84.
2. James Kasenchak, MD, Gregory Notz, DO. Eyelid Lesions: Diagnosis and Treatment. *Review of Ophthalmology*. 5 April 2016.
3. Shields JA, Shields CL. Eyelid, Conjunctival, and Orbital Tumors. *An Atlas and Textbook*. LWW; Third edition October 9, 2015
4. Sara Weidmayer, OD, Molly McGinty-Tauren, OD. A Close Look at Common Lid Lesions. *Review of Optometry*. 15 November 2019.
5. Susan R. Carter, M.D. Eyelid Disorders: Diagnosis and Management. *Am Fam Physician*. 1998 Jun 1;57(11):2695-2702.
6. Sun, Michelle, MBBS, PhD, Huang, Sonia, Huilgol, Shyamala, MBBS, FACD, Selva, Dinesh DHSc FRANZCO. Eyelid lesions in general practice. *Australian J of General Practice*. Volume 48, Issue 8, August 2019.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to

CLINICAL POLICY

Surgical Excision of Eyelid Lesions

the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

CLINICAL POLICY

Surgical Excision of Eyelid Lesions



©2018 Envolve, Inc. All rights reserved. All materials are exclusively owned by Envolve and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve. You may not alter or remove any trademark, copyright or other notice contained herein.