Treatment or Removal of Warts

Date of Origin: 01/01/2018        Last Review Date: 10/24/2018        Effective Date: 10/24/2018

Dates Reviewed: 01/2018, 04/2018, 10/2018

Developed By: Medical Necessity Criteria Committee

I. Description
   Warts are small, benign growths caused by a viral infection of the skin or mucous membrane. The virus infects the surface layer. The viruses that cause warts are members of the human papilloma virus (HPV) family. As many as 1 in 3 children and teenagers are estimated to have warts, but only 3 to 5 percent of adults. This is probably because the immune system becomes better able to prevent their development over time. People with a weakened immune system are more likely to have warts.

II. Criteria: CWQI HCS-0184B
   A. Moda Health will cover the treatment and/or removal of warts when All of the following are met:
      i. Wart removal and/or destruction will be covered when 1 or more of the following clinical circumstances are present:
         1. Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding
         2. Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients or warts of recent origin in an immunocompromised patient
         3. Lesions are condyloma acuminata or molluscum contagiosum
         4. Cervical dysplasia or pregnancy is associated with genital warts
         5. The wart has objective signs or symptoms of 1 or more of the following:
            a. Bleeding
            b. Intense itching
            c. Pain
            d. Change in physical appearance (i.e., reddening or pigmentary changes)
            e. Recent enlargement
            f. Increase in the number of lesions
            g. The wart is in a position that is subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred (i.e., waist area, bra line, etc.)
            h. The wart impairs physical function (i.e., visual impairments, obstruction of an orifice, etc.)
            i. The wart has physical evidence of inflammation (i.e., purulence, oozing, edema, erythema, etc.)
            j. A prior biopsy suggests or is indicative of pre-malignancy (i.e., dysplasia)
            k. The wart appears to be pre-malignant with a clinical uncertainty as to the diagnosis; particularly where malignancy is a realistic consideration based on the lesion’s appearance, strong family history of melanoma, dysplastic nevus syndrome or prior melanoma.
      ii. Treatment and/or removal of warts includes 1 or more of the following procedures:
         1. Cryotherapy (super-freezing tissue)
II. Electrosurgery
3. Excision or surgical curettage
4. Shave Excision
5. Biopsy
6. Intraliesional injection therapy or topical immunotherapy
7. Laser therapy
8. Chemosurgery

III. Information Submitted with the Prior Authorization Request:
1. Medical records of prior treatment
2. Documentation must contain a written description of each treated wart in terms of location, and physical characteristics.
3. A record of statement of a specific diagnosis

IV. CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11300-11313</td>
<td>Shaving of epidermal or dermal lesions; code range</td>
</tr>
<tr>
<td>11400-11446</td>
<td>Excision, benign lesions; code range</td>
</tr>
<tr>
<td>17000-17004</td>
<td>Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); code range</td>
</tr>
<tr>
<td>17110-17111, 17250</td>
<td>Destruction, (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular lesions; code range</td>
</tr>
</tbody>
</table>

V. CPT or HCPC codes NOT covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11200-11201</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area; code range</td>
</tr>
</tbody>
</table>

V. Annual Review History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>New Criteria – Separated from Treatment or Removal of Skin lesion criteria</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>04/11/2018</td>
<td>Formatting corrections – removed II.i.7.a – laser therapy requires wart meets above criteria for removal – redundant Added II.i.6 – Intraliesional injection therapy or topical immunotherapy for type of wart treatment.</td>
<td>04/11/2018</td>
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<tr>
<td>10/24/2018</td>
<td>Added surgical curettage and chemosurgery</td>
<td>10/24/2018</td>
</tr>
</tbody>
</table>
VI. References

1. Medical News Today; How to treat a wart; Christian Nordqvist; Last updated Tue 28 November 2017
2. Centers for Medicare & Medicaid Services, Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979); Noridian Healthcare Solutions, LLC; Effective Date 10/01/2015; Revision Effective Date 10/01/2016; Accessed 10/12/2016.
5. UpToDate; Overview of benign lesions of the skin; Beth Goldstein, MD, Adam Goldstein, MD, MPH; access at www.uptodate.com; 2016 UpToDate.
8. Mayo Clinic; Common Warts; Patient Care & Health Information; Accessed December 11, 2017

Appendix 1 – Applicable Diagnosis Codes:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B07.0</td>
<td>Plantar wart</td>
</tr>
<tr>
<td>B07.8</td>
<td>Other viral warts</td>
</tr>
<tr>
<td>B07.9</td>
<td>Viral wart, unspecified</td>
</tr>
</tbody>
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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):
### Medicare Part B Administrative Contractor (MAC) Jurisdictions

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Applicable State/US Territory</th>
<th>Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
</tr>
</tbody>
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