

	<b>Cryosurgery for Benign Lesions</b>	
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	<b>Version Number: 5</b>	<b>Version Effective Date: 08/09/2021</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 08/09/2026</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input checked="" type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Cryosurgery is used to treat a variety of benign skin lesions

- Acne

- Warts (including anogenital warts)
- Dermatofibroma
- Hemangioma
- Keloid (hypertrophic scar)
- Molluscum contagiosum
- Myxoid cyst
- Pyogenic granuloma
- Seborrheic keratoses
- Skin tags
- Actinic Keratosis

Cryosurgery may also be used to treat low risk skin cancers such as basal cell carcinoma and squamous cell carcinoma. A biopsy is ideally obtained first to confirm the diagnosis, determine the depth of invasion, and characterize other high-risk histological features.

### Policy

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Documentation for Cryosurgery must contain the following:

- Type of lesion.
- Clinical description of lesion(s) plus any medical necessity documentation (if required for coverage) such as itching, bleeding, pain, inflamed to differentiate between cosmetic and symptomatic (i.e., medically necessary) destruction.
- Size (applicable if code selection is based on size).
- Number of lesions treated.
- Method of treatment (LN2 or cryo is sufficient).
- Path report (if required by carrier prior to destruction).
- Documentation must include a detailed description of the lesion(s) and location on the body; photographs or diagrams may be used for this documentation.

The number of cryosurgery sessions/visits rendered should not exceed what is considered necessary and reasonable for the type of lesion being treated. When multiple sessions are performed that exceed what is customary, documentation may be requested to support these services.

Blue KC will not pay for a separate evaluation and management service on the same day as cryosurgery, unless a documented significant and separately identifiable medical service is rendered. The separately identifiable service must be fully and clearly documented in the patient's medical record. Append Modifier 25 to the E/M if appropriate.

All services must be submitted with a diagnosis code to support medical necessity and must be coded to the greatest level of accuracy and highest level of digit completeness.

### Coding

CPT Code	Definition
46916	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
54056	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
45190	Destruction of rectal tumor (e.g., electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) trans anal approach
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

### References and Resources

American Medical Association CPT Manual  
Centers for Medicare and Medicaid Services

### Related Documents

N/A

Revision History		
Version	Date	Summary of Revisions
001	8/9/2021	Initial version
002	8/9/2022	Annual review, there were no changes or updates made to the policy
003	8/9/2023	Annual review, there were no changes or updates made to the policy
04	8/9/2024	Annual review, there were no changes or updates made to the policy
05	8/9/2025	Annual review, there were no changes or updates made to the policy