

# Local Coverage Determination (LCD): Removal of Benign and Malignant Skin Lesions (L33445)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## LCD Information

### Document Information

**LCD ID**

L33445

**Original Effective Date**

For services performed on or after 10/01/2015

**LCD Title**

Removal of Benign and Malignant Skin Lesions

**Revision Effective Date**

For services performed on or after 10/24/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

DL33445

**Retirement Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Notice Period Start Date**  
12/22/2016

**Notice Period End Date**  
02/05/2017

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)A allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act §1862(a)(10) excludes Medicare coverage for cosmetic surgery, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

42 CFR 411.15(h) services excluded from coverage-cosmetic surgery and related services

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §250.4 Treatment of Actinic Keratosis

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

Benign skin lesions are common in the elderly and are sometimes removed at the patient's request. Removal of certain benign skin lesions that do not pose a threat to health or function are considered cosmetic, and as such, are not covered by the Medicare program (statutory exclusion). This LCD describes the medical conditions for which skin lesion removal using one of the services (eg., shaving, removal, destruction, etc.) listed in the CPT section of the related billing and coding article A56346 would be medically necessary and would therefore not be excluded.

Medicare would consider the removal of any malignant lesion to be medically necessary. Actinic keratosis removals are covered as per the requirements indicated in the CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 4, §250.4.

There may be instances in which the removal of benign seborrheic keratoses, sebaceous cysts and viral warts is medically appropriate. Medicare will, therefore, consider their removal 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 has one or more of the following characteristics:
  - Bleeding
  - Persistent or intense itching
  - Pain
  
- The lesion has physical evidence of inflammation (purulence, oozing, edema, erythema, etc.)
- The lesion obstructs an orifice or clinically restricts vision
- There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesional appearance, such as increased rate of growth and/or color changes
- The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred
- Wart destruction will be covered if it falls under one of the conditions of the first five bullets above. In addition, because warts are a viral infection of the skin, wart destruction will be covered when any one of the following clinical circumstances is present:
  - Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesional virus shedding
  - Warts of recent origin in immunosuppressed patients

Lesions in sensitive anatomic locations that are non-problematic do not qualify for removal coverage on the basis of location alone.

The type of removal is at the discretion of the treating physician and the appropriateness of the technique used will not be a factor in deciding if a lesion merits removal. However, a benign lesional excision must have medical record documentation as to why an excisional removal, other than for cosmetic purposes, was the surgical procedure of choice.

The decision to submit a specimen for pathologic interpretation will be independent of the decision to remove or not

remove the lesion. It is assumed, however, that a tissue diagnosis will be part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

Office visits will be covered when the diagnosis of a benign skin lesion(s) is made, even if the removal of a particular lesion(s) is not medically indicated and is therefore not done.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **General Information**

### **Associated Information**

### **Documentation Requirements**

In most situations, Medicare will not pay for a separate Evaluation and Management (E/M) service on the same day dermatologic surgery is performed unless significant and separately identifiable medical services were rendered and clearly documented in the patient's medical record.

### **Sources of Information**

N/A

### **Bibliography**

The Carrier Medical Director Workgroup on Dermatology

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## **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/24/2019	R26	This LCD is being revised in order to adhere to CMS	<ul style="list-style-type: none"><li>• Provider</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Title XVIII of the Social Security Act, §1833(e) was removed from the <b>CMS National Coverage Policy</b> section of this LCD and placed in the related Billing and Coding: Removal of Benign and Malignant Skin Lesions A56346 article.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	Education/Guidance
05/23/2019	R25	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> added the verbiage “of the related billing and coding article A56346” to the second sentence in the first paragraph. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
03/21/2019	R24	<p>All verbiage regarding billing and coding under the <b>Associated Information</b> section has been removed and is included in the related Billing and Coding for Removal of Benign and Malignant Skin Lesions A56346 article.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
01/01/2019	R23	<p>All coding located in the <b>Coding Information</b> section has been moved into the related Billing and Coding for Removal of Benign and Malignant Skin Lesions A56346 article and removed from the LCD. Under <b>CPT/HCPCS Codes Group 1: Codes</b> removed codes 11102, 11103, 11104, 11105, 11106 and 11107 being that the Removal of Benign and Malignant Skin Lesions LCD does not discuss biopsies.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Code migration due to CR 10901)</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2019	R22	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> added CPT codes 11102-11107. This revision is due to the Annual CPT/HCPCS Code Update.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
11/26/2018	R21	<p>Under <b>ICD-10 Codes That Support Medical Necessity Group 1: Codes</b> added D23.111, D23.112, D23.121, and D23.122.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
10/01/2018	R20	<p>Under <b>CPT/HCPCS Codes – Group 1: Codes</b> added CPT<sup>®</sup> codes 17260,17261, 17262, 17263, 17264, 17266, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284 and 17286. This revision is due to a reconsideration request.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity: Group 1</b> added ICD-10 codes C43.111, C43.112, C43.121, C43.122, C44.1021, C44.1022, C44.1091, C44.1092, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.1921, C44.1922, C44.1991, C44.1992, C4A.111, C4A.112, C4A.121, C4A.122, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112, D04.121, D04.122, D22.111, D22.112, D22.121 and D22.122. Under <b>ICD-10 Codes that Support Medical Necessity: Group 1</b> deleted ICD-10 codes C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, C4A.11, C4A.12, D03.11, D03.12, D04.11, D04.12, D22.11, D22.12, D23.11 and D23.12. This revision is due to the 2018 Annual ICD-10 Code Update and is effective on October 1, 2018.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> <li>• Reconsideration Request</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
07/19/2018	R19	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> revised the verbiage to add "etc." to the following: "This LCD describes the medical conditions for which skin lesion removal using one of the services listed in the CPT section (shaving, removal, destruction, etc.) would be medically necessary and therefore not be excluded."</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
03/30/2018	R18	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added ICD-10 code D29.0 due to a reconsideration request. ICD code D29.0 is valid only for CPT codes 11420, 11421, 11422, 11423, 11424 and 11426.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
02/26/2018	R17	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/29/2018	R16	<p>The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.</p>	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>
01/01/2018	R15	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> in the second paragraph added the following statement, "Actinic keratosis removals are covered as per the requirements indicated in the CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 4, §250.4.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
01/01/2018	R14	<p>Under <b>CPT/HCPCS Codes Group 1</b> the description was revised for CPT code 11403. This revision is due to the Annual CPT/HCPCS Code Update.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
11/02/2017	R13	<p>Under <b>CPT/HCPCS Codes – Group 1: Codes</b> the code description was changed for CPT code 11403. This</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>revision is due to the Q4 CPT/HCPCS Update. This update became effective for dates of service beginning 10/2/2017.</p> <p>10/20/2017: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	Changes
10/16/2017	R12	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added ICD-10 code C63.2 due to a reconsideration request.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> </ul>
10/01/2017	R11	<p>Under <b>ICD-10 Codes That Support Medical Necessity Group 1: Codes</b> added ICD-10 codes C96.29 and D47.01. This revision is due to the 2017 Annual ICD-10 Code Updates.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
06/02/2017	R10	Under <b>ICD-10 Codes that Support Medical Necessity-</b> ICD-10 codes added to Group 1: C51.0, C51.1, C51.2, C51.8, C51.9, C60.0, C60.1, C60.2, C60.8, C60.9, D28.0, D29.4.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
03/16/2017	R9	Under <b>CMS National Coverage Policy-</b> Grammatical correction to Internet Only Manual Pub 100-03, Chapter 1 Part 4, Section 250.4. Removed "excludes Medicare coverage for" and capitalized the "c" and "s" on cosmetic surgery. Grammatical correction to Pub 100-02, Chapter 15 Section 60.1. Capitalized lettering in title to read "Incident to Physician's Professional Services". Under <b>Associated Information- Documentation Requirements</b> - Added the header above second paragraph to state " <b>Utilization Guidelines</b> ". Code Description change for CPT code 11403 effective January 25, 2017 as per the 2017 Quarter 1 CPT HCPCS updates.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
02/06/2017	R8	No comments were received from the provider community; therefore, no revisions were made.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
07/25/2016	R7	Under <b>ICD-10 Codes that Support Medical Necessity</b> added ICD-10 code D03.4.	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> </ul>
07/25/2016	R6	Under <b>ICD-10 Codes that Support Medical Necessity</b> added ICD-10 codes C43.0, C43.11, C43.12, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.61, C43.62, C43.71, C43.72, C43.8, C4A.0, C4A.11, C4A.12, C4A.21, C4A.22, C4A.31, C4A.39, C4A.4, C4A.52, C4A.59, C4A.61, C4A.62, C4A.71 and C4A.72.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
04/08/2016	R5	Under <b>CPT/HCPCS Codes</b> added CPT codes 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641 and 11642. Under <b>ICD-10 Codes that Support Medical Necessity</b> added ICD-10 codes D03.0, D03.11, D03.12, D03.21, D03.22, D03.39, D03.51, D03.52, D03.59, D03.61, D03.62, D03.71, D03.72 and D03.8.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
02/19/2016	R4	Under <b>CMS National Coverage Policy</b> deleted "this section" X3, deleted "medically" in the first citation, and in the second citation deleted "accidentally" and revised it to now read "accidental". Under <b>Bill Type Codes</b> deleted the bill types as	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. Under <b>ICD-10 Codes That Support Medical Necessity</b> deleted the <b>*Note</b> related to use of decimal points for ICD-10 codes. Under <b>Associated Information-Documentation Requirements</b> revised the last sentence to now read, "Use modifier 25 appended to the appropriate visit code to indicate that the patient's condition required a significant, separately identifiable service by the same physician on the same day of the procedure that was performed."	
10/01/2015	R3	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.	<ul style="list-style-type: none"> <li>• Other (Bill type and/or revenue code removal)</li> </ul>
10/01/2015	R2	This policy was revised to become an A/B policy.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/01/2015	R1	Under <b>CMS National Coverage Policy</b> removed "System" from each reference to CMS Internet-Only Manual. Un-italicized titles of Internet-Only Manuals.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other (Maintenance Annual Review)</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A56346 - Billing and Coding: Removal of Benign and Malignant Skin Lesions

A55403

- (MCD Archive Site)LCD(s)

DL33445

- (MCD Archive Site)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 10/14/2019 with effective dates 10/24/2019 - N/A

Updated on 05/15/2019 with effective dates 05/23/2019 - 10/23/2019

Updated on 03/15/2019 with effective dates 03/21/2019 - 05/22/2019

Updated on 02/15/2019 with effective dates 01/01/2019 - 03/20/2019

Updated on 12/13/2018 with effective dates 01/01/2019 - N/A

Updated on 10/26/2018 with effective dates 11/26/2018 - 12/31/2018

Updated on 08/31/2018 with effective dates 10/01/2018 - 11/25/2018

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## Keywords

- Skin Lesions
- Actinic Keratosis
- Lesions