

Local Coverage Determination (LCD): Removal of Benign Skin Lesions (L34938)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	District of Columbia Delaware Maryland New Jersey Pennsylvania

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LCD Information

Document Information

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Removal of Benign Skin Lesions

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CMS National Coverage Policy

This LCD supplements but does not replace, modify, or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for benign skin lesion services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify, or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for removal of benign skin lesion services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

IOM Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16, Section 120: Cosmetic Surgery.
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 4, Section 250.4: Treatment of Actinic Keratosis.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 30.6: Evaluation and Management Codes - General, Section 40.1: Definition of a Global Surgical Package, Section 40.2: Billing Requirements for Global Surgeries, Section 40.3: Claims Review for Global Surgeries.

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1862 (a)(10). This section excludes Cosmetic Surgery.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1865 states effects of accreditation.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

History/Background and/or General Information

Benign lesions may be removed in a variety of ways. These methods can be grouped into one of the following three categories.

Shaving of Epidermal or Dermal Lesions

Shaving is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision. This includes local anesthesia, chemical or electrocauterization. The wound does not require suture closure.

Excision – Benign Lesions

Excision of benign lesions of skin includes local anesthesia. Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed.

Destruction, Benign Lesions

Destruction means the ablation of benign tissues by any method, with or without curettage, including local anesthesia, and not usually requiring closure.

Medical record documentation must support medical necessity for excisional removal of a benign skin lesion for other than cosmetic purposes. Each benign lesion excised should be reported separately. According to the 2016 Current Procedural Terminology (CPT) Manual, code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for complete excision; please refer to the current CPT manual for further information. Lesion compared to margin plus lesion should not differ significantly; measurement is made prior to excision.

Covered Indications

In selected circumstances, the removal of lesions (e.g., seborrheic keratoses, epidermoid cysts, moles (nevi), acquired hyperkeratosis, molluscum contagiosum, milia, viral warts, benign neoplasms, hemangiomas, lipomas, and pyogenic granulomas) is medically appropriate. Therefore, Medicare will 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:

1. The lesion has become symptomatic or has undergone a change in appearance or displays evidence of inflammation or infection.
2. The lesion obstructs an orifice.
3. The lesion clinically restricts eye function. For example, the lesion

- restricts eyelid function
 - causes misdirection of eyelashes or eyelid
 - restricts lacrimal puncta and interferes with tear flow
 - touches the globe
 - interferes with vision
4. There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance or prior biopsy of a related or similar lesion suggesting malignancy.
 5. A prior histological exam or biopsy suggests or is indicative of atypia (e.g., atypical nevus) or malignancy.
 6. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has occurred.
 7. Removal of molluscum contagiosum.
 8. Benign epidermal or pilar cyst with history of infection, drainage, or rupture.
 9. Wart removals will be covered under guidelines above. In addition, wart destruction will be covered when any of the following clinical circumstances are present:
 - Periocular warts associated with chronic recurrent conjunctivitis thought to be secondary to lesion virus shedding
 - Warts showing evidence of spread from one body area to another
 - Lesions are condyloma acuminata
 10. Medicare covers the destruction of actinic keratosis without restrictions based on lesion or patient characteristics. Please refer to the National Coverage Determination (NCD) 250.4 for coverage details regarding Actinic Keratosis.

Limitations

The following are considered not reasonable and necessary and therefore will be denied:

1. Medicare will not pay for a separate Evaluation and Management (E/M) service on the same day as a 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.
2. Medicare will not pay for a separate E/M service by the operating physician or non-physician practitioner during the global period unless the service is for a medical problem unrelated to the surgical procedure. The service must be fully and clearly documented in the patient's medical record.
3. Removal of certain benign skin lesions that do not pose a threat to health or function is considered cosmetic, and as such, is not covered by the Medicare program. If the beneficiary wishes to have one or more of these benign asymptomatic lesions removed for cosmetic purposes, the beneficiary becomes liable for the service rendered. The provider has the responsibility to notify the patient in advance that Medicare will not cover that cosmetic procedure and the beneficiary will be liable for the cost of the service.
4. Lesions in sensitive anatomical locations that are not creating problems do not qualify for removal coverage on the basis of location alone.

Notice: This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862 (a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
- Furnished in a setting appropriate to the patient's medical needs and condition.
- Ordered and furnished by qualified personnel.
- One that meets, but does not exceed, the patient's medical needs.
- At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
083x Ambulatory Surgery Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, *Medicare Claims Processing Manual*, for further guidance.

036X Operating Room Services - General Classification
049X Ambulatory Surgical Care - General Classification
051X Clinic - General Classification
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CPT/HCPCS Codes

Group 1 Paragraph:

Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

11200 Removal of skin tags
11201 Remove skin tags add-on
11310 Shave skin lesion 0.5 cm/<
11311 Shave skin lesion 0.6-1.0 cm
11312 Shave skin lesion 1.1-2.0 cm
11313 Shave skin lesion >2.0 cm
11440 Exc face-mm b9+marg 0.5 cm/<
11441 Exc face-mm b9+marg 0.6-1 cm
11442 Exc face-mm b9+marg 1.1-2 cm
11443 Exc face-mm b9+marg 2.1-3 cm
11444 Exc face-mm b9+marg 3.1-4 cm
11446 Exc face-mm b9+marg >4 cm
17106 Destruction of skin lesions
17107 Destruction of skin lesions
17108 Destruction of skin lesions
17340 Cryotherapy of skin

Group 2 Paragraph: N/A

Group 2 Codes:

11300 Shave skin lesion 0.5 cm/<
11301 Shave skin lesion 0.6-1.0 cm
11302 Shave skin lesion 1.1-2.0 cm
11303 Shave skin lesion >2.0 cm
11400 Exc tr-ext b9+marg 0.5 cm<
11401 Exc tr-ext b9+marg 0.6-1 cm
11402 Exc tr-ext b9+marg 1.1-2 cm
11403 Exc tr-ext b9+marg 2.1-3cm
11404 Exc tr-ext b9+marg 3.1-4 cm
11406 Exc tr-ext b9+marg >4.0 cm

Group 3 Paragraph: N/A

Group 3 Codes:

11305 Shave skin lesion 0.5 cm/<
11306 Shave skin lesion 0.6-1.0 cm
11307 Shave skin lesion 1.1-2.0 cm
11308 Shave skin lesion >2.0 cm

Group 4 Paragraph: N/A

Group 4 Codes:

11420 Exc h-f-nk-sp b9+marg 0.5/<
11421 Exc h-f-nk-sp b9+marg 0.6-1
11422 Exc h-f-nk-sp b9+marg 1.1-2
11423 Exc h-f-nk-sp b9+marg 2.1-3
11424 Exc h-f-nk-sp b9+marg 3.1-4
11426 Exc h-f-nk-sp b9+marg >4 cm

Group 5 Paragraph: N/A

Group 5 Codes:

17000 Destruct premalg lesion
 17003 Destruct premalg les 2-14
 17004 Destroy premal lesions 15/>
 17110 Destruct b9 lesion 1-14
 17111 Destruct lesion 15 or more

Group 6 Paragraph: N/A**Group 6 Codes:**

46900 Destruction anal lesion(s)
 46916 Cryosurgery anal lesion(s)
 54050 Destruction penis lesion(s)
 54055 Destruction penis lesion(s)
 54056 Cryosurgery penis lesion(s)
 54057 Laser surg penis lesion(s)
 54060 Excision of penis lesion(s)
 54065 Destruction penis lesion(s)

Group 7 Paragraph: N/A**Group 7 Codes:**

56501 Destroy vulva lesions sim
 56515 Destroy vulva lesion/s compl

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Please note not all ICD-10-CM codes apply to all CPT codes. Choose the correct procedure for the lesion being treated.

The following CPT/HCPCS codes associated with the services outlined in this policy will not have diagnosis limitations applied at this time: 11200, 11201, 17106, 17107, 17108, and 17340.

Medicare is establishing the following limited coverage for CPT/HCPCS codes 11310, 11311, 11312, 11313, 11440, 11441, 11442, 11443, 11444, and 11446:

Group 1 Codes:**ICD-10 Codes****Description**

B07.8	Other viral warts
B08.1	Molluscum contagiosum
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D18.09	Hemangioma of other sites
D18.1	Lymphangioma, any site
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D22.0	Melanocytic nevi of lip
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.39	Melanocytic nevi of other parts of face
D23.0	Other benign neoplasm of skin of lip
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal

ICD-10 Codes	Description
D23.39	Other benign neoplasm of skin of other parts of face
D37.01	Neoplasm of uncertain behavior of lip
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
H02.61	Xanthelasma of right upper eyelid
H02.62	Xanthelasma of right lower eyelid
H02.64	Xanthelasma of left upper eyelid
H02.65	Xanthelasma of 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
H61.001	Unspecified perichondritis of right external ear
H61.002	Unspecified perichondritis of left external ear
H61.003	Unspecified perichondritis of external ear, bilateral
H61.011	Acute perichondritis of right external ear
H61.012	Acute perichondritis of left external ear
H61.013	Acute perichondritis of external ear, bilateral
H61.021	Chronic perichondritis of right external ear
H61.022	Chronic perichondritis of left external ear
H61.023	Chronic perichondritis of external ear, bilateral
H61.031	Chondritis of right external ear
H61.032	Chondritis of left external ear
H61.033	Chondritis of external ear, bilateral
L29.9	Pruritus, unspecified
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.12	Trichodermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L81.4	Other melanin hyperpigmentation
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L98.0	Pyogenic granuloma
Q82.5	Congenital non-neoplastic nevus
R20.8	Other disturbances of skin sensation
R23.3	Spontaneous ecchymoses
R23.8	Other skin changes
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 2 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS codes 11300, 11301, 11302, 11303, 11400, 11401, 11402, 11403, 11404, and 11406:

Group 2 Codes:**ICD-10 Codes****Description**

B07.8	Other viral warts
B08.1	Molluscum contagiosum
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D18.1	Lymphangioma, any site
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
L29.9	Pruritus, unspecified
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.12	Trichodermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L81.4	Other melanin hyperpigmentation
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.0	Acquired ichthyosis
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
Q82.5	Congenital non-neoplastic nevus
R20.8	Other disturbances of skin sensation
R23.3	Spontaneous ecchymoses
R23.8	Other skin changes
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 3 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS Codes 11305, 11306, 11307, and 11308:

Group 3 Codes:

ICD-10 Codes

Description

A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B08.1	Molluscum contagiosum
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D18.1	Lymphangioma, any site
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
L29.9	Pruritus, unspecified
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.12	Trichodermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L81.4	Other melanin hyperpigmentation
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin

ICD-10 Codes	Description
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
N48.89	Other specified disorders of penis
Q82.5	Congenital non-neoplastic nevus
R20.8	Other disturbances of skin sensation
R23.3	Spontaneous ecchymoses
R23.8	Other skin changes
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified

Group 3 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 4 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS codes 11420, 11421, 11422, 11423, 11424, and 11426:

Group 4 Codes:

ICD-10 Codes	Description
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B08.1	Molluscum contagiosum
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D18.1	Lymphangioma, any site
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
L29.9	Pruritus, unspecified
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L66.1	Lichen planopilaris
L72.0	Epidermal cyst

ICD-10 Codes	Description
L72.11	Pilar cyst
L72.12	Trichodermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L81.4	Other melanin hyperpigmentation
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.0	Acquired ichthyosis
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
N48.89	Other specified disorders of penis
N75.0	Cyst of Bartholin's gland
N90.7	Vulvar cyst
Q82.5	Congenital non-neoplastic nevus
R20.8	Other disturbances of skin sensation
R23.3	Spontaneous ecchymoses
R23.8	Other skin changes
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified

Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation:
N/A

Group 5 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS codes 17000, 17003, 17004, 17110, and 17111:

Group 5 Codes:

ICD-10 Codes	Description
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B08.1	Molluscum contagiosum
D18.01	Hemangioma of skin and subcutaneous tissue
D18.1	Lymphangioma, any site
D22.0	Melanocytic nevi of lip
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip

ICD-10 Codes	Description
D22.72	Melanocytic nevi of left lower limb, including hip
D23.0	Other benign neoplasm of skin of lip
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
L29.9	Pruritus, unspecified
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L81.4	Other melanin hyperpigmentation
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.0	Acquired ichthyosis
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
Q82.5	Congenital non-neoplastic nevus
R20.8	Other disturbances of skin sensation
R23.3	Spontaneous ecchymoses
R23.8	Other skin changes
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified

Group 5 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 6 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS codes 46900, 46916, 54050, 54055, 54056, 54057, 54060, and 54065:

Group 6 Codes:

ICD-10 Codes	Description
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess

ICD-10 Codes	Description
A63.0	Anogenital (venereal) warts
B08.1	Molluscum contagiosum
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
L44.8	Other specified papulosquamous disorders
L45	Papulosquamous disorders in diseases classified elsewhere
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue

Group 6 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 7 Paragraph:

Medicare is establishing the following limited coverage for CPT/HCPCS codes 56501 and 56515:

Group 7 Codes:

ICD-10 Codes	Description
A54.02	Gonococcal vulvovaginitis, unspecified
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A63.0	Anogenital (venereal) warts
B08.1	Molluscum contagiosum
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
L44.8	Other specified papulosquamous disorders
L45	Papulosquamous disorders in diseases classified elsewhere
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue

Group 7 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy.

Group 1 Codes: N/A

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General Information

Associated Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.

2. Every page of the record must be legible and include appropriate patient identification information (e.g. complete name, dates 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.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The type of removal is at the discretion of the treating physician or non-physician practitioner and the appropriateness of the technique used will not be a factor in deciding if the lesion merits removal. Medical record documentation must support the technique used is appropriate for that lesion removal.
6. A statement of "irritated skin lesion" or "inflamed seborrheic keratosis" will be insufficient justification for lesion removal when used solely to describe a patient's complaint or the physician's or non-physician practitioner's physical findings. It is important to document the patient's signs and symptoms as well as the physician's or non-physician practitioner's physical findings.
7. Drawings or diagrams to describe the precise anatomical location of the lesion are helpful. Documentation of a procedural note, protocol describing indications, diagnosis, and method (or modality) of treatment is advised.
8. 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 or non-physician practitioner's uncertainty as to the final clinical diagnosis.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Sources of Information

Other Contractor's Policies

Contractor Medical Directors

"Cosmetic and Reconstructive Procedures in Plastic Surgery", published by the American Society of Plastic and Reconstructive Surgeons, Inc., 1989.

Dermatology consultant expert opinions to Carrier Medical Director Workgroup.

Epstein E. Dermatologic disorders in "The Merck Manual", 16th ED., New Jersey: Merck and Co., Inc., 1992, pp 2399-2460.

Ho V, McLean DI Benign epithelial tumors in "Dermatology in General Medicine", 4th Ed., McGraw-Hill, Inc., pp 855-872.

Bibliography

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
02/01/2017	R6	LCD revised and published on 07/13/2017 effective for dates of service on and after 02/01/2017 to add the following ICD-10 diagnosis codes to Group 3 and Group 4: D22.5, D22.61, D22.62, D22.71 and D22.72.	<ul style="list-style-type: none"> Other (Inquiry)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
02/01/2017	R5	<p>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</p> <p>LCD revised and published on 06/08/2017 effective for dates of service on and after 02/01/2017 to add the following ICD-10 diagnosis codes to the Group 1 diagnosis code list: L29.9, L56.5, R20.8, R23.3, R23.8, R52, and R58; to the Group 2 diagnosis code list: D22.5, D22.61, D22.62, D22.71, D22.72, L29.9, R20.8, R23.3, R23.8, R52, and R58; to the Group 3 diagnosis code list: D22.4, D49.59, L29.9, R20.8, R23.3, R23.8, R52, and R58; to the Group 4 diagnosis code list: D22.4, D49.59, L29.9, R20.8, R23.3, R23.8, R52, and R58; to the Group 5 diagnosis code list: D18.1, D22.0, D22.11, D22.12, D22.21, D22.22, D22.39, D22.4, D22.5, D22.61, D22.62, D22.71, D22.72, D49.59, L29.9, R20.8, R23.3, R23.8, R52, and R58; to the Group 6 diagnosis code list: D49.59; and to the Group 7 diagnosis code list: D49.2 and D49.59.</p>	<ul style="list-style-type: none"> Other (Inquiry)
02/01/2017	R4	<p>LCD revised and published on 04/13/2017 effective for dates of service on and after 01/01/2017 to reflect the first quarter 2017 CPT/HCPCS code updates. For the following CPT code either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document: 11403.</p>	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
02/01/2017	R3	<p>LCD posted for notice on 12/08/2016. LCD becomes effective for dates of service on and after 02/01/2017.</p>	<ul style="list-style-type: none"> Aberrant Local Utilization
10/01/2016	R2	<p>03/03/2016 DL34938 Draft LCD posted for comment.</p> <p>LCD revised and published on 09/29/2016 effective for dates of service on and after 10/01/2016 to reflect the ICD-10 Annual Code Updates. The following ICD-10 code has been deleted and therefore removed from the Group 1 diagnosis code list of the LCD: D49.5. ICD-10 code D49.59 has been added to the Group 1 diagnosis code list.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	<p>LCD revised and published on 03/10/2016 effective for dates of service on or after 10/01/2015 to add the following ICD-10 code to Group 1: D17.0.</p>	<ul style="list-style-type: none"> Reconsideration Request

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents NCD(s) [250.4 - Treatment of Actinic Keratosis](#)

Public Version(s) Updated on 07/06/2017 with effective dates 02/01/2017 - N/A [Updated on 06/02/2017 with effective dates 02/01/2017 - N/A](#) [Updated on 04/06/2017 with effective dates 02/01/2017 - N/A](#) [Updated on 12/01/2016 with effective dates 02/01/2017 - N/A](#) [Updated on 09/22/2016 with effective dates 10/01/2016 - 01/31/2017](#) [Updated on 03/04/2016 with effective dates 10/01/2015 - 09/30/2016](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)