

LCD Reference Article	Billing and Coding Article
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## Article - Billing and Coding: Removal of Benign Skin Lesions (A57113)

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### Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
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

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
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	Delaware District of Columbia Maryland New Jersey Pennsylvania

# Article Information

## General Information

**Article ID**

A57113

**Article Title**

Billing and Coding: Removal of Benign Skin Lesions

**Article Type**

Billing and Coding

**Original Effective Date**

09/26/2019

**Revision Effective Date**

10/18/2023

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## CMS National Coverage Policy

### Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

## Article Guidance

### Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L34938, Removal of Benign Skin Lesions. Please refer to the LCD for reasonable and necessary requirements.

### Coding Guidance

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

According to the Current Procedural Terminology (CPT) Manual, appropriate code selection for lesion removal 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.

Measurement is made prior to excision. Lesion compared to margin plus lesion should not differ significantly.

Do not report shave removal codes (11300 – 11313) when a tangential (shave) biopsy of the lesion is performed. Shave removal codes (11300 – 11313) include removal of tissue that may be submitted for pathological examination, biopsy code(s) should not be reported separately with these codes. Histopathologic examination of the lesion may be reported separately, see 88304-88305. When shave removal is performed with the sole intent of obtaining pathologic diagnosis, tangential biopsy CPT code(s) 11102-11103, should be reported.

### 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.

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

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

**Group 1 Codes:** (16 Codes)

CODE	DESCRIPTION
11200	Rmvl skin tags up to&inc 15
11201	Rmvl skin tags ea addl 10
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: (10 Codes)**

CODE	DESCRIPTION
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:** (4 Codes)

CODE	DESCRIPTION
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:** (6 Codes)

CODE	DESCRIPTION
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:** (5 Codes)

CODE	DESCRIPTION
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:** (8 Codes)

CODE	DESCRIPTION
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: (2 Codes)**

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

**Group 8 Paragraph:**

N/A

**Group 8 Codes: (12 Codes)**

CODE	DESCRIPTION
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
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
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

## CPT/HCPCS Modifiers

N/A

## ICD-10-CM 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 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 11310, 11311, 11312, 11313, 11440, 11441, 11442, 11443, 11444, and 11446.**

### Group 1 Codes: (76 Codes)

CODE	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
D22.111	Melanocytic nevi of right upper eyelid, including canthus
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
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
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus

CODE	DESCRIPTION
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
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
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



CODE	DESCRIPTION
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
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.09	Other neurofibromatosis
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 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 11300, 11301, 11302, 11303, 11400, 11401, 11402, 11403, 11404, and 11406.**

**Group 2 Codes:** (56 Codes)

CODE	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

CODE	DESCRIPTION
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
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.09	Other neurofibromatosis
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 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT Codes: 11305, 11306, 11307, and 11308.**

**Group 3 Codes:** (62 Codes)

CODE	DESCRIPTION
A63.0	Anogenital (venereal) warts

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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
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 4 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 11420, 11421, 11422, 11423, 11424, and 11426.**

**Group 4 Codes:** (68 Codes)

CODE	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

CODE	DESCRIPTION
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
L85.3	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
N90.0	Mild vulvar dysplasia
N90.1	Moderate vulvar dysplasia
N90.3	Dysplasia of vulva, unspecified
N90.7	Vulvar cyst

CODE	DESCRIPTION
Q82.5	Congenital non-neoplastic nevus
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.09	Other neurofibromatosis
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 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 17000, 17003, 17004, 17110, and 17111.**

**Group 5 Codes:** (66 Codes)

CODE	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
D22.111	Melanocytic nevi of right upper eyelid, including canthus
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
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



CODE	DESCRIPTION
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
D23.0	Other benign neoplasm of skin of lip
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
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
L28.1	Prurigo nodularis
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

CODE	DESCRIPTION
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 6 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 46900, 46916, 54050, 54055, 54056, 54057, 54060, and 54065.**

**Group 6 Codes:** (10 Codes)

CODE	DESCRIPTION
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
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

CODE	DESCRIPTION
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 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.

The following ICD-10-CM codes support medical necessity and provide coverage for **CPT codes: 56501 and 56515.**

**Group 7 Codes:** (14 Codes)

CODE	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
D07.1	Carcinoma in situ of vulva
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
N90.0	Mild vulvar dysplasia
N90.1	Moderate vulvar dysplasia
N90.3	Dysplasia of vulva, unspecified

**Group 8 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.

The following ICD-10-CM codes are the only malignant diagnoses that are appropriate, and their use is limited to **CPT codes: 11300-11313.**

**Group 8 Codes: (119 Codes)**

CODE	DESCRIPTION
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
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
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.311	Basal cell carcinoma of skin of nose

CODE	DESCRIPTION
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip

CODE	DESCRIPTION
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
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
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal

CODE	DESCRIPTION
D03.39	Melanoma in situ of other parts of face
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
CODE	DESCRIPTION
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D04.0	Carcinoma in situ of skin of lip
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
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites

### ICD-10-CM Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

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

#### Group 1 Codes:

N/A

**ICD-10-PCS Codes**

N/A

**Additional ICD-10 Information**

N/A

**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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
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 article, 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 article 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.

CODE	DESCRIPTION
036X	Operating Room Services - General Classification
049X	Ambulatory Surgical Care - General Classification
051X	Clinic - General Classification
076X	Specialty Services - General Classification

**Other Coding Information**



## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/18/2023	R4	Article revised and published on 12/21/2023 effective for dates of service on and after 10/18/2023. The following ICD-10-CM code has been added to ICD-10-CM codes that support medical necessity for code group 5: L28.1. This revision is in response to an inquiry.
03/17/2023	R3	Article revised and published on 6/15/2023 effective for dates of service on and after 3/17/2023. The following ICD-10-CM codes have been added to ICD-10-CM codes that support medical necessity for code group 4: N90.0, N 90.1, N90.3. This revision is in response to an inquiry.
01/12/2022	R2	Article revised and published on 04/07/2022 effective for dates of service on and after 01/12/2022. The following ICD-10-CM codes have been added to the ICD-10-CM codes that support medical necessity for code groups 1, 2, and 4: Q85.01, Q85.02, Q85.09. This revision is in response to an inquiry. Minor formatting revisions were made throughout the article.
08/27/2021	R1	Article revised and published on 12/09/2021 effective for dates of service on and after 08/27/2021. A new CPT group (Group 8), and a new ICD-10-CM group (Group 8) have been added as a response to an inquiry. The ICD-10-CM Group 8 Paragraph was updated to reflect that the listed ICD-10-CM codes are the only malignant diagnoses that are appropriate, and their use is limited to CPT codes 11300-11313. A statement was also added in the Coding Guidance section of the article. Minor formatting changes have been made throughout the article.

## Associated Documents

### Related Local Coverage Documents

#### LCDs

[L34938 - Removal of Benign Skin Lesions](#)

### Related National Coverage Documents

#### NCDs

[250.4 - Treatment of Actinic Keratosis](#)

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

N/A

### Public Versions

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## Keywords

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