

# Article - Billing and Coding: Removal of Benign and Malignant Skin Lesions (A56346)

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Future Effective

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
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

## Article Information

### General Information

**Article ID**

A56346

**Article Title**

Billing and Coding: Removal of Benign and Malignant Skin Lesions

**Article Type**

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

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**Original Effective Date**

01/01/2019

**Revision Effective Date**

05/01/2024

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

## Article Guidance

### Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Removal of Benign and Malignant Skin Lesions L33445.

When using diagnosis code L82.0 (inflamed seborrheic keratosis), the legible medical records should reference a patient's complaint or a physician's physical findings.

Check the Medicare Physician Fee Schedule Database (MPFSDB) for the codes where the global policy would be applied. 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.

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## Coding Information

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

**\*NOTE:** ICD-10 code D29.0 is only valid for CPT<sup>®</sup> codes 11420, 11421, 11422, 11423, 11424 and 11426.

**Group 1 Codes:** (68 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
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
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
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

CODE	DESCRIPTION
11446	Exc face-mm b9+marg >4 cm
11600	Exc tr-ext mal+marg 0.5 cm/<
11601	Exc tr-ext mal+marg 0.6-1 cm
11602	Exc tr-ext mal+marg 1.1-2 cm
11603	Exc tr-ext mal+marg 2.1-3 cm
11604	Exc tr-ext mal+marg 3.1-4 cm
11606	Exc tr-ext mal+marg >4 cm
11620	Exc h-f-nk-sp mal+marg 0.5/<
11621	Exc s/n/h/f/g mal+mrg 0.6-1
11622	Exc s/n/h/f/g mal+mrg 1.1-2
11623	Exc s/n/h/f/g mal+mrg 2.1-3
11624	Exc s/n/h/f/g mal+mrg 3.1-4
11626	Exc s/n/h/f/g mal+mrg >4 cm
11640	Exc f/e/e/n/l mal+mrg 0.5cm<
11641	Exc f/e/e/n/l mal+mrg 0.6-1
11642	Exc f/e/e/n/l mal+mrg 1.1-2
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
17260	Dstrj mal les t/a/l 0.5 cm/<
17261	Dstrj mal les t/a/l .6-1.0cm
17262	Dstrj mal les t/a/l 1.1-2.0
17263	Dstrj mal les t/a/l 2.1-3.0
17264	Dstrj mal les t/a/l 3.1-4.0
17266	Dstrj mal les t/a/l >4.0 cm
17270	Dstr mal les s/n/h/f/g .5 /<
17271	Dstr mal les s/n/h/f/g 0.6-1
17272	Dstr mal les s/n/h/f/g 1.1-2
17273	Dstr mal les s/n/h/f/g 2.1-3
17274	Dstr mal les s/n/h/f/g 3.1-4

CODE	DESCRIPTION
17276	Dstr mal les s/n/h/f/g >4.0
17280	Dstr mal ls f/e/e/n/l/m .5/<
17281	Dstr mal ls f/e/e/n/l/m .6-1
17282	Dstr mal ls f/e/e/n/l/m1.1-2
17283	Dstr mal ls f/e/e/n/l/m2.1-3
17284	Dstr mal ls f/e/e/n/l/m3.1-4
17286	Dstr mal ls f/e/e/n/l/m>4.0

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
25	SIGNIFICANT, SEPARATELY IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN ON THE SAME DAY OF THE PROCEDURE OR OTHER SERVICE: THE PHYSICIAN MAY NEED TO INDICATE THAT ON THE DAY A PROCEDURE OR SERVICE IDENTIFIED BY A CPTCODE WAS PERFORMED, THE PATIENT'S CONDITION REQUIRED A SIGNIFICANT, SEPARATELY IDENTIFIABLE E/M SERVICE ABOVE AND BEYOND THE OTHER SERVICE PROVIDED OR BEYOND THE USUAL PREOPERATIVE AND POSTOPERATIVE CARE ASSOCIATED WITH THE PROCEDURE THAT WAS PERFORMED. THE E/M SERVICE MAY BE PROMPTED BY THE SYMPTOM OR CONDITION FOR WHICH THE PROCEDURE AND/OR SERVICE WAS PROVIDED. AS SUCH, DIFFERENT DIAGNOSES ARE NOT REQUIRED FOR REPORTING OF THE E/M SERVICES ON THE SAME DATE. THIS CIRCUMSTANCE MAY BE REPORTED BY ADDING THE MODIFIER -25 TO THE APPROPRIATE LEVEL OF E/M SERVICE, OR THE SEPARATE FIVE DIGIT MODIFIER 09925 MAY BE USED. NOTE: THIS MODIFIER IS NOT USED TO REPORT AN E/M SERVICE THAT RESULTED IN A DECISION TO PERFORM SURGERY. SEE MODIFIER -57.

### ICD-10-CM Codes that Support Medical Necessity

#### Group 1 Paragraph:

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

#### Group 1 Codes: (247 Codes)

CODE	DESCRIPTION
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C4A.0	Merkel cell carcinoma of lip
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.31	Merkel cell carcinoma of nose

CODE	DESCRIPTION
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
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
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous 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

CODE	DESCRIPTION
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
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

<b>CODE</b>	<b>DESCRIPTION</b>
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
<b>CODE</b>	<b>DESCRIPTION</b>
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
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
C46.0	Kaposi's sarcoma of skin
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.4	Malignant neoplasm of connective and soft tissue of abdomen

CODE	DESCRIPTION
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
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
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
C60.9	Malignant neoplasm of penis, unspecified
C63.2	Malignant neoplasm of scrotum
C79.2	Secondary malignant neoplasm of skin
C96.29	Other malignant mast cell neoplasm
D03.0	Melanoma in situ of lip
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
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
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
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

CODE	DESCRIPTION
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
D04.30	Carcinoma in situ of skin of unspecified part of face
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
D07.1	Carcinoma in situ of vulva
D07.4	Carcinoma in situ of penis
D10.0	Benign neoplasm of lip
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D21.11	Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder
D21.12	Benign neoplasm of connective and other soft tissue of left upper limb, including shoulder
D21.21	Benign neoplasm of connective and other soft tissue of right lower limb, including hip
D21.22	Benign neoplasm of connective and other soft tissue of left lower limb, including hip
D21.3	Benign neoplasm of connective and other soft tissue of thorax
D21.4	Benign neoplasm of connective and other soft tissue of abdomen
D21.5	Benign neoplasm of connective and other soft tissue of pelvis
D21.6	Benign neoplasm of connective and other soft tissue of trunk, unspecified
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
D22.0	Melanocytic nevi of lip
D22.111	Melanocytic nevi of right upper eyelid, including canthus

<b>CODE</b>	<b>DESCRIPTION</b>
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
D22.30	Melanocytic nevi of unspecified part of face
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
D22.72	Melanocytic nevi of left lower limb, including hip
D23.0	Other benign neoplasm of skin of lip
<b>CODE</b>	<b>DESCRIPTION</b>
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
D23.30	Other benign neoplasm of skin of unspecified part of face
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
D28.0	Benign neoplasm of vulva
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum

CODE	DESCRIPTION
D47.01	Cutaneous mastocytosis
D48.5	Neoplasm of uncertain behavior of skin
I78.1	Nevus, non-neoplastic
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L82.0	Inflamed seborrheic keratosis
L83	Acanthosis nigricans
L90.0	Lichen sclerosus et atrophicus
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L98.0	Pyogenic granuloma
N84.3	Polyp of vulva
N90.0	Mild vulvar dysplasia
N90.1	Moderate vulvar dysplasia
N90.4	Leukoplakia of vulva
N90.7	Vulvar cyst
Z85.820	Personal history of malignant melanoma of skin
Z85.828	Personal history of other malignant neoplasm of skin
Z86.006	Personal history of melanoma in-situ
Z86.007	Personal history of in-situ neoplasm of skin

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

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.

N/A

**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.

N/A

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
05/01/2024	R13	Under <b>ICD-10-CM Codes that Support Medical Necessity Group 1: Codes</b> added C46.0.
01/01/2024	R12	Under <b>CPT/HCPCS Codes Group 1: Codes</b> the description was revised for 17260, 17261, 17262, 17263, 17264, 17266, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284 and 17286. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is retroactive effective for dates of service on

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		<p>or after 1/1/24.</p> <p>Punctuation and formatting errors were corrected throughout the article. This revision is effective 1/1/24.</p>
05/12/2022	R11	<p>Under <b>ICD-10-CM Codes that Support Medical Necessity - Group 1: Codes</b> added codes C49.11, C49.12, C49.21, C49.22, C49.4, C49.5, C49.6, and C79.2.</p> <p>This revision has a retroactive effective date of 1/1/22.</p>
04/15/2022	R10	<p>Under <b>ICD-10-CM Codes that Support Medical Necessity - Group 1: Codes</b> added code N84.3.</p>
12/01/2021	R9	<p>Under <b>ICD-10-CM Codes that Support Medical Necessity - Group 1: Codes</b> added codes N90.0, N90.1 and N90.4.</p>
09/23/2021	R8	<p>Under <b>ICD-10-CM Codes that Support Medical Necessity - Group 1: Codes</b> added code N90.7.</p>
12/20/2020	R7	<p>Under <b>ICD-10 Codes that Support Medical Necessity - Group 1: Codes</b> added codes D07.1 and D07.4.</p>
10/05/2020	R6	<p>Under <b>ICD-10 Codes that Support Medical Necessity - Group 1: Codes</b> added code D10.0.</p>
10/17/2019	R5	<p>This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Title XVIII of the Social Security Act, §1833(e) was removed from the <b>CMS National Coverage Policy</b> section of the related Removal of Benign and Malignant Skin Lesions L33445 LCD and placed in this article. Under <b>Article Text</b> deleted the subheadings <b>Documentation Requirements</b> and <b>Utilization Guidelines</b>. Under <b>CPT/HCPCS Modifiers</b> added modifier 25.</p>
10/01/2019	R4	<p>Under <b>Covered ICD-10 Codes Group 1: Codes</b> added ICD-10 Codes Z86.006 and Z86.007. This revision is due to the Annual ICD-10 Code Update and becomes effective on 10/1/2019.</p>
08/23/2019	R3	<p>The <b>Article Title</b> was changed to "Billing and Coding: Removal of Benign and</p>

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		Malignant Skin Lesions". Under <b>Covered ICD-10 Codes Group 1: Codes</b> added ICD-10 code L72.11.
03/21/2019	R2	All verbiage regarding medical necessity under the <b>Article Text</b> section has been removed and is included in the related Removal of Benign and Malignant Skin Lesions L33445 LCD.
01/01/2019	R1	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.

## Associated Documents

### Related Local Coverage Documents

#### LCDs

[L33445 - Removal of Benign and Malignant Skin Lesions.](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

N/A

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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03/19/2024	05/01/2024 - N/A	Future Effective (This Version)
12/28/2023	01/01/2024 - 04/30/2024	Currently in Effect
05/02/2022	05/12/2022 - 12/31/2023	Superseded

# Keywords

- Skin Lesions
- Actinic Keratosis
- Lesions