

LCD - Excision of Malignant Skin Lesions (L33818)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID

L33818

LCD Title

Excision of Malignant Skin Lesions

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 01/08/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

Notice Period End Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

Copyright © 2013 - 2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@aha.org.

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 Excision of Malignant Skin Lesions. 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 Excision of Malignant Skin Lesions 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.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
 - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

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 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

A skin lesion is any alteration in the normal skin architecture. Lesions can be benign, pre-malignant or malignant. The most common malignant lesions are Basal Cell Carcinomas (BCC), Squamous Cell Carcinomas (SCC) and Melanomas.

Four of the most common methods of treatment of malignant skin lesions are:

- Surgical excision,
- Electrodesiccation (tissue destruction by heat),
- Radiation therapy, or
- Cryosurgery (tissue destruction by freezing)

Covered Indications

The treatment of choice for malignant skin lesions is complete excision that includes a variable margin of surrounding tissue in order to eradicate microscopic tumor cells, which may have spread beyond the visible borders of the lesion.

The excision of a malignant skin lesion including margins will be considered medically necessary when a pathology report verifies the existence of a malignancy.

Limitations

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Excision of Malignant Skin Lesions (A57660) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Excision of Malignant Skin Lesions (A57660) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29424

American Medical Association. (2000). Reviewing of the integumentary excision lesion codes (11400-11646). *cpt™Assistant*, 10(8), 5-7.

Arora, A. & Attwood, J. (2009). Common skin cancers and their precursors. *Surgical Clinics of North America* 89(3).

Rigel, D.S. & Carucci, J.A. (2000). Malignant melanoma: Prevention, early detection, and treatment in the 21st century. *CA: A Cancer Journal for Clinicians [On-Line]*, 50.

Bibliography

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
01/08/2019	R4	<p>Revision Number : 4 Publication: November 2019 connection LCR B2019-031</p> <p>Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, the Social Security Act and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018.</p> <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 LCD.</p>	<ul style="list-style-type: none"> Other (Revision based on CR10901)
10/01/2018	R3	<p>Revision Number: 3 Publication: September 2018 Connection LCR B2018-017</p> <p>Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-CM diagnosis code D03.12, changing ICD-10-CM diagnosis code range D03.10-D03.12 to ICD-10-CM diagnosis code range D03.10-D03.122. Deleted ICD-10-CM diagnosis code D04.12, changing ICD-10-CM diagnosis code range D04.10-D04.12 to ICD-10-CM diagnosis code range D04.10-D04.122. In addition, the LCD was revised to indicate that diagnosis codes were added within existing diagnosis code ranges. The effective date of this revision is based on date of service.</p> <p>10/01/2018: At this time 21st Century Cures Act will apply to new</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		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.	
10/01/2015	R2	<p>Revision Number: 2 Publication: February 2016 Connection LCR B2016-005</p> <p>Explanation of revision: This LCD was revised to add ICD-10-CM diagnosis code range C4A.52-C4A.72 for 'Procedure Codes 11600-11606,' diagnosis codes C4A.4 and C4A.51 and diagnosis range C4A.60-C4A.72 for 'Procedure Codes 11620-11626,' and diagnosis ranges C4A.0-C4A.39 and C4A.8-C4A.9 for 'Procedure Codes 11640-11646' in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 02/08/2016, for dates of service on or after 10/01/15.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	<p>Revision Number: 1 Publication: November 2015 Connection LCR B2015-083</p> <p>Explanation of revision: This LCD was revised to add additional ICD-10-CM diagnosis codes to the "ICD-10 Codes that Support Medical Necessity" section of the LCD. ICD-10-CM diagnosis code ranges D03.51-D03.59, D03.60-D03.62, and D03-70-D03.72 was added for procedure codes 11600-11606, ICD-10-CM diagnosis code D03.4 and code ranges D03.60-D03.62 and D03.70-D03.72 were added for procedure codes 11620-11626, and ICD-10-CM diagnosis codes D03.0, D03.10-D03.12, D03.20-D03.22, D03.30-D03.39 and diagnosis code D03.8 were added for procedure codes 11640-11646. Additionally, ICD-10-CM diagnosis code D04.5 was removed from the ICD-10-CM diagnosis code list for procedure codes 11620-11626 and added to the ICD-10-CM diagnosis code list for procedure codes 11600-11606, as it was mistakenly added to the diagnosis list for procedure codes 11620-11626 . The effective date of this revision is for claims processed on or after 11/12/2015, for dates of service on or after 10/01/15.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A57660 - Billing and Coding: Excision of Malignant Skin Lesions](#)

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
11/22/2019	01/08/2019 - N/A	Currently in Effect (This Version)
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

Keywords

N/A