

Local Coverage Determination (LCD): Destruction of Malignant Skin Lesions (L33813)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
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

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LCD Information

Document Information

LCD ID
L33813

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L29131](#)

Revision Effective Date
For services performed on or after 10/01/2018

LCD Title
Destruction of Malignant Skin Lesions

Revision Ending Date
N/A

Proposed LCD in Comment Period
N/A

Retirement Date
N/A

Source Proposed LCD
N/A

Notice Period Start Date
N/A

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Notice Period End Date
N/A

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CMS National Coverage Policy Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Destruction of malignant skin lesions

The destruction of malignant skin lesions will be considered medically necessary in the following circumstances:

- I. When a pathology report confirms the diagnosis of a skin malignancy, and/or
- II. When the description of the lesion is consistent with that of a skin malignancy.

Summary of Evidence

<p>N/A</p>

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

<p>N/A</p>

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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.

999x Not Applicable

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.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

- 17260 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS
- 17261 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM
- 17262 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM
- 17263 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM
- 17264 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM
- 17266 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM
- 17270 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS
- 17271 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM
- 17272 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM
- 17273 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM
- 17274 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM
- 17276 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM
- 17280 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS
- 17281 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM
- 17282 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM
- 17283 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM
- 17284 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM
- 17286 DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM

Group 1 Codes:

ICD-10 Codes

Description

C05.0 - C05.9	Malignant neoplasm of hard palate - Malignant neoplasm of palate, unspecified
C06.0 - C06.9	Malignant neoplasm of cheek mucosa - Malignant neoplasm of mouth, unspecified
C43.0 - C43.8	Malignant melanoma of lip - Malignant melanoma of overlapping sites of skin
C4A.0 - C4A.9	Merkel cell carcinoma of lip - Merkel cell carcinoma, unspecified
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
C44.1121	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
C44.212	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
C44.311	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
C44.41	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
C44.510 - C44.519	Basal cell carcinoma of anal skin - Basal cell carcinoma of skin of other part of trunk
C44.520 - C44.529	Squamous cell carcinoma of anal skin - Squamous cell carcinoma of skin of other part of trunk
C44.590 - C44.599	Other specified malignant neoplasm of anal skin - Other specified malignant neoplasm of skin of other part of trunk
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
C44.712	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
C44.81	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

ICD-10 Codes	Description
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.7	Kaposi's sarcoma of other sites
C47.0 - C47.8	Malignant neoplasm of peripheral nerves of head, face and neck - Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C49.0 - C49.8	Malignant neoplasm of connective and soft tissue of head, face and neck - Malignant neoplasm of overlapping sites of connective and soft tissue
C76.0 - C76.8	Malignant neoplasm of head, face and neck - Malignant neoplasm of other specified ill-defined sites
D03.0 - D03.8	Melanoma in situ of lip - Melanoma in situ of other sites
D04.0 - D04.8	Carcinoma in situ of skin of lip - Carcinoma in situ of skin of other sites
D09.20 - D09.22	Carcinoma in situ of unspecified eye - Carcinoma in situ of left eye

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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General Information

Associated Information

Documentation Requirements

The medical record/progress note should indicate the removal of a malignant lesion with a corresponding pathology report or a clinical description consistent with a skin malignancy. The size and location of the lesion must be included in the documentation.

Utilization Guidelines

N/A

Sources of Information

First Coast Service Options, Inc. reference LCD number - 29149

Andrews, M. (2004). Cryosurgery for common skin conditions. *American Family Physician*. Retrieved November 3, 2005, from www.aafp.org/afp/20040515/2365.html.

Halpern, A. (2003). Study finds skin cancer threat greatest for men over age 50 and individuals with multiple risk factors. *American Academy of Dermatology*. Retrieved November 3, 2005, from www.aad.org.

Skin Cancer Foundation. About Basal Cell Carcinoma. Retrieved November 3, 2005, from www.skincancer.org/basa/index.php.

Bibliography

<p>N/A</p>

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2018	R4	Revision Number: 4 Publication: September 2018 Connection	

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		<p>LCR B2018-017</p> <p>Explanation of revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update), the LCD was revised to add new ICD-10-CM diagnosis codes C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, and C44.1992. Also, ICD-10-CM diagnosis codes C43.11, C43.12, C4A.11, C4A.12, C44.112, C44.119, C44.122, C44.129, C44.192, and C44.199 were deleted. In addition, the LCD was revised to indicate that diagnosis codes were added and deleted 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 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>Revision Number: 2 Publication: February 2016 Connection LCR B2016-006</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015 R3		<p>Explanation of revision: LCD revised to add additional ICD-10-CM diagnosis code range C4A.0-C4A.9 to 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 02/12/16, for dates of service on or after 10/01/15.</p> <p>Revision Number: 2 Publication: November 2015 Connection LCR B2015-081</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015 R2		<p>Explanation of revision: This LCD was revised to add additional ICD-10-CM diagnosis code range D03.0-D03.8 to 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 11/09/2015, for dates of service on or after October 1, 2015.</p> <p>Revision Number: 1 Publication: October 2015 Connection LCR B2015-079</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015 R1		<p>Explanation of revision: LCD revised to add additional ICD-10-CM diagnosis codes C44.01, C44.02, C44.09, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, C44.212, C44.219, C44.222, C44.229, C44.292, C44.299, C44.311, C44.319, C44.321, C44.329, C44.391, C44.399, C44.41, C44.42, C44.49, C44.510 - C44.519, C44.520 - C44.529, C44.590 - C44.599, C44.612, C44.619, C44.622, C44.629, C44.692, C44.699, C44.712, C44.719, C44.722, C44.729, C44.792, C44.799, C44.81, C44.82, and C44.89 to the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is based on date of service.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 10/03/2018 with effective dates 10/01/2018 - N/A [Updated on 02/02/2016 with](#)

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Keywords

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