

Local Coverage Determination (LCD): Removal of Benign Skin Lesions (L34200)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information

Document Information

LCD ID

L34200

Original Effective Date

For services performed on or after 10/01/2015

Original ICD-9 LCD ID

[L31895](#)

Revision Effective Date

For services performed on or after 10/01/2018

LCD Title

Removal of Benign 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 Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (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 Section 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:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Benign skin lesions are common in the elderly and are frequently removed at the patient's request to improve appearance. Removals of certain benign skin lesions that do not pose a threat to health or function are considered cosmetic, and as such, are not covered by the Medicare program. These cosmetic reasons include, but are not limited to, emotional distress, "makeup trapping," and non-problematic lesions in any anatomic location. Lesions in sensitive

anatomical locations that are not creating problems do not qualify for removal coverage on the basis of location alone.

Benign skin lesions to which the accompanying lesion removal policy applies are the following: seborrheic keratoses, sebaceous (epidermoid) cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts.

Medicare covers the destruction of actinic keratoses without restrictions based on lesion or patient characteristics.

Indications:

There may be instances in which the removal of benign seborrheic keratoses, sebaceous cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts is medically appropriate. Medicare will, therefore, consider their removal as medically necessary, and not cosmetic, if one or more of the following conditions are presented and clearly documented in the medical record:

- Bleeding;
- Intense itching;
- Pain;
- Change in physical appearance (reddening or pigmentary change);
- Recent enlargement;
- Increase in the number of lesions;
- Physical evidence of inflammation or infection, e.g., purulence, oozing, edema, erythema, etc.;
- Lesion obstructs an orifice;
- Lesion clinically restricts eye function. For example:
 - a. Lesion restricts eyelid function;
 - b. lesion causes misdirection of eyelashes or eyelid;
 - c. lesion restricts lacrimal puncta and interferes with tear flow;
 - d. lesion touches globe;
- Clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance;
- A prior biopsy suggests or is indicative of lesion malignancy;
- The lesion is in an anatomical region subject to recurrent physical trauma, and there is documentation that such trauma has, in fact, occurred;
- Recent enlargement, history of rupture or previous inflammation, or location subjects patient to risk of rupture of epidermal inclusion (sebaceous) cyst.
- Wart removals will be covered under the guidelines above. In addition, wart destruction will be covered when any of the following clinical circumstances are present:
 - a. Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding;
 - b. Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients or warts of recent origin in an immunocompromised patients;
 - c. Lesions are condyloma acuminata or molluscum contagiosum;
 - d. Cervical dysplasia or pregnancy is associated with genital warts.

Limitations:

Medicare will not pay for a separate E & M service on the same day as a minor surgical procedure unless a documented significant and separately identifiable medical service is rendered. The service must be fully and clearly documented in the patient's medical record and a modifier 25 should be used.

Medicare will not pay for a separate E & M service by the operating physician during the global period unless the service is for a medical problem unrelated to the surgical procedure. The service must be fully and clearly documented in the patient's medical record.

If the beneficiary wishes one or more of these benign asymptomatic lesions removed for cosmetic purposes, the beneficiary becomes liable for the service rendered. The physician has the responsibility to notify the patient in advance that Medicare will not cover cosmetic dermatological surgery and that the beneficiary will be liable for the cost of the service. It is strongly advised that the beneficiary, by his or her signature, accept responsibility for payment. Charges should be clearly stated as well.

The type of removal is at the discretion of the treating physician and the appropriateness of the technique used will not be a factor in deciding if a lesion merits removal. However, a benign lesion excision (CPT 11400-11446) must have medical record documentation as to why an excisional removal, other than for cosmetic purposes, was the surgical procedure of choice. Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed. Each benign lesion excised should be reported separately. Code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for complete excision (lesion diameter plus the most narrow margins required equals the excised diameter). The margins refer to the most narrow margin required to adequately excise the lesion, based on the physician's judgment. The measurement of lesion plus margin is made prior to excision.

Other Comments:

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

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.

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 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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
0360	Operating Room Services - General Classification
0361	Operating Room Services - Minor Surgery
0369	Operating Room Services - Other OR Services
0456	Emergency Room - Urgent Care
0490	Ambulatory Surgical Care - General Classification
0499	Ambulatory Surgical Care - Other Ambulatory Surgical Care
0510	Clinic - General Classification
0516	Clinic - Urgent Care Clinic
0520	Freestanding Clinic - General Classification
0761	Specialty Services - Treatment Room

CODE	DESCRIPTION
0960	Professional Fees - General Classification
0969	Professional Fees - Other Professional Fee
0975	Professional Fees - Operating Room
0982	Professional Fees - Outpatient Services
0983	Professional Fees - Clinic

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM

CODE	DESCRIPTION
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS

CODE	DESCRIPTION
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.6 TO 1.0 CM
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 3.1 TO 4.0 CM
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER OVER 4.0 CM
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); FIRST LESION
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES), 15 OR MORE LESIONS
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS

CODE	DESCRIPTION
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

The ICD-10-CM codes listed below identify the lesion being treated and will, by themselves, be considered for payment:

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A63.0	Anogenital (venereal) warts
B08.1	Molluscum contagiosum
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
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
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid

ICD-10 CODE	DESCRIPTION
H02.885	Meibomian gland dysfunction left lower eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids
L28.1	Prurigo nodularis
L57.0	Actinic keratosis
L70.0	Acne vulgaris
L82.0	Inflamed seborrheic keratosis
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L98.0	Pyogenic granuloma

Group 2 Paragraph:

For the conditions below, a Primary ICD-10-CM code AND a Secondary ICD-10-CM code that represents a complication are required:

Primary Diagnoses:

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
D10.0	Benign neoplasm of lip
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
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 - D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm - 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
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

ICD-10 CODE	DESCRIPTION
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
D22.9	Melanocytic nevi, unspecified
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
D23.30	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
D23.9	Other benign neoplasm of skin, unspecified
D28.0	Benign neoplasm of vulva
D28.1	Benign neoplasm of vagina
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum

ICD-10 CODE	DESCRIPTION
H00.11	Chalazion right upper eyelid
H00.12	Chalazion right lower eyelid
H00.14	Chalazion left upper eyelid
H00.15	Chalazion left lower eyelid
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
K09.8	Other cysts of oral region, not elsewhere classified
K13.21	Leukoplakia of oral mucosa, including tongue
K13.3	Hairy leukoplakia
K13.5	Oral submucous fibrosis
K64.4	Residual hemorrhoidal skin tags
L11.0	Acquired keratosis follicularis
L11.1	Transient acantholytic dermatosis [Grover]
L11.8	Other specified acantholytic disorders
L57.2	Cutis rhomboidalis nuchae
L57.4	Cutis laxa senilis
L66.4	Folliculitis ulerythematososa reticulata
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
L82.1	Other seborrheic keratosis
L85.0 - L85.2	Acquired ichthyosis - Keratosis punctata (palmaris et plantaris)
L85.8	Other specified epidermal thickening
L86	Keratoderma in diseases classified elsewhere
L87.0 - L87.2	Keratosis follicularis et parafollicularis in cutem penetrans - Elastosis perforans serpiginosa
L87.8	Other transepidermal elimination disorders

ICD-10 CODE	DESCRIPTION
L90.3 - L90.5	Atrophoderma of Pasini and Pierini - Scar conditions and fibrosis of skin
L90.8	Other atrophic disorders of skin
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L92.1 - L92.3	Necrobiosis lipoidica, not elsewhere classified - Foreign body granuloma of the skin and subcutaneous tissue
L92.9	Granulomatous disorder of the skin and subcutaneous tissue, unspecified
L94.2	Calcinosis cutis
L94.8	Other specified localized connective tissue disorders
L98.5	Mucinosis of the skin
L98.6	Other infiltrative disorders of the skin and subcutaneous tissue
L99	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere
M10.9	Gout, unspecified
M71.30	Other bursal cyst, unspecified site
N75.0	Cyst of Bartholin's gland
N75.8	Other diseases of Bartholin's gland
N84.3	Polyp of vulva
N90.0	Mild vulvar dysplasia
N90.1	Moderate vulvar dysplasia
Q17.0	Accessory auricle
Q18.1	Preauricular sinus and cyst
Q81.0 - Q81.2	Epidermolysis bullosa simplex - Epidermolysis bullosa dystrophica
Q81.8	Other epidermolysis bullosa
Q82.1 - Q82.3	Xeroderma pigmentosum - Incontinentia pigmenti
ICD-10 CODE	DESCRIPTION
Q82.5	Congenital non-neoplastic nevus
Q82.8	Other specified congenital malformations of skin
Q85.01	Neurofibromatosis, type 1
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R22.0 - R22.2	Localized swelling, mass and lump, head - Localized swelling, mass and lump, trunk
R22.31 - R22.33	Localized swelling, mass and lump, right upper limb - Localized swelling, mass and

ICD-10 CODE	DESCRIPTION
	lump, upper limb, bilateral
R22.41 - R22.43	Localized swelling, mass and lump, right lower limb - Localized swelling, mass and lump, lower limb, bilateral

Group 3 Paragraph:

Secondary Diagnoses:

Group 3 Codes:

ICD-10 CODE	DESCRIPTION
B78.1	Cutaneous strongyloidiasis
D48.5	Neoplasm of uncertain behavior of skin
D80.0 - D80.8	Hereditary hypogammaglobulinemia - Other immunodeficiencies with predominantly antibody defects
D81.0 - D81.2	Severe combined immunodeficiency [SCID] with reticular dysgenesis - Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.4	Nezelof's syndrome
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D83.0 - D83.2	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function - Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D84.8	Other specified immunodeficiencies
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E83.2	Disorders of zinc metabolism
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids

ICD-10 CODE	DESCRIPTION
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids
H02.89	Other specified disorders of eyelid
H10.401 - H10.403	Unspecified chronic conjunctivitis, right eye - Unspecified chronic conjunctivitis, bilateral
H10.421 - H10.423	Simple chronic conjunctivitis, right eye - Simple chronic conjunctivitis, bilateral
H10.431 - H10.433	Chronic follicular conjunctivitis, right eye - Chronic follicular conjunctivitis, bilateral
H10.9	Unspecified conjunctivitis
H53.40	Unspecified visual field defects
H53.451 - H53.453	Other localized visual field defect, right eye - Other localized visual field defect, bilateral
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
H54.61	Unqualified visual loss, right eye, normal vision left eye
H54.62	Unqualified visual loss, left eye, normal vision right eye
K12.2	Cellulitis and abscess of mouth
L02.01	Cutaneous abscess of face
L02.11	Cutaneous abscess of neck
L02.211 - L02.216	Cutaneous abscess of abdominal wall - Cutaneous abscess of umbilicus
L02.31	Cutaneous abscess of buttock
L02.411 - L02.416	Cutaneous abscess of right axilla - Cutaneous abscess of left lower limb
L02.511	Cutaneous abscess of right hand
L02.512	Cutaneous abscess of left hand
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.811	Cutaneous abscess of head [any part, except face]
L02.818	Cutaneous abscess of other sites
L03.111 - L03.116	Cellulitis of right axilla - Cellulitis of left lower limb
L03.121 - L03.126	Acute lymphangitis of right axilla - Acute lymphangitis of left lower limb
L03.211	Cellulitis of face
L03.212	Acute lymphangitis of face

ICD-10 CODE	DESCRIPTION
L03.221	Cellulitis of neck
L03.222	Acute lymphangitis of neck
L03.311 - L03.317	Cellulitis of abdominal wall - Cellulitis of buttock
L03.321 - L03.327	Acute lymphangitis of abdominal wall - Acute lymphangitis of buttock
L03.811	Cellulitis of head [any part, except face]
L03.818	Cellulitis of other sites
L03.891	Acute lymphangitis of head [any part, except face]
L03.898	Acute lymphangitis of other sites
L08.82	Omphalitis not of newborn
L08.89	Other specified local infections of the skin and subcutaneous tissue
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L26	Exfoliative dermatitis
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.4	Erythema intertrigo
L30.8	Other specified dermatitis
L50.9	Urticaria, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L92.0	Granuloma annulare
L95.1	Erythema elevatum diutinum
L98.2	Febrile neutrophilic dermatosis [Sweet]
L98.3	Eosinophilic cellulitis [Wells]
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm

ICD-10 CODE	DESCRIPTION
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
R20.0 - R20.3	Anesthesia of skin - Hyperesthesia
R20.8	Other disturbances of skin sensation
R52	Pain, unspecified
R58	Hemorrhage, not elsewhere classified
T07.XXXA	Unspecified multiple injuries, initial encounter
T07.XXXD	Unspecified multiple injuries, subsequent encounter
ICD-10 CODE	DESCRIPTION
T07.XXXS	Unspecified multiple injuries, sequela
Z48.817	Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue
Z85.820	Personal history of malignant melanoma of skin
Z85.828	Personal history of other malignant neoplasm of skin

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Each claim must be submitted with ICD-10-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-10-CM codes will be returned.

Medical records maintained by the physician must clearly document the medical necessity for the lesion removal(s) if Medicare is billed for the service.

A statement of "irritated skin lesion" will be insufficient justification for lesion removal when used solely to refer a patient, describe a complaint or the physician's physical findings. Similarly, use of an ICD-10 code L82.0 (Inflamed seborrheic keratosis) will be insufficient to justify lesion removal, without the medical record documentation of the patients' symptoms and physical findings. It is important to document the patient's signs and symptoms as well as the physician's physical findings.

Drawings or diagrams to describe the precise anatomical location of the lesion are helpful. A procedural note, protocol describing indications, diagnosis, methodology of treatment, or modality is advised.

The decision to submit a specimen for pathologic interpretation will be independent of the decision to remove or not remove the lesion. It is assumed, however, that a tissue diagnosis will be part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

Not all of the conditions listed in the Indications section of this LCD represent a specific diagnosis, but may be conditions supporting a diagnosis. For example, if a lesion is excised because of suspicion of malignancy (e.g., ICD-10-CM code D48.5), the Medical Record might include "increase in size" to support this diagnosis. "Increase in size" might also support the diagnosis of disturbance of skin sensation (R20.0-R20.3, R20.8).

Documentation must be available to Medicare upon request.

Not applicable

Clinically, it would not be expected that any given lesion would have to be treated more than once in a six months interval. The intrinsic nature of the lesion will determine whether more frequent treatments are required.

This utilization guideline applies to all conditions within this LCD other than actinic keratosis.

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS Administrators, LL is not responsible for the continuing viability of Web site addresses listed below.

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N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2018	R12	<p>R12</p> <p>Revision Effective: 10/01/2018</p> <p>Revision Explanation: Annual Review, no changes made</p> <p><i>07/22/2019-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.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2018	R11	<p>R11</p> <p>Revision Effective: 10/01/2018</p> <p>Revision Explanation: During annual ICD-10 update code D22.121 was left off in error from group 2 list when updating for ICD-10 annual update.</p> <p><i>11/01/2018-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.</i></p>	<ul style="list-style-type: none"> • Typographical Error
10/01/2018	R10	<p>R11</p> <p>Revision Effective: 10/01/2018</p> <p>Revision Explanation: During annual ICD-10 update code D22.121 was left off in error from group 2 list when updating for ICD-10 annual update.</p> <p><i>11/01/2018-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.</i></p>	<ul style="list-style-type: none"> • Typographical Error
11/01/2017	R9	<p>R10</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Revision Effective: 10/01/2018</p> <p>Revision Explanation: During annual ICD-10 update codes D22.11, D22.12, D23.11, and D23.12 were deleted and replaced with the following: D22.111, D22.112, D22.121, D22.122, D23.111, D23.112, D23.121, and D23.122 in group 2. New codes from annual update were added to group 1 and 3: H02.881, H02.882, H02.884, H02.885, H02.88A, and H02.88B.</p> <p>09/20/2018-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>	Changes
11/01/2017	R8	<p>R9</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p> <p>07/30/2018-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>	<ul style="list-style-type: none"> Other (Annual review)
11/01/2017	R7	<p>R8</p> <p>Revision Effective: 11/01/2017</p> <p>Revision Explanation: Added L70.0 to group 1 ICD-10 code support medical necessity</p> <p>11/27/2017-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>	<ul style="list-style-type: none"> Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2017	R6	<p>R7</p> <p>Revision Effective: 10/01/2017</p> <p>Revision Explanation: Added L28.1 to group 1 ICD-10 code support medical necessity</p> <p>10/01/2017-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>	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2017	R5	<p>R6</p> <p>Revision Effective: 10/01/2017</p> <p>Revision Explanation: Annual ICD-10 update T07 was deleted in group 3 and replaced with T07.XXXA, T07.XXXD, and T07.XXXS.</p> <p>07/31/2017-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>R5</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p> <p>07/31/2017-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>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R4	Revision#:R4 Revision Effective: N/A Revision Explanation: annual review no changes made.	<ul style="list-style-type: none"> Other (annual review)
10/01/2015	R3	Revision#:R3 Revision Effective:10/01/2015 Revision Explanation: Added ICD-10 codes L72.11 and L72.12 to group two for supports medical necessity.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R2	Revision#:R2 Revision Effective:10/01/2015 Revision Explanation: Accepted revenue code description changes	<ul style="list-style-type: none"> Other (revenue code description)
10/01/2015	R1	Revision#:R1 Revision Effective:10/01/2015 Revision Explanation: Added ICD-10 code D48.5 to group 3 secondary diagnosis.	<ul style="list-style-type: none"> Reconsideration Request

Associated Documents

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Public Version(s)

Updated on 07/22/2019 with effective dates 10/01/2018 - N/A

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Keywords

N/A