

LCD Reference Article	Billing and Coding Article
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Article - Billing and Coding: Removal of Benign Skin Lesions (A57044)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
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

Article Information

General Information

Article ID

A57044

Article Title

Billing and Coding: Removal of Benign Skin Lesions

Article Type

Billing and Coding

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy L34200-Removal of Benign Skin Lesions.

General Guidelines for Claims submitted to Part A or Part B MAC:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim. A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act. The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Non-coverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.

Effective from April 1, 2010, non-covered services should be billed with modifier –GA, –GX, –GY, or –GZ, as appropriate.

The –GA modifier (“Waiver of Liability Statement Issued as Required by Payer Policy”) should be used when physicians, practitioners, or suppliers want to indicate that they anticipate that Medicare will deny a specific service as not reasonable and necessary and they do have an ABN signed by the beneficiary on file. Modifier GA applies only when services will be denied under reasonable and necessary provisions, sections 1862(a)(1), 1862(a)(9), 1879(e), or 1879(g) of the Social Security Act. Effective April 1, 2010, Part A MAC systems will automatically deny services billed with modifier GA. An ABN, Form CMS-R-131, should be signed by the beneficiary to indicate that he/she accepts responsibility for payment. The –GA modifier may also be used on assigned claims when a patient refuses to sign the ABN and the latter is properly witnessed. For claims submitted to the Part A MAC, occurrence code 32 and the date of the ABN is required.

Modifier GX ("Notice of Liability Issued, Voluntary Under Payer Policy") should be used when the beneficiary has signed an ABN, and a denial is anticipated based on provisions other than medical necessity, such as statutory exclusions of coverage or technical issues. An ABN is not required for these denials, but if non-covered services are reported with modifier GX, will automatically be denied services.

The -GZ modifier should be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an ABN signed by the beneficiary. If the service is statutorily non-covered, or without a benefit category, submit the appropriate CPT/HCPCS code with the -GY modifier. An ABN is not required for these denials, and the limitation of liability does not apply for beneficiaries. Services with modifier GY will automatically deny.

Documentation Requirements

The patient's medical record should include but is not limited to:

- The assessment of the patient by the ordering provider as it relates to the complaint of the patient for that visit,
- Relevant medical history
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report (Please note that all services ordered or rendered to Medicare beneficiaries must be signed.)

Limitations:

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.

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

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.

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.

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).

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (41 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

CPT/HCPCS Modifiers

N/A

ICD-10-CM 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: (29 Codes)

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

CODE	DESCRIPTION
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
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: (130 Codes)

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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum
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 ulerythematosa 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

CODE	DESCRIPTION
	serpiginosa
L87.8	Other transepidermal elimination disorders
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
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

CODE	DESCRIPTION
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 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: (163 Codes)

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
D84.81	Immunodeficiency due to conditions classified elsewhere
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other 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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
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
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
CODE	DESCRIPTION
R58	Hemorrhage, not elsewhere classified
T07.XXXA	Unspecified multiple injuries, initial encounter
T07.XXXD	Unspecified multiple injuries, subsequent encounter
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-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.

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

CODE	DESCRIPTION
0520	Freestanding Clinic - General Classification
0761	Specialty Services - Treatment Room
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

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/16/2023	R8	Revision Effective: 11/16/2023 Revision Explanation: Updated LCD Reference Article section.
08/03/2023	R7	Revision Effective: 08/03/2023 Revision Explanation: Annual review, no changes were made.
08/04/2022	R6	Revision Effective: 08/04/2022 Revision Explanation: Annual review, no changes were made.
07/29/2021	R5	Revision Effective: 07/29/2021 Revision Explanation: Annual review, no changes were made.
10/01/2020	R4	Revision Effective: 10/01/2020 Revision Explanation: During annual ICD-10 review D84.8 was deleted and replaced with D84.81, D84.821, D84.822, and D84.89.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
09/26/2019	R3	Revision Effective: n/a Revision Explanation: Annual review, no changes made.
09/26/2019	R2	Revision Effective: 09/26/2019 Revision Explanation: ICD-10 code L91.0 was left out of group 2 in error when the codes were moved from the policy to the billing and coding article.
09/26/2019	R1	Revision Effective: 09/19/2019 Revision Explanation: Added billing and coding information from policy L34200-Removal of Benign Skin Lesions based on no CR 10901.

Associated Documents

Related Local Coverage Documents

LCDs

[L34200 - Removal of Benign 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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11/10/2023	11/16/2023 - N/A	Currently in Effect (This Version)
07/25/2023	08/03/2023 - 11/15/2023	Superseded

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Keywords

N/A