

FUTURE Local Coverage Determination (LCD): BENIGN SKIN LESIONS (L34966)

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[FUTURE]

Please note: Future Effective Date.

Contractor Information

Contractor Name Novitas Solutions, Inc. Back to Top	Contract Number 04412	Contract Type A and B MAC	Jurisdiction J - H
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LCD Information

Document Information

[FUTURE]

LCD ID

L34966

Original ICD-9 LCD ID
[L32668](#)

LCD Title
BENIGN SKIN LESIONS

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Texas

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.
- Title XVIII of the Social Security Act, section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.
- Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical evaluations.
- Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 250.4. This section allows coverage and payment for the treatment of actinic keratosis.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Benign skin lesions are common in the elderly and 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.

Benign skin lesions, and certain infectious ones, to which the accompanying lesion removal policy applies are the following: seborrheic keratoses, sebaceous (epidermoid) cysts; and viral warts. As outlined in the NCD noted above, NCD 250.4, actinic keratosis treatment is covered by CMS by which ever treatment is chosen by the provider. Hence, actinic keratosis is not addressed in this LCD.

There may be instances in which the removal or destruction of benign seborrheic keratoses, cheilitis, sebaceous cysts, viral warts, is medically appropriate. Medicare will consider their removal as medically necessary, and not cosmetic, if one or more of the following conditions is presented and clearly documented in the medical record:

- A. The lesion(s) has one or more of the following characteristics:
 1. bleeding;
 2. intense itching;
 3. pain; or
 4. sudden, rapid enlargement (over 1 mo. observation)
- B. The lesion(s) has physical evidence of inflammation, (e.g., purulence, oozing, edema, erythema, erosion, etc.).
- C. The lesion(s) obstructs an orifice or clinically restricts vision.
- D. There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration, based on lesion appearance or prior biopsy of a related or similar lesion suggests or is indicative of malignancy.
- E. The lesion is in an anatomical region subject to recurrent physical trauma with documentation that such trauma has occurred. Lesions in sensitive anatomical locations that are non-problematic do not qualify for removal coverage based on location alone.
- F. Wart removals will be covered under the guidelines (A-E) above. In addition, wart destruction will be covered when any one of the following clinical circumstances is present:
 1. Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding;
 2. Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients; or
- G. Cryotherapy (17340) for acne, or the destruction of milia, is considered cosmetic and is not covered.
- H. The lesions of molluscum contagiosum are infectious and usually sexually transmitted. Their destruction is covered.

- I. The removal of skin tags or sebaceous cysts is considered cosmetic unless medical necessity as outlined above exist and is properly documented in the patient's medical record.

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 a part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

Excision of lesions with intermediate or complex closure should be coded separately for benign lesions with a diameter greater than 0.5 cm or the excision of a malignant lesion of any size. Otherwise, excision is considered a simple closure and should be coded as an excision only.

- A simple repair is used when the wound is superficial; e.g., involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure/suturing.
- An intermediate repair includes the repair of wounds that require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fasciae, in addition to the skin (epidermal and dermal) closure.
- Complex repair includes the repair of wounds requiring more than layered closure including scar revision, debridement, (e.g., traumatic lacerations or avulsions, extensive undermining, stents or retention sutures).

Excision of lesion with adjacent tissue transfer should be coded as adjacent tissue transfer only.

Office visits will be covered when the diagnosis of a benign skin lesion(s) is made even if the removal of a particular lesion or lesion(s) is not medically indicated and is therefore not done.

These services may be performed in an office, hospital or outpatient department of a hospital. Some of the procedures may be performed in an ASC facility and refer to your most current ASC list.

National Coverage Determination 250.4 outlines coverage for the treatment of actinic keratosis (AK).

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Coding Information

[FUTURE]

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.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: Please refer to the current CPT book for full descriptions.

Group 1 Codes:

11300 Shave skin lesion 0.5 cm/<

11301 Shave skin lesion 0.6-1.0 cm
 11302 Shave skin lesion 1.1-2.0 cm
 11303 Shave skin lesion >2.0 cm
 11305 Shave skin lesion 0.5 cm/<
 11306 Shave skin lesion 0.6-1.0 cm
 11307 Shave skin lesion 1.1-2.0 cm
 11308 Shave skin lesion >2.0 cm
 11310 Shave skin lesion 0.5 cm/<
 11311 Shave skin lesion 0.6-1.0 cm
 11312 Shave skin lesion 1.1-2.0 cm
 11313 Shave skin lesion >2.0 cm
 11400 Exc tr-ext b9+marg 0.5 cm<
 11401 Exc tr-ext b9+marg 0.6-1 cm
 11402 Exc tr-ext b9+marg 1.1-2 cm
 11403 Exc tr-ext b9+marg 2.1-3cm/<
 11404 Exc tr-ext b9+marg 3.1-4 cm
 11406 Exc tr-ext b9+marg >4.0 cm
 11420 Exc h-f-nk-sp b9+marg 0.5/<
 11421 Exc h-f-nk-sp b9+marg 0.6-1
 11422 Exc h-f-nk-sp b9+marg 1.1-2
 11423 Exc h-f-nk-sp b9+marg 2.1-3
 11424 Exc h-f-nk-sp b9+marg 3.1-4
 11426 Exc h-f-nk-sp b9+marg >4 cm
 11440 Exc face-mm b9+marg 0.5 cm/<
 11441 Exc face-mm b9+marg 0.6-1 cm
 11442 Exc face-mm b9+marg 1.1-2 cm
 11443 Exc face-mm b9+marg 2.1-3 cm
 11444 Exc face-mm b9+marg 3.1-4 cm
 11446 Exc face-mm b9+marg >4 cm
 17000 Destruct premalg lesion
 17003 Destruct premalg les 2-14
 17004 Destroy premal lesions 15/>
 17110 Destruct b9 lesion 1-14
 17111 Destruct lesion 15 or more
 17340 Cryotherapy of skin
 46900 Destruction anal lesion(s)
 46916 Cryosurgery anal lesion(s)
 54050 Destruction penis lesion(s)
 54055 Destruction penis lesion(s)
 54056 Cryosurgery penis lesion(s)
 54057 Laser surg penis lesion(s)
 54060 Excision of penis lesion(s)
 54065 Destruction penis lesion(s)
 56501 Destroy vulva lesions sim
 56515 Destroy vulva lesion/s compl
 96910 Photochemotherapy with UV-B
 96912 Photochemotherapy with UV-A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Please note not all ICD-10-CM codes apply to all CPT codes. Choose the correct procedure for the lesion being treated.

Group A: CPT codes 11310, 11311, 11312, 11313, 11440, 11441, 11442, 11443, 11444, and 11446:

Group 1 Codes:

ICD-10 Codes

Description

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
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
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.20	Melanocytic nevi of unspecified ear and external auricular canal
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
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
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
D23.9	Other benign neoplasm of skin, unspecified
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst

ICD-10 Codes	Description
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 2 Paragraph: Group A: CPT codes 11300, 11301, 11302, 11303, 11400, 11401, 11402, 11403, 11404, and 11406:

Group 2 Codes:

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.20	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D22.5	Melanocytic nevi of trunk
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.70	Melanocytic nevi of unspecified lower limb, including hip
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
D23.5	Other benign neoplasm of skin of trunk
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder

ICD-10 Codes	Description
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
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
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 3 Paragraph: Group A: CPT codes 11306, 11307, and 11308:

Group 3 Codes:

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue

ICD-10 Codes	Description
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D22.4	Melanocytic nevi of scalp and neck
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.70	Melanocytic nevi of unspecified lower limb, including hip
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
D23.4	Other benign neoplasm of skin of scalp and neck
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
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
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
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
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo

ICD-10 Codes	Description
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 4 Paragraph: Group A: CPT codes 11420, 11421, 11422, 11423, 11424, and 11426:

Group 4 Codes:

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D18.01	Hemangioma of skin and subcutaneous tissue
D22.4	Melanocytic nevi of scalp and neck
D22.9	Melanocytic nevi, unspecified
D23.4	Other benign neoplasm of skin of scalp and neck
D23.9	Other benign neoplasm of skin, unspecified
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation

ICD-10 Codes	Description
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 5 Paragraph: Group A: CPT codes 17000, 17003, 17004, 17110, and 17111:

Group 5 Codes:

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
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
D17.20	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
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
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.20	Melanocytic nevi of unspecified ear and external auricular canal

ICD-10 Codes	Description
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
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.70	Melanocytic nevi of unspecified lower limb, including hip
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
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
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
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
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
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
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
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst

ICD-10 Codes	Description
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 6 Paragraph: Group A: CPT code 11305:

Group 6 Codes:

ICD-10 Codes	Description
A18.4	Tuberculosis of skin and subcutaneous tissue
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
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
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.4	Melanocytic nevi of scalp and neck
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.4	Other benign neoplasm of skin of scalp and neck
D23.9	Other benign neoplasm of skin, unspecified
D48.5	Neoplasm of uncertain behavior of skin
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction

ICD-10 Codes	Description
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L80	Vitiligo
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L92.0	Granuloma annulare
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.9	Localized connective tissue disorder, unspecified
L95.1	Erythema elevatum diutinum
L98.0	Pyogenic granuloma
L98.2	Febrile neutrophilic dermatosis [Sweet]
Q82.5	Congenital non-neoplastic nevus

Group 7 Paragraph: Group B: CPT codes 96910* and 96912* (*See Documentation Requirement #5):

Group 7 Codes:

ICD-10 Codes	Description
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites

ICD-10 Codes	Description
C84.19	Sezary disease, extranodal and solid organ sites
C96.2	Malignant mast cell tumor

Group 8 Paragraph: Group C: CPT codes 46900, 46916, 54050, 54055, 54056, 54057, 54060, and 54065:

Group 8 Codes:

ICD-10 Codes	Description
A50.01	Early congenital syphilitic oculopathy
A50.02	Early congenital syphilitic osteochondropathy
A50.03	Early congenital syphilitic pharyngitis
A50.04	Early congenital syphilitic pneumonia
A50.05	Early congenital syphilitic rhinitis
A50.06	Early cutaneous congenital syphilis
A50.07	Early mucocutaneous congenital syphilis
A50.08	Early visceral congenital syphilis
A50.09	Other early congenital syphilis, symptomatic
A51.31	Condyloma latum
A51.39	Other secondary syphilis of skin
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
L44.8	Other specified papulosquamous disorders
L44.9	Papulosquamous disorder, unspecified
L45	Papulosquamous disorders in diseases classified elsewhere
L94.2	Calcinosis cutis
L94.4	Gotttron's papules
L98.8	Other specified disorders of the skin and subcutaneous tissue
L99	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere

Group 9 Paragraph: Group D: CPT codes 56501 and 56515:

Allowed for the diagnoses specified in Group A and Group C. Please refer to diagnosis groups 1-6 and group 8.

Group 9 Codes:

ICD-10 Codes	Description
XX000	Not Applicable

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

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General Information



Associated Information

Documentation Requirements

1. Since you cannot accurately code the conditions listed under "Indications and Limitations," their presence must be thoroughly documented in medical records to demonstrate compliance with this policy. The records must clearly and unequivocally document the medical necessity for lesion removal(s) when billing Medicare for the service. Documentation requirements should include location, description, lesion number, type of destructive method used, frequency and results.
2. A record of statement of "irritated skin lesion" will be insufficient justification for lesion removal when solely used to reference a patient's complaint or a physician's physical findings. Similarly, use of ICD-10-CM code L82.0, Inflamed seborrheic keratosis, or L82.1, other seborrheic keratosis, will be insufficient to justify lesion removal without medical record documentation of the patient's symptoms and physical findings.
3. Medicare will not pay for a separate E&M service on the same day dermatological surgery is performed, unless significant and separately identifiable medical services were rendered and clearly documented in the patient's medical record. Use modifier -25 appended to the appropriate visit code to indicate the patient's condition required a significant, separately identifiable service unrelated to the procedure performed.
4. Documentation supporting the medical necessity of this item, in the form of ICD-10-CM codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.
5. Photochemotherapy (PUVA) will be allowed when other means have failed. Documentation must be present in the chart and available upon request.

Appendices

N/A

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

"Cosmetic and Reconstructive Procedures in Plastic Surgery", published by the American Society of Plastic and Reconstructive Surgeons, Inc., 1989.

Dermatology consultant expert opinions to Carrier Medical Director Workgroup.

Epstein E. Dermatologic disorders in "The Merck Manual", 16 th ED., New Jersey: Merck and Co., Inc., 1992, pp 2399-2460.

Ho V, McLean DI Benign epithelial tumors in "Dermatology in General Medicine", 4th Ed., McGraw-Hill, Inc., pp 855-872.

Medicare Benefit Policy Manual, "Coverage and Limitation", Chapter 16, section 120. Cosmetic Surgery.

Medicare National Coverage Determinations Manual (Pub 100-3), Chapter 1, Part 4, Section 250.4.

Novitas Solutions, Inc. – JH Local Coverage Determination (LCD) Consolidation, Narrative Justification – Most Clinically Appropriate LCD

LCDs Compared:

L30645, Removal of Benign or Premalignant Skin Lesions, Cahaba/Mississippi - B

L26734, Removal of Benign and Malignant Skin Lesions, TrailBlazer/TX, CO, NM, OK, Indian Health Service, ESRD, RHC, WPS legacy – A&B

L18763, Benign Skin Lesions, Pinnacle, Arkansas – A

L17701, Benign Skin Lesions, Pinnacle, Arkansas, Louisiana – B

L30957, Benign Skin Lesions, Pinnacle, Louisiana, Mississippi - A

CMD Rationale:

All three Contractors have a policy on this topic that varies from just benign lesions to benign and premalignant lesions to benign and malignant lesions. All three have diagnosis to procedure code monitoring, and all three

have documentation requirements, especially with regard to what constitutes the medically necessary removal of a benign skin lesion.

Pinnacle's policy focuses on benign skin and superficial lesions, and includes a segment that describes what is expected if certain repairs are done. The A and B versions of the policy itself are the same. The differences are in the listing of Revenue codes or bill types vs the usual coding for office. L17701 was chosen because of its focus on benign lesions and because repair expectations were included.

L17701 is the most clinically appropriate LCD.

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	LCD revised and published on 09/11/2014 to provide clarification to the covered diagnosis for group 9 diagnosis codes. Statement "Allowed for the diagnoses specified in Group A and Group C" maintained and individual codes removed with a reference to applicable diagnosis groups.	<ul style="list-style-type: none">• Other (Clarification)
10/01/2015	R1	LCD revised to correct CPT to diagnosis code grouping for CPT Codes 11300-11303 and 11400-11406; 11305; 11306-11308; 11310-11313 and 11440-11446; 11420-11426; and 17000-17111. (LCD updated on 06/07/2014)	<ul style="list-style-type: none">• Other (Corrected CPT to diagnosis code grouping.)

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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 09/02/2014 with effective dates 10/01/2015 - N/A [Updated on 06/08/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

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