

# Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02101 - MAC A	J - F	Alaska
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02102 - MAC B	J - F	Alaska
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02201 - MAC A	J - F	Idaho
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02202 - MAC B	J - F	Idaho
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02301 - MAC A	J - F	Oregon
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02302 - MAC B	J - F	Oregon
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02401 - MAC A	J - F	Washington
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02402 - MAC B	J - F	Washington
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03101 - MAC A	J - F	Arizona
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03102 - MAC B	J - F	Arizona
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03201 - MAC A	J - F	Montana
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03202 - MAC B	J - F	Montana
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03301 - MAC A	J - F	North Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03302 - MAC B	J - F	North Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03401 - MAC A	J - F	South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03402 - MAC B	J - F	South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03501 - MAC A	J - F	Utah
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03502 - MAC B	J - F	Utah
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03601 - MAC A	J - F	Wyoming
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03602 - MAC B	J - F	Wyoming

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## LCD Information

### Document Information

Original Effective Date	For services performed on or after 10/01/2015
Revision Effective Date	For services performed on or after 10/01/2016
Revision Ending Date	N/A
LCD ID	L33979
Retirement Date	N/A
LCD Title	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)
Notice Period Start Date	07/28/2016
AMA CPT / ADA CDT / AHA NUBC Copyright Statement	09/14/2016
Notice Period End Date	

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CMS National Coverage Policy Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, §250.4.

#### Coverage Guidance

#### **Coverage Indications, Limitations, and/or Medical Necessity**

This policy applies to the following: seborrheic keratoses, skin tags, milia, molluscum contagiosum, sebaceous (epidermoid) cysts, moles (nevi), acquired hyperkeratosis (keratoderma) and viral warts (excluding condyloma acuminatum). The treatment of actinic keratosis is covered by NCD 250.4. This policy does not address routine foot care or the treatment of other skin lesions, e.g., ulcers, abscess, malignancies, dermatoses or psoriasis.

Benign skin lesions are common in the elderly and are frequently removed at the patient's request to improve appearance. Removal of benign skin lesions that do not pose a threat to health or function is considered cosmetic and as such is not covered by the Medicare program. Cosmesis is statutorily non-covered and no payment may be made for such lesion removal.

Medicare will consider the removal of benign skin lesions as medically necessary, and not cosmetic, if one or more of the following conditions is present and clearly documented in the medical record:

A. The lesion has one or more of the following characteristics:

1. bleeding
2. intense itching
3. pain

B. The lesion has physical evidence of inflammation, e.g., purulence, oozing, edema, erythema.

C. The lesion obstructs an orifice or clinically restricts vision.

D. The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesional

appearance (e.g. non-response to conventional treatment, or change in appearance). **However, if the diagnosis is uncertain, either biopsy or removal may be more prudent than destruction.**

E. A prior biopsy suggests or is indicative of lesion malignancy or premalignancy.

F. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred.

G. Wart removals will be covered under (a) through (f) above. In addition, wart destruction will be covered when the following clinical circumstance is present:

- Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesional virus shedding
- Evidence of spread from one body area to another, particularly in immunocompromised/immunosuppressed patients.

**Note:**

1) CPT codes 17106, 17107 and 17108 describe treatment of lesions that are usually cosmetic. When using these CPT codes the clinical records should clearly document the medical necessity of such treatment and why the procedure is not cosmetic.

2) CPT codes 11055, 11056 and 11057 describe treatment of hyperkeratotic lesions (e.g., corns and calluses). Coverage for these three codes is described in the Medicare Internet Only Manual.

If the beneficiary wishes one or more benign asymptomatic lesions removed for cosmetic purposes, the beneficiary becomes liable for the service(s) rendered.

**Regarding other Malignancy:**

If a diagnosis of malignancy has already been established for a specific lesion, a shave biopsy would not be medically reasonable and necessary.

When a diagnosis of malignancy has not yet been established at the time the biopsy procedure was performed, the correct diagnosis code to list on the claim would most likely be D49.2, (Neoplasm of unspecified behavior, bone soft tissue, and skin).

Compliance with the provisions in this policy may be subject to monitoring by post payment data analysis and subsequent medical review.

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## **Coding Information**

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to

apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

- 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
- 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
- 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
- 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

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** These are the **only** covered diagnosis codes for CPT codes 11200, 11201, 11300, 11301-11313, 11400-11406, 11420-11426, 11440-11446, 17110 and 17111:

**List I. These ICD-10-CM codes identify the lesion being treated and will, by themselves, allow payment:**

**Group 1 Codes:**

<b>ICD-10 Codes</b>	<b>Description</b>
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.519	Neoplasm of unspecified behavior of unspecified kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
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
H61.001	Unspecified perichondritis of right external ear
H61.002	Unspecified perichondritis of left external ear
H61.003	Unspecified perichondritis of external ear, bilateral
H61.009	Unspecified perichondritis of external ear, unspecified ear
H61.011	Acute perichondritis of right external ear
H61.012	Acute perichondritis of left external ear
H61.013	Acute perichondritis of external ear, bilateral
H61.021	Chronic perichondritis of right external ear

ICD-10 Codes	Description
H61.022	Chronic perichondritis of left external ear
H61.023	Chronic perichondritis of external ear, bilateral
H61.031	Chondritis of right external ear
H61.032	Chondritis of left external ear
H61.033	Chondritis of external ear, bilateral
L11.0*	Acquired keratosis follicularis
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L82.0	Inflamed seborrheic keratosis
L85.0*	Acquired ichthyosis
L85.1*	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2*	Keratosis punctata (palmaris et plantaris)
L85.8	Other specified epidermal thickening
L86*	Keratoderma in diseases classified elsewhere
L87.0*	Keratosis follicularis et parafollicularis in cutem penetrans
L87.2*	Elastosis perforans serpiginosa
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L98.0	Pyogenic granuloma

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:** \*L11.0, L85.0, L85.1, L85.2, L86, L87.0, L87.2 – Use for symptomatic, painful and/or inflamed lesions only.

**Group 2 Paragraph: List II.** These ICD-10-CM codes identify those conditions for which payment is allowed only if the conditions have complications, these being listed in List III below.

**Note: Diagnoses from List II must be accompanied by one of the diagnoses from List III for payment to be allowed. List III gives justification (reasonable and necessary) for allowing payment.**

**Group 2 Codes:**

ICD-10 Codes	Description
D10.0	Benign neoplasm of lip
D18.01	Hemangioma of skin and subcutaneous tissue
D22.0	Melanocytic nevi of lip
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left 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
D22.39	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
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left 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
D23.39	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
D23.70	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

<b>ICD-10 Codes</b>	<b>Description</b>
D23.9	Other benign neoplasm of skin, unspecified
D28.0	Benign neoplasm of vulva
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum
D86.3	Sarcoidosis of skin
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
I78.1	Nevus, non-neoplastic
K64.4	Residual hemorrhoidal skin tags
L12.30	Acquired epidermolysis bullosa, unspecified
L12.31	Epidermolysis bullosa due to drug
L12.8	Other pemphigoid
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
L85.9	Epidermal thickening, unspecified
L87.9	Transepidermal elimination disorder, unspecified
L90.5	Scar conditions and fibrosis of skin
L90.9	Atrophic disorder of skin, unspecified
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L91.9	Hypertrophic disorder of the skin, unspecified
L94.9	Localized connective tissue disorder, unspecified
Q17.0	Accessory auricle
Q81.0	Epidermolysis bullosa simplex
Q81.1	Epidermolysis bullosa letalis
Q81.2	Epidermolysis bullosa dystrophica
Q81.8	Other epidermolysis bullosa
Q81.9	Epidermolysis bullosa, unspecified
Q82.8	Other specified congenital malformations of skin

**Group 3 Paragraph: List III. These ICD-10-CM codes identify the complicating pathology that justifies Medicare payment (reasonable and necessary):**

**Note: Diagnoses from List II must be accompanied by one of the diagnoses from List III for payment to be allowed. List III gives justification (reasonable and necessary) for allowing payment.**

**Group 3 Codes:**

<b>ICD-10 Codes</b>	<b>Description</b>
B78.1	Cutaneous strongyloidiasis
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
E83.2	Disorders of zinc metabolism
K12.2	Cellulitis and abscess of mouth
L02.01	Cutaneous abscess of face
L02.11	Cutaneous abscess of neck
L02.211	Cutaneous abscess of abdominal wall
L02.212	Cutaneous abscess of back [any part, except buttock]
L02.213	Cutaneous abscess of chest wall
L02.214	Cutaneous abscess of groin
L02.215	Cutaneous abscess of perineum
L02.216	Cutaneous abscess of umbilicus
L02.31	Cutaneous abscess of buttock
L02.411	Cutaneous abscess of right axilla

<b>ICD-10 Codes</b>	<b>Description</b>
L02.412	Cutaneous abscess of left axilla
L02.413	Cutaneous abscess of right upper limb
L02.414	Cutaneous abscess of left upper limb
L02.415	Cutaneous abscess of right lower limb
L02.416	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	Cellulitis of right axilla
L03.112	Cellulitis of left axilla
L03.113	Cellulitis of right upper limb
L03.114	Cellulitis of left upper limb
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.121	Acute lymphangitis of right axilla
L03.122	Acute lymphangitis of left axilla
L03.123	Acute lymphangitis of right upper limb
L03.124	Acute lymphangitis of left upper limb
L03.125	Acute lymphangitis of right lower limb
L03.126	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	Cellulitis of abdominal wall
L03.312	Cellulitis of back [any part except buttock]
L03.313	Cellulitis of chest wall
L03.314	Cellulitis of groin
L03.315	Cellulitis of perineum
L03.316	Cellulitis of umbilicus
L03.317	Cellulitis of buttock
L03.321	Acute lymphangitis of abdominal wall
L03.322	Acute lymphangitis of back [any part except buttock]
L03.323	Acute lymphangitis of chest wall
L03.324	Acute lymphangitis of groin
L03.325	Acute lymphangitis of perineum
L03.326	Acute lymphangitis of umbilicus
L03.327	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
L30.4	Erythema intertrigo
L53.8	Other specified erythematous conditions
L53.9	Erythematous condition, unspecified
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]



ICD-10 Codes	Description
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R58	Hemorrhage, not elsewhere classified

**Group 4 Paragraph: List IV. The following ICD-10-CM codes are the only malignant diagnoses that are appropriate and their use is limited to CPT codes 11300-11313:**

**Group 4 Codes:**

ICD-10 Codes	Description
C4A.0	Merkel cell carcinoma of lip
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.12	Merkel cell carcinoma of left eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face

<b>ICD-10 Codes</b>	<b>Description</b>
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified

ICD-10 Codes	Description
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
D04.0	Carcinoma in situ of skin of lip
D04.11	Carcinoma in situ of skin of right eyelid, including canthus
D04.12	Carcinoma in situ of skin of left eyelid, including canthus
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Carcinoma in situ of skin of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All ICD-10-CM codes not listed in this policy under "ICD-10-CM Codes That Support Medical Necessity".

**Group 1 Codes:** N/A

ICD-10 Additional Information

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## General Information

Associated Information

N/A

Sources of Information and Basis for Decision

National Model Policy developed by CMD Workgroup

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R7		<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R6	L72.3 is listed both in Group I and Group II codes. It is removed from Group I. L91.0 is moved from Group I and added to Group II. L91.8 is added to Group II. It was added to the previous JF LCD but was not included in the draft or final LCD when JE and JF contracts were combined making the policy consistent between the two contracts. This LCD was revised to include the following diagnosis codes effective 10/1/16: D49.511, D49.512, D49.519, D49.59 to Group 1. Diagnosis code D49.5 is deleted in Group 1.	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>
09/15/2016	R5	This LCD version was created as a result of DL33979 being released to a Final LCD.	<ul style="list-style-type: none"> <li>Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
10/01/2015	R4	Diagnosis L82.0 is added back to Group I diagnoses from Group II. Removed CPT code 96567 from the LCD as this service is not addressed in the LCD. Removed L82.0 and L91.0 from Group 1 stand-alone diagnoses. Added L82.0 and L91.8 to Group II diagnoses. L91.0 was already noted in Group II diagnoses. The change in diagnosis groupings makes the coding consistent with the verbiage in Indications and Limitations and Associated Information.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
10/01/2015	R3	Added the following diagnoses to Group 1 effective 10/1/15: L72.11, L72.12.	<ul style="list-style-type: none"> <li>Other (Changes in CPT codes, diagnosis addition and movement from one diagnosis grouping to another. )</li> </ul>
10/01/2015	R2	This LCD is revised to remove the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review." from the Associated Information field.	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> <li>Other (Removed the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.")</li> </ul>
10/01/2015	R1		

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## [Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A55155 - Response to Comments: Benign Skin Lesion Removal \(Excludes Actinic Keratosis, and Mohs\)](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 12/27/2016 with effective dates 10/01/2016 - N/A [Updated on 09/19/2016 with effective dates 10/01/2016 - N/A](#) [Updated on 07/12/2016 with effective dates 09/15/2016 - 09/30/2016](#) [Updated on 01/13/2016 with effective dates 10/01/2015 - 09/14/2016](#) [Updated on 10/30/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 09/04/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 03/27/2015 with effective dates 10/01/2015 - 08/24/2016](#) [Updated on 03/31/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

# Keywords

- skin
- lesion
- basal
- carcinoma
- squamous
- neoplasm
- malignant
- squamous
- merkel
- benign
- nevi
- sarcoid
- abscess
- cellulitis

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