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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

### Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02101 - MAC A</td>
<td>J - F</td>
<td>Alaska</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02102 - MAC B</td>
<td>J - F</td>
<td>Alaska</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02201 - MAC A</td>
<td>J - F</td>
<td>Idaho</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02202 - MAC B</td>
<td>J - F</td>
<td>Idaho</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02301 - MAC A</td>
<td>J - F</td>
<td>Oregon</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02302 - MAC B</td>
<td>J - F</td>
<td>Oregon</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02401 - MAC A</td>
<td>J - F</td>
<td>Washington</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02402 - MAC B</td>
<td>J - F</td>
<td>Washington</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03101 - MAC A</td>
<td>J - F</td>
<td>Arizona</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03102 - MAC B</td>
<td>J - F</td>
<td>Arizona</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03201 - MAC A</td>
<td>J - F</td>
<td>Montana</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03202 - MAC B</td>
<td>J - F</td>
<td>Montana</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03301 - MAC A</td>
<td>J - F</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03302 - MAC B</td>
<td>J - F</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03401 - MAC A</td>
<td>J - F</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03402 - MAC B</td>
<td>J - F</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03501 - MAC A</td>
<td>J - F</td>
<td>Utah</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03502 - MAC B</td>
<td>J - F</td>
<td>Utah</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03601 - MAC A</td>
<td>J - F</td>
<td>Wyoming</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03602 - MAC B</td>
<td>J - F</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>
LCD Information

Document Information

**LCD ID**
L33979

**LCD Title**
Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
DL33979

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an

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

**Revision Effective Date**
For services performed on or after 10/01/2019

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
07/28/2016

**Notice Period End Date**
09/14/2016
express license from the American Hospital Association.
To license the electronic data file of UB-04 Data
Specifications, contact Tim Carlson at (312) 893-6816
or Laryssa Marshall at (312) 893-6814. You may also
contact us at ub04@healthforum.com.

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.


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.

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.

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

**Summary of Evidence**

N/A

**Analysis of Evidence**

(Rationale for Determination)

N/A

**General Information**

**Associated Information**

N/A

**Sources of Information**

National Model Policy developed by CMD Workgroup

**Bibliography**

N/A
### Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
</table>
| 10/01/2019            | R10                     | As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.  

At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. | • Revisions Due To Code Removal |
| 10/01/2019            | R9                      | Revised the following statement in Indications and Limitations to include D48.5, "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 D48.5 or D49.2." This diagnosis was already included in the ICD-10 codes supporting medical necessity.  

At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. | • Other (Provided clarity for coding a yet established malignancy at the time of biopsy.) |
| 10/01/2018            | R8                      | 09.05.18: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.  

The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field: C4A.11; C4A.12; C44.102; C44.109; C44.112; C44.119; C44.122; C44.129;C44.192; C44.199; D04.11; D04.12 were deleted from Group 4 and D22.11; D22.12; D23.11 D23.12 were deleted from group 2.  

The following ICD-10 Codes were added to the ICD-10 Codes that Support Medical Necessity field to group four:C4A.111;C4A.112;C4A.121;C4A.122; | • Revisions Due To ICD-10-CM Code Changes |
<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2016</td>
<td>R7</td>
<td>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.</td>
<td>• Reconsideration Request</td>
</tr>
<tr>
<td>10/01/2016</td>
<td>R6</td>
<td>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.</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
</tr>
<tr>
<td>09/15/2016</td>
<td>R5</td>
<td>This LCD version was created as a result of DL33979 being released to a Final LCD.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R4</td>
<td>Diagnosis L82.0 is added back to Group I diagnoses from Group II.</td>
<td>• Reconsideration Request</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>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.</td>
<td>• Other (Changes in CPT codes, diagnosis addition and movement from one diagnosis grouping to another. )</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>Added the following diagnoses to Group 1 effective 10/1/15: L72.11, L72.12.</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
</tr>
</tbody>
</table>
| 10/01/2015            | R1                      | 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, | • Other (Removed the paragraph, “When requesting an individual consideration through the written redetermination
Pivotal) must be submitted for the Medical Director’s review.” from the Associated Information field. (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.”

Associated Documents

Attachments
N/A

Related Local Coverage Documents
Article(s)
A57162 - Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)
A55155 - Response to Comments: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)

Related National Coverage Documents
N/A

Public Version(s)
Updated on 09/18/2019 with effective dates 10/01/2019 - N/A
Updated on 09/06/2018 with effective dates 10/01/2018 - 09/30/2019
Updated on 12/27/2016 with effective dates 10/01/2016 - 09/30/2018
Updated on 09/19/2016 with effective dates 10/01/2016 - N/A
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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