Local Coverage Determination (LCD):
Surgery: Removal of Benign or Premalignant Skin Lesions (L34297)

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Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<tr>
<td>Cahaba Government Benefit Administrators®, LLC</td>
<td>A and B MAC</td>
<td>10102 - MAC B</td>
<td>J - J</td>
<td>Alabama</td>
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<td>Cahaba Government Benefit Administrators®, LLC</td>
<td>A and B MAC</td>
<td>10202 - MAC B</td>
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<td>Cahaba Government Benefit Administrators®, LLC</td>
<td>A and B MAC</td>
<td>10302 - MAC B</td>
<td>J - J</td>
<td>Tennessee</td>
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LCD Information

Document Information

LCD ID
L34297

Original ICD-9 LCD ID
L342064

LCD Title
Surgery: Removal of Benign or Premalignant Skin Lesions

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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

Revision Effective Date
For services performed on or after 01/01/2016

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.

- 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 reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.

- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

- Medicare Benefit Policy Manual (Pub. 100-02), Chapter 16, Section 120: Cosmetic surgery or expenses incurred in conjunction with such surgery are not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasibly) repair of accidental injury or the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purposes.

- Medicare National Coverage Determination (NCD) Manual (Pub.100-03), Chapter 1, Section 250.4, Treatment of Actinic Keratosis.

- Medicare Program Integrity Manual (Pub. 100-08), Chapter 13, Local Coverage Determinations.

Coverage Guidance

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

**Indications**

In selected circumstances, the removal of lesions such as seborrheic keratoses, sebaceous cysts, viral warts, benign neoplasms, hemangiomas, lipomas, and pyogenic granulomas is medically appropriate. Medicare will consider their removal as medically necessary, and not cosmetic, if one or more of the following conditions is present and clearly documented in the medical record:

1. The lesion is bleeding, producing pain, or has excoriations due to intense pruritis.
2. The lesion displays physical evidence of inflammation such as purulence, edema, erythema or exudation.
3. The lesion obstructs an orifice or restricts vision.
4. Diagnostic certainty as to malignant potential is not established.
5. A prior biopsy suggests or is indicative of lesion malignancy.
6. Evidence of physical trauma based on anatomical location is present.
7. Wart or molluscum destruction could be covered when any of the above listed circumstances is present as well as the following:

A. Periocular warts or molluscum may be removed if concerns of viral spreading are present;

B. Warts, condyloma or molluscum showing evidence of spread from one body area to another, particularly in immunosuppressed patients.

Coverage for the treatment of actinic keratosis is outlined in the National Coverage Determination (NCD) 250.4.

Limitations

Removal of skin lesions for cosmetic reasons will not be covered. In addition, emotional distress, "make-up trapping", and non-problematic lesions in any anatomic location would not be justification for coverage.

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:

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
ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the 'Official ICD-10-CM Guidelines for Coding and Reporting' in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A63.0</td>
<td>Anogenital (venereal) warts</td>
</tr>
<tr>
<td>B07.0 - B07.9</td>
<td>Plantar wart - Viral wart, unspecified</td>
</tr>
<tr>
<td>B08.1</td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>D04.20 - D04.72</td>
<td>Carcinoma in situ of skin of unspecified ear and external auricular canal - Carcinoma in situ of skin of left lower limb, including hip</td>
</tr>
<tr>
<td>D17.0 - D17.1</td>
<td>Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck - Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk</td>
</tr>
<tr>
<td>D17.21 - D17.24</td>
<td>Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm - Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg</td>
</tr>
<tr>
<td>D17.39</td>
<td>Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites</td>
</tr>
<tr>
<td>D18.01</td>
<td>Hemangioma of skin and subcutaneous tissue</td>
</tr>
<tr>
<td>D22.0</td>
<td>Melanocytic nevi of lip</td>
</tr>
<tr>
<td>D22.11 - D22.12</td>
<td>Melanocytic nevi of right eyelid, including canthus - Melanocytic nevi of left eyelid, including canthus</td>
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<tr>
<td>D22.21 - D22.25</td>
<td>Melanocytic nevi of right ear and external auricular canal - Melanocytic nevi of trunk</td>
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<tr>
<td>D22.61 - D22.62</td>
<td>Melanocytic nevi of right upper limb, including shoulder - Melanocytic nevi of left upper limb, including shoulder</td>
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<tr>
<td>D22.71 - D23.0</td>
<td>Melanocytic nevi of right lower limb, including hip - Other benign neoplasm of skin of lip</td>
</tr>
<tr>
<td>D23.11 - D23.12</td>
<td>Other benign neoplasm of skin of right eyelid, including canthus - Other benign neoplasm of skin of left eyelid, including canthus</td>
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<td>D23.21 - D23.5</td>
<td>Other benign neoplasm of skin of right ear and external auricular canal - Other benign neoplasm of skin of trunk</td>
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<td>D23.61 - D23.62</td>
<td>Other benign neoplasm of skin of right upper limb, including shoulder - Other benign neoplasm of skin of left upper limb, including shoulder</td>
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<tr>
<td>D23.71 - D23.9</td>
<td>Other benign neoplasm of skin of right lower limb, including hip - Other benign neoplasm of skin, unspecified</td>
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<tr>
<td>D37.09</td>
<td>Neoplasm of uncertain behavior of other specified sites of the oral cavity</td>
</tr>
<tr>
<td>D48.5</td>
<td>Neoplasm of uncertain behavior of skin</td>
</tr>
<tr>
<td>H02.821 - H02.822</td>
<td>Cysts of right upper eyelid - Cysts of right lower eyelid</td>
</tr>
<tr>
<td></td>
<td>Cysts of left upper eyelid - Cysts of left lower eyelid</td>
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ICD-10 Codes | Description
--- | ---
H02.824 - H02.825 | Acquired keratosis follicularis
L11.0 | Disseminated superficial actinic porokeratosis (DSAP)
L57.0 | Actinic keratosis
L70.0 - L70.1 | Acne vulgaris - Acne conglobata
L70.3 | Acne tropica
L70.8 | Other acne
L72.0 - L73.0 | Epidermal cyst - Acne keloid
L82.0 | Inflamed seborrheic keratosis
L85.0 - L85.2 | Acquired ichthyosis - Keratosis punctata (palmaris et plantaris)
L85.9 - L87.0 | Epidermal thickening, unspecified - Keratosis follicularis et parafollicularis in cutem penetrans
L87.2 | Elastosis perforans serpiginosa
L87.9 | Transepidermal elimination disorder, unspecified
L90.9 | Atrophic disorder of skin, unspecified
L91.9 | Hypertrophic disorder of the skin, unspecified
L94.9 | Localized connective tissue disorder, unspecified
L98.0 | Pyogenic granuloma
L98.9 | Disorder of the skin and subcutaneous tissue, unspecified
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 - R22.9 | Localized swelling, mass and lump, right lower limb - Localized swelling, mass and lump, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** Any ICD-10-CM code that is not listed in the "ICD-10 Codes that Support Medical Necessity" section of this LCD.

**Group 1 Codes:**

ICD-10 Codes | Description
--- | ---
XX000 | Not Applicable

**ICD-10 Additional Information** [Back to Top](#)

# General Information

**Associated Information**

**Documentation Requirements**

1. Medical records maintained by the physician must clearly and completely document the medical necessity for lesion removal. Location, description, associated symptoms, and reason for clinical concern leading to decision for removal are all part of complete documentation.

2. The statement "irritated skin lesion" will not be sufficient justification for lesion removal when used solely to reference a patient's complaint or a physician's physical findings. Similarly, the sole use of ICD-10 code L57.0 (inflamed seborrheic keratosis) will be insufficient to justify lesion removal without medical record documentation of the patient's symptoms and physical findings.

3. All coverage criteria must be clearly documented in the patient's medical record and made available to Medicare upon request.

4. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.
Sources of Information and Basis for Decision


- Consultation with Cahaba GBA Part B CMDs from Alabama, Georgia and Mississippi.

- Consultations with the representatives to the Carrier Advisory Committee.

- Other Medicare Carriers’ LCDs.

Revision History Information

<table>
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<tr>
<th>Revision History Date</th>
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<tr>
<td>01/01/2016</td>
<td>R3</td>
<td>01/25/2017 - Either the short and/or long code description was changed for the following code(s). <strong>Please Note:</strong> Depending on which descriptor was used, there may not be any changes to the code display in this document: 11403 descriptor was changed in Group 1. Effective <strong>January 1, 2016</strong> the Local Coverage Determination Surgery: Removal of Benign or Premalignant Skin Lesions (L34297) is being updated.</td>
<td>- Revisions Due To CPT/HCPCS Code Changes</td>
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<td>- Other (Effective <strong>January 1, 2016</strong> the Local Coverage Determination Surgery: Removal of Benign or Premalignant Skin Lesions (L34297) is being updated. The <em>ICD-10 Codes that Support Medical Necessity</em> section is being updated to include the following: - D04.20 – D04.72 (Carinoma in situ of the skin) )</td>
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<td>10/01/2015</td>
<td>R1</td>
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<td>- Typographical Error</td>
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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 01/30/2017 with effective dates 01/01/2016 - N/A Updated on 08/29/2016 with effective dates 01/01/2016 - N/A Some older versions have been archived. Please visit the MCD Archive Site to retrieve them. Back to Top

Keywords

N/A Read the **LCD Disclaimer** Back to Top

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