

Local Coverage Determination (LCD): Excision of Malignant Skin Lesions (L33818)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands
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LCD Information

Document Information

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

Original ICD-9 LCD ID
[L29170](#)

Revision Effective Date
For services performed on or after 10/01/2018

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Excision of Malignant Skin Lesions

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N/A

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N/A

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N/A

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N/A

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Notice Period End Date
N/A

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Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

A skin lesion is any alteration in the normal skin architecture. Lesions can be benign, pre-malignant or malignant. The most common malignant lesions are Basal Cell Carcinomas (BCC), Squamous Cell Carcinomas (SCC) and Melanomas.

Four of the most common methods of treatment of malignant skin lesions are:

- Surgical excision,
- Electrodesiccation (tissue destruction by heat),
- Radiation therapy, or
- Cryosurgery (tissue destruction by freezing)

The treatment of choice for malignant skin lesions is complete excision that includes a variable margin of surrounding tissue in order to eradicate microscopic tumor cells, which may have spread beyond the visible borders of the lesion.

The excision of a malignant skin lesion including margins (procedure codes 11600-11646) will be considered medically necessary when a pathology report verifies the existence of a malignancy.

When a lesion is excised that is a neoplasm of uncertain morphology (e.g., melanoma vs. dysplastic nevi), choose the correct CPT code based on the manner in which the lesion is excised rather than the final pathological diagnosis. The CPT code should reflect the knowledge, skill, time and effort that the provider invests in the excision of the lesion. For example, an ambiguous, but low-suspicion lesion might be excised with minimal surrounding, grossly normal skin/soft tissue margins, as for a benign lesion. This would be most appropriately reported using the excision of benign lesion codes 11400-11446. An ambiguous, but moderate to high suspicion lesion would be excised with moderate to wide surrounding grossly normal skin/soft tissue margins, as for a malignant lesion. This type of excision would be most appropriately reported using the excision of malignant lesion including margins codes 11600-11646.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

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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.

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: N/A**Group 1 Codes:**

- 11600 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS
- 11601 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM
- 11602 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM
- 11603 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM
- 11604 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM
- 11606 EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER OVER 4.0 CM

Group 2 Paragraph: N/A**Group 2 Codes:**

- 11620 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS
- 11621 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM
- 11622 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM
- 11623 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM
- 11624 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM
- 11626 EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM

Group 3 Paragraph: N/A

Group 3 Codes:

11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Procedure Codes 11600-11606**Group 1 Codes:**

ICD-10 Codes	Description
C43.51 - C43.72	Malignant melanoma of anal skin - Malignant melanoma of left lower limb, including hip
C4A.52 - C4A.72	Merkel cell carcinoma of skin of breast - Merkel cell carcinoma of left lower limb, including hip
C44.500 - C44.799	Unspecified malignant neoplasm of anal skin - Other specified malignant neoplasm of skin of left lower limb, including hip
C76.1 - C76.8	Malignant neoplasm of thorax - Malignant neoplasm of other specified ill-defined sites
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
D03.51 - D03.59	Melanoma in situ of anal skin - Melanoma in situ of other part of trunk
D03.60 - D03.62	Melanoma in situ of unspecified upper limb, including shoulder - Melanoma in situ of left upper limb, including shoulder
D03.70 - D03.72	Melanoma in situ of unspecified lower limb, including hip - Melanoma in situ of left lower limb, including hip
D04.5	Carcinoma in situ of skin of trunk
D04.60 - D04.8	Carcinoma in situ of skin of unspecified upper limb, including shoulder - Carcinoma in situ of skin of other sites
D48.5	Neoplasm of uncertain behavior of skin

Group 2 Paragraph: Procedure Codes 11620-11626**Group 2 Codes:**

ICD-10 Codes	Description
C43.4	Malignant melanoma of scalp and neck
C43.60 - C43.72	Malignant melanoma of unspecified upper limb, including shoulder - Malignant melanoma of left lower limb, including hip
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.60 - C4A.72	Merkel cell carcinoma of unspecified upper limb, including shoulder - Merkel cell carcinoma of left lower limb, including hip
C44.40 - C44.49	Unspecified malignant neoplasm of skin of scalp and neck - Other specified malignant neoplasm of skin of scalp and neck
C44.601 - C44.799	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder - Other specified malignant neoplasm of skin of left lower limb, including hip
C51.0 - C51.9	Malignant neoplasm of labium majus - 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
C60.0 - C60.9	Malignant neoplasm of prepuce - Malignant neoplasm of penis, unspecified
C63.2	Malignant neoplasm of scrotum
C76.0	Malignant neoplasm of head, face and neck
C76.3	Malignant neoplasm of pelvis
	Malignant neoplasm of unspecified upper limb - Malignant neoplasm of left upper limb

ICD-10 Codes	Description
C76.40 - C76.42 C76.50 - C76.52	Malignant neoplasm of unspecified lower limb - Malignant neoplasm of left lower limb
C79.2	Secondary malignant neoplasm of skin
C79.82	Secondary malignant neoplasm of genital organs
D03.4	Melanoma in situ of scalp and neck
D03.60 - D03.62	Melanoma in situ of unspecified upper limb, including shoulder - Melanoma in situ of left upper limb, including shoulder
D03.70 - D03.72	Melanoma in situ of unspecified lower limb, including hip - Melanoma in situ of left lower limb, including hip
D04.4	Carcinoma in situ of skin of scalp and neck
D04.60 - D04.62	Carcinoma in situ of skin of unspecified upper limb, including shoulder - Carcinoma in situ of skin of left upper limb, including shoulder
D04.70 - D04.72	Carcinoma in situ of skin of unspecified lower limb, including hip - Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.30 - D07.39	Carcinoma in situ of unspecified female genital organs - Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.60 - D07.69	Carcinoma in situ of unspecified male genital organs - Carcinoma in situ of other male genital organs
D48.5	Neoplasm of uncertain behavior of skin

Group 3 Paragraph: Procedure Codes 11640-11646

Group 3 Codes:

ICD-10 Codes	Description
C00.0 - C14.8	Malignant neoplasm of external upper lip - Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C43.0	Malignant melanoma of lip
C43.10 - C43.39	Malignant melanoma of unspecified eyelid, including canthus - Malignant melanoma of other parts of face
C43.8	Malignant melanoma of overlapping sites of skin
C4A.0 - C4A.39	Merkel cell carcinoma of lip - Merkel cell carcinoma of other parts of face
C4A.8 - C4A.9	Merkel cell carcinoma of overlapping sites - Merkel cell carcinoma, unspecified
C44.00 - C44.399	Unspecified malignant neoplasm of skin of lip - Other specified malignant neoplasm of skin of other parts of face
C44.80 - C44.89	Unspecified malignant neoplasm of overlapping sites of skin - Other specified malignant neoplasm of overlapping sites of skin
C76.0	Malignant neoplasm of head, face and neck
C79.2	Secondary malignant neoplasm of skin
D00.00 - D00.08	Carcinoma in situ of oral cavity, unspecified site - Carcinoma in situ of pharynx
D03.0	Melanoma in situ of lip
D03.10 - D03.122	Melanoma in situ of unspecified eyelid, including canthus - Melanoma in situ of left lower eyelid, including canthus
D03.20 - D03.22	Melanoma in situ of unspecified ear and external auricular canal - Melanoma in situ of left ear and external auricular canal
D03.30 - D03.39	Melanoma in situ of unspecified part of face - Melanoma in situ of other parts of face
D03.8	Melanoma in situ of other sites
D04.0	Carcinoma in situ of skin of lip
D04.10 - D04.122	Carcinoma in situ of skin of unspecified eyelid, including canthus - Carcinoma in situ of skin of left lower eyelid, including canthus
D04.20 - D04.22	Carcinoma in situ of skin of unspecified ear and external auricular canal - Carcinoma in situ of skin of left ear and external auricular canal

ICD-10 Codes

D04.30 - D04.39	Carcinoma in situ of skin of unspecified part of face - Carcinoma in situ of skin of other parts of face
D04.8	Carcinoma in situ of skin of other sites
D48.5	Neoplasm of uncertain behavior of skin

Description

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

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

General Information

Associated Information

Documentation Requirements

The medical record/ progress note should indicate the removal of a malignant or an ambiguous, but moderate to high suspicion lesion with a corresponding pathology report. The size and location of the lesion should be documented in the operative report.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29424

American Medical Association. (2000). Reviewing of the integumentary excision lesion codes (11400-11646). *cpt™Assistant*, 10(8), 5-7.

Arora, A. & Attwood, J. (2009). Common skin cancers and their precursors. *Surgical Clinics of North America* 89(3).

Rigel, D.S. & Carucci, J.A. (2000). Malignant melanoma: Prevention, early detection, and treatment in the 21st century. *CA: A Cancer Journal for Clinicians* [On-Line], 50. Available: http://ca-journal.org/articles/50/4/215-236/50_215-236.html

Bibliography

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2018	R3	Revision Number: 3 Publication: September 2018 Connection LCR B2018-017	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		<p>Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-CM diagnosis code D03.12, changing ICD-10-CM diagnosis code range D03.10-D03.12 to ICD-10-CM diagnosis code range D03.10-D03.122. Deleted ICD-10-CM diagnosis code D04.12, changing ICD-10-CM diagnosis code range D04.10-D04.12 to ICD-10-CM diagnosis code range D04.10-D04.122. In addition, the LCD was revised to indicate that diagnosis codes were added within existing diagnosis code ranges. The effective date of this revision is based on date of service.</p> <p>10/01/2018: 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.</p> <p>Revision Number: 2 Publication: February 2016 Connection LCR B2016-005</p>	
10/01/2015	R2	<p>Explanation of revision: This LCD was revised to add ICD-10-CM diagnosis code range C4A.52-C4A.72 for 'Procedure Codes 11600-11606,' diagnosis codes C4A.4 and C4A.51 and diagnosis range C4A.60-C4A.72 for 'Procedure Codes 11620-11626,' and diagnosis ranges C4A.0-C4A.39 and C4A.8-C4A.9 for 'Procedure Codes 11640-11646' in the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 02/08/2016, for dates of service on or after 10/01/15.</p> <p>Revision Number: 1 Publication: November 2015 Connection LCR B2015-083</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	<p>Explanation of revision: This LCD was revised to add additional ICD-10-CM diagnosis codes to the "ICD-10 Codes that Support Medical Necessity" section of the LCD. ICD-10-CM diagnosis code ranges D03.51-D03.59, D03.60-D03.62, and D03.70-D03.72 was added for procedure codes 11600-11606, ICD-10-CM diagnosis code D03.4 and code ranges D03.60-D03.62 and D03.70-D03.72 were added for procedure codes 11620-11626, and ICD-10-CM diagnosis codes D03.0, D03.10-D03.12, D03.20-D03.22, D03.30-D03.39 and diagnosis code D03.8 were added for procedure codes 11640-11646. Additionally, ICD-10-CM diagnosis code D04.5 was removed from the ICD-10-CM diagnosis code list for procedure codes 11620-11626 and added to the ICD-10-CM diagnosis code list for procedure codes 11600-11606, as it was mistakenly added to the diagnosis list for procedure codes 11620-11626. The effective date of this revision is for claims processed on or after 11/12/2015, for dates of service on or after 10/01/15.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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Keywords

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