

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

Noridian Healthcare Solutions, LLC

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Please Note: This is a Proposed LCD.

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Contractor Information



Contractor Name Noridian Healthcare Solutions, LLC

Contract Number 01112

Contract Type A and B MAC

(A and B MAC - 01111 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01211 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01311 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01911 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01182 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01212 - J - E) Noridian Healthcare Solutions, LLC, (A and B MAC - 01312 - J - E) Noridian Healthcare Solutions, LLC

Proposed LCD Information



Source LCD ID L34233

Proposed LCD ID DL34233

Original ICD-9 LCD ID N/A

Proposed LCD Version 8

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

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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.

CMS National Coverage Policy

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.

Jurisdiction California - Northern

Super MAC Jurisdiction J - E

Coverage Guidance

Proposed

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:

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

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.

Proposed Process Information



	Changes	Fields Changed
Synopsis of Changes	Jurisdiction E and Jurisdiction F LCDs are combined to provide consistency and one LCD which is the same in each jurisdiction.	Sources of Information and Basis for Decision

Associated Information

Sources of Information and Basis for Decision

National Model Policy developed by CMD Workgroup

	Meeting Date	Meeting Information	State
Open Meetings	02/04/2016	Four Points by Sheraton Hotel 1617 1st Avenue San Diego, CA 92101	American Samoa, California - Entire State, Guam, Hawaii, Nevada, Northern Mariana Islands, California - Northern, California - Southern

	Meeting Date	Meeting Information	State
Part B MAC Contractor Advisory Committee (CAC) Meetings	02/12/2016	Honolulu	American Samoa, Guam, Hawaii, Northern Mariana Islands
	02/17/2016	Los Angeles	California - Entire State, California - Northern, California - Southern
	02/18/2016	Las Vegas	Nevada

Comment Period Start Date 02/04/2016

Comment Period End Date 04/10/2016

Released to Final LCD Date Not yet released.

Reason for Proposed LCD Creation of Uniform LCDs...
Creation of Uniform LCDs Within a MAC Jurisdiction

Proposed LCD Contact Noridian Healthcare Solutions, LLC JE Part B Contractor Medical Director(s)
Attention: Draft LCD Comments
PO Box 6783
Fargo, North Dakota 58108-6783
policyb.drafts@noridian.com

Coding Information



Bill Type Codes 999x Not Applicable

Revenue Codes 99999 Not Applicable

Group 1: Paragraph

Group 1: Codes

**CPT/HCPCS
Codes**

- | | |
|-------|---|
| 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS |
| 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS 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 CURETTMENT), 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 CURETTMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS

Does the CPT 30% Coding Rule Apply? No

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:

ICD-10 Codes that Support Medical Necessity

Note: Performance is optimized by using code ranges.

Group 1: Codes

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
D49.5	Neoplasm of unspecified behavior of other genitourinary organs

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
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)
L72.3	Sebaceous cyst
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
L91.0*	Hypertrophic scar
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L98.0	Pyogenic granuloma

Group 1: Asterisk

*L11.0, L85.0, L85.1, L85.2, L86, L87.0, L87.2 – Use for symptomatic, painful and/or inflamed lesions only.

* L91.0 - Refer to Documentation Requirements Section for qualifying criteria.

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

D10.0	Benign neoplasm of lip
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
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
L72.2	Steatocystoma multiplex
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
L91.9	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

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
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]
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

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
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
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".

**Note: Performance
is optimized by
using code ranges.**

Group 1: Codes

**Additional ICD-10
Information**

Associated Documents



Attachments

There are no attachments for this LCD.

**Related Local Coverage
Documents**

This LCD version has no Related Local Coverage Documents.

**Related National Coverage
Documents**

This LCD version has no Related National Coverage Documents.