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

Noridian Healthcare Solutions, LLC

Please Note: This is a Proposed LCD. Proposed LCDs are works in progress and not necessarily a reflection of the current policies or practices. Proposed LCDs in an approval status display on the CMS MCD for public review.

Contractor Information

Contractor Name: Noridian Healthcare Solutions, LLC
Contract Number: 01112
Contract Type: A and B MAC

Associated Contract Numbers:
- (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
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| 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. |
| Jurisdiction | California - Northern |
| Super MAC Jurisdiction | J - E |
| Coverage Guidance | |
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.

**Proposed Process Information**
**Synopsis of Changes**

Jurisdiction E and Jurisdiction F LCDs are combined to provide consistency and one LCD which is the same in each jurisdiction.

**Fields Changed**

**Sources of Information and Basis for Decision**

National Model Policy developed by CMD Workgroup

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**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**
<table>
<thead>
<tr>
<th>CPT/HCPCS Codes</th>
<th>Description</th>
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<tr>
<td>11200</td>
<td>REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS</td>
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<td>11201</td>
<td>ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>11300</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS</td>
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<td>11301</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM</td>
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SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS

SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM

SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM

SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS
EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM

EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM

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

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

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

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

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
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
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
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

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

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

Note: Performance is optimized by using code ranges.
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
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<th>Code</th>
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<td>Unspecified malignant neoplasm of skin of right eyelid, including canthus</td>
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<td>C44.109</td>
<td>Unspecified malignant neoplasm of skin of left eyelid, including canthus</td>
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<td>C44.112</td>
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<td>C44.122</td>
<td>Squamous cell carcinoma of skin of right eyelid, including canthus</td>
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<td>C44.129</td>
<td>Squamous cell carcinoma of skin of left eyelid, including canthus</td>
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<td>C44.192</td>
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<td>Unspecified malignant neoplasm of skin of right ear and external auricular canal</td>
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<td>C44.222</td>
<td>Squamous cell carcinoma of skin of right ear and external auricular canal</td>
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<td>C44.229</td>
<td>Squamous cell carcinoma of skin of left ear and external auricular canal</td>
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<td>Other specified malignant neoplasm of skin of unspecified ear and external auricular canal</td>
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<td>C44.300</td>
<td>Unspecified malignant neoplasm of skin of unspecified part of face</td>
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<td>Unspecified malignant neoplasm of skin of nose</td>
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<tr>
<td>C44.309</td>
<td>Unspecified malignant neoplasm of skin of other parts of face</td>
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<td>C44.310</td>
<td>Basal cell carcinoma of skin of unspecified parts of face</td>
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<tr>
<td>C44.311</td>
<td>Basal cell carcinoma of skin of nose</td>
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</table>
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
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**

Additional ICD-10 Information

Associated Documents

**Proposed**

<table>
<thead>
<tr>
<th>Attachments</th>
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<tr>
<td>Related Local Coverage Documents</td>
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</tr>
<tr>
<td>Related National Coverage Documents</td>
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