

# LCD for Removal of Benign Skin Lesions (L27362)

## Contractor Information

### Contractor Name

National Government Services, Inc.

### Contractor Number

00180

### Contractor Type

FI

## LCD Information

### LCD ID Number

L27362

### LCD Title

Removal of Benign Skin Lesions

### Contractor's Determination Number

L27362 (R1)

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### CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

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

#### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

**Primary Geographic Jurisdiction**

Massachusetts  
Maine

**Oversight Region**

Region I

**Original Determination Effective Date**

For services performed on or after 11/15/2008

**Original Determination Ending Date****Revision Effective Date**

For services performed on or after 01/01/2009

**Revision Ending Date**

01/31/2009

**Indications and Limitations of Coverage and/or Medical Necessity****Abstract:**

Benign skin lesions are common in the elderly and are frequently removed at the patient's request to improve appearance. Removals of certain benign skin lesions that do not pose a threat to health or function are considered cosmetic, and as such, are not covered by the Medicare program. These cosmetic reasons include, but are not limited to, emotional distress, "makeup trapping," and non-problematic lesions in any anatomic location. Lesions in sensitive anatomical locations that are not creating problems do not qualify for removal coverage on the basis of location alone.

Benign skin lesions to which the accompanying lesion removal policy applies are the following: seborrheic keratoses, sebaceous (epidermoid) cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts.

Medicare covers the destruction of actinic keratoses without restrictions based on lesion or patient characteristics.

**Indications:**

There may be instances in which the removal of benign seborrheic keratoses, sebaceous cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts is medically appropriate. Medicare will, therefore, consider their removal as medically necessary, and not cosmetic, if one or more of the following conditions are presented and clearly documented in the medical record:

- Bleeding;
- Intense itching;
- Pain;
- Change in physical appearance (reddening or pigmentary change);
- Recent enlargement;
- Increase in the number of lesions;
- Physical evidence of inflammation or infection, e.g., purulence, oozing, edema, erythema, etc.;
- Lesion obstructs an orifice;
- Lesion clinically restricts eye function. For example:
  - a. Lesion restricts eyelid function;
  - b. lesion causes misdirection of eyelashes or eyelid;
  - c. lesion restricts lacrimal puncta and interferes with tear flow;
  - d. lesion touches globe;
- Clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance;
- A prior biopsy suggests or is indicative of lesion malignancy;
- The lesion is in an anatomical region subject to recurrent physical trauma, and there is documentation that such trauma has, in fact, occurred;
- Recent enlargement, history of rupture or previous inflammation, or location subjects patient to risk of rupture of epidermal inclusion (sebaceous) cyst.
- Wart removals will be covered under the guidelines above. In addition, wart destruction will be covered when any of the following clinical circumstances are present:
  - a. Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding;
  - b. Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients or warts of recent origin in an immunocompromised patients;
  - c. Lesions are condyloma acuminata or molluscum contagiosum;
  - d. Cervical dysplasia or pregnancy is associated with genital warts.

### **Limitations:**

Medicare will not pay for a separate E & M service on the same day as a dermatologic service unless a documented significant and separately identifiable medical service is rendered. The service must be fully and clearly documented in the patient's medical record and a modifier 25 should be used.

Medicare will not pay for a separate E & M service by the operating physician during the global period unless the service is for a medical problem unrelated to the surgical procedure. The service must be fully and clearly documented in the patient's medical record.

If the beneficiary wishes one or more of these benign asymptomatic lesions removed for cosmetic purposes, the beneficiary becomes liable for the service rendered. The physician has the responsibility to notify the patient in advance that Medicare will not cover cosmetic dermatological surgery and that the beneficiary will be liable for the cost of the service. It is strongly advised that the beneficiary, by his or her signature, accept responsibility for payment. Charges should be clearly stated as well.

The type of removal is at the discretion of the treating physician and the appropriateness of the technique used will not be a factor in deciding if a lesion merits removal. However, a benign lesion excision (CPT 11400-11446) must have medical record documentation as to why an excisional removal, other than for cosmetic purposes, was the surgical procedure of choice. Excision is defined as full-thickness (through the dermis) removal of a lesion, including margins, and includes simple (non-layered) closure when performed. Each benign lesion excised should be reported separately. Code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for complete excision (lesion diameter plus the most narrow margins required equals the excised diameter). The margins refer to the most narrow margin required to adequately excise the lesion, based on the physician's judgment. The measurement of lesion plus margin is made prior to excision.

### **Other Comments:**

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier and fiscal intermediary predecessors of National Government Services (AdminaStar Federal, Anthem Health Plans of New Hampshire, Associated Hospital Service, Empire Medicare Services, Group Health Incorporated (GHI), HealthNow, First Coast Service Options (CT) and United Government Services).

For claims submitted to the fiscal intermediary **or Part A MAC**: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated National Government Services to process their claims.

Bill type codes only apply to providers who bill these services to the fiscal intermediary **or Part A MAC**. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier **or Part B MAC**.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

Notice to beneficiaries related to discharge and coverage notification, as described in CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 1, Sections 60 – 60.1.1, applies.

Hospitals have been instructed to provide Hospital-Issued Notices of Noncoverage (HINNs) to beneficiaries prior to admission, at admission, or at any point during an inpatient stay if the hospital determines that the care the beneficiary is receiving, or is about to receive, is not covered because it is:

- Not medically necessary;
- Not delivered in the most appropriate setting; or
- Is custodial in nature.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for removal of benign skin lesion services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

### **Coverage Topic**

Surgical Services

## 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.**

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

### 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.**

Revenue codes only apply to providers who bill these services to the fiscal intermediary **or Part A MAC**. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier **or Part B MAC**.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

Revenue codes 096X, 097X and 098X are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI using revenue codes 096X, 097X or 098X.

0360	Operating room services-general classification
0361	Operating room services-minor surgery
0369	Operating room services-other operating room services
0456	Emergency room-urgent care (eff 10/96)
0490	Ambulatory surgical care-general classification

0499	Ambulatory surgical care-other
0510	Clinic-general classification
0516	Clinic-urgent care clinic (eff 10/96)
0520	Free-standing clinic-general classification
0761	Treatment or observation room-treatment room (eff 9/93)
0960	Professional fees-general classification
0969	Professional fees-other
0975	Professional fees-operating room
0982	Professional fees-outpatient services
0983	Professional fees-clinic

### CPT/HCPCS Codes

CPT code 11201 is revised effective 01/01/2009.

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
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); FIRST LESION
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES), 15 OR MORE LESIONS
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM
17110	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
17111	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
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

**The ICD-9-CM codes listed below identify the lesion being treated and will, by themselves, be considered for payment:**

078.0	MOLLUSCUM CONTAGIOSUM
078.11	CONDYLOMA ACUMINATUM
235.1	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP ORAL CAVITY AND PHARYNX
236.3	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
236.6	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED MALE GENITAL ORGANS
238.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
239.2	NEOPLASM OF UNSPECIFIED NATURE OF BONE SOFT TISSUE AND SKIN
374.84	CYSTS OF EYELIDS
686.1	PYOGENIC GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
702.0	ACTINIC KERATOSIS
702.11	INFLAMED SEBORRHEIC KERATOSIS

**For the conditions below, a Primary ICD-9-CM code AND a Secondary ICD-9-CM code that represents a complication are required:**

**Primary Diagnoses:**

078.10	VIRAL WARTS UNSPECIFIED
078.19	OTHER SPECIFIED VIRAL WARTS
210.0	BENIGN NEOPLASM OF LIP
210.4	BENIGN NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
214.0	LIPOMA OF SKIN AND SUBCUTANEOUS TISSUE OF FACE
214.1	LIPOMA OF OTHER SKIN AND SUBCUTANEOUS TISSUE
216.0	BENIGN NEOPLASM OF SKIN OF LIP
216.1	BENIGN NEOPLASM OF EYELID INCLUDING CANTHUS
216.2	

BENIGN NEOPLASM OF EAR AND EXTERNAL  
AUDITORY CANAL

- 216.3 BENIGN NEOPLASM OF SKIN OF OTHER AND  
UNSPECIFIED PARTS OF FACE
- 216.4 BENIGN NEOPLASM OF SCALP AND SKIN OF  
NECK
- 216.5 BENIGN NEOPLASM OF SKIN OF TRUNK EXCEPT  
SCROTUM
- 216.6 BENIGN NEOPLASM OF SKIN OF UPPER LIMB  
INCLUDING SHOULDER
- 216.7 BENIGN NEOPLASM OF SKIN OF LOWER LIMB  
INCLUDING HIP
- 216.8 BENIGN NEOPLASM OF OTHER SPECIFIED SITES  
OF SKIN
- 216.9 BENIGN NEOPLASM OF SKIN SITE UNSPECIFIED
- 221.1 BENIGN NEOPLASM OF VAGINA
- 221.2 BENIGN NEOPLASM OF VULVA
- 222.1 BENIGN NEOPLASM OF PENIS
- 222.4 BENIGN NEOPLASM OF SCROTUM
- 228.01 HEMANGIOMA OF SKIN AND SUBCUTANEOUS  
TISSUE
- 237.71 NEUROFIBROMATOSIS TYPE 1 VON  
RECKLINGHAUSEN'S DISEASE
- 274.81 GOUTY TOPHI OF EAR
- 274.82 GOUTY TOPHI OF OTHER SITES EXCEPT EAR
- 373.2 CHALAZION
- 374.51 XANTHELASMA OF EYELID
- 455.9 RESIDUAL HEMORRHOIDAL SKIN TAGS
- 528.4 CYSTS OF ORAL SOFT TISSUES
- 528.6 LEUKOPLAKIA OF ORAL MUCOSA INCLUDING  
TONGUE
- 528.8 ORAL SUBMUCOSAL FIBROSIS INCLUDING OF  
TONGUE
- 616.2 CYST OF BARTHOLIN'S GLAND
- 624.01 VULVAR INTRAEPITHELIAL NEOPLASIA I [VIN I]
- 624.02 VULVAR INTRAEPITHELIAL NEOPLASIA II [VIN II]
- 624.6 POLYP OF LABIA AND VULVA
- 701.4 KELOID SCAR
- 701.5 OTHER ABNORMAL GRANULATION TISSUE
- 701.8 OTHER SPECIFIED HYPERTROPHIC AND  
ATROPHIC CONDITIONS OF SKIN

701.9	UNSPECIFIED HYPERTROPHIC AND ATROPHIC CONDITIONS OF SKIN
702.19	OTHER SEBORRHEIC KERATOSIS
702.8	OTHER SPECIFIED DERMATOSES
706.2	SEBACEOUS CYST
709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN
709.3	DEGENERATIVE SKIN DISORDERS
709.4	FOREIGN BODY GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
727.40	SYNOVIAL CYST UNSPECIFIED
744.1	ACCESSORY AURICLE
744.47	PREAURICULAR CYST
757.32	VASCULAR HAMARTOMAS
757.33	CONGENITAL PIGMENTARY ANOMALIES OF SKIN
757.39	OTHER SPECIFIED CONGENITAL ANOMALIES OF SKIN
782.2	LOCALIZED SUPERFICIAL SWELLING MASS OR LUMP

**Secondary Diagnoses:**

279.00	HYPOGAMMAGLOBULINEMIA UNSPECIFIED
279.01	SELECTIVE IGA IMMUNODEFICIENCY
279.02	SELECTIVE IGM IMMUNODEFICIENCY
279.03	OTHER SELECTIVE IMMUNOGLOBULIN DEFICIENCIES
279.04	CONGENITAL HYPOGAMMAGLOBULINEMIA
279.05	IMMUNODEFICIENCY WITH INCREASED IGM
279.06	COMMON VARIABLE IMMUNODEFICIENCY
279.09	OTHER DEFICIENCY OF HUMORAL IMMUNITY
368.40	VISUAL FIELD DEFECT UNSPECIFIED
368.44	OTHER LOCALIZED VISUAL FIELD DEFECT
368.8	OTHER SPECIFIED VISUAL DISTURBANCES
368.9	UNSPECIFIED VISUAL DISTURBANCE
369.8	UNQUALIFIED VISUAL LOSS ONE EYE
372.10	CHRONIC CONJUNCTIVITIS UNSPECIFIED
372.11	SIMPLE CHRONIC CONJUNCTIVITIS
372.12	CHRONIC FOLLICULAR CONJUNCTIVITIS
372.30	CONJUNCTIVITIS UNSPECIFIED
374.81	HEMORRHAGE OF EYELID

459.0	HEMORRHAGE UNSPECIFIED
682.0	CELLULITIS AND ABSCESS OF FACE
682.1	CELLULITIS AND ABSCESS OF NECK
682.2	CELLULITIS AND ABSCESS OF TRUNK
682.3	CELLULITIS AND ABSCESS OF UPPER ARM AND FOREARM
682.4	CELLULITIS AND ABSCESS OF HAND EXCEPT FINGERS AND THUMB
682.5	CELLULITIS AND ABSCESS OF BUTTOCK
682.6	CELLULITIS AND ABSCESS OF LEG EXCEPT FOOT
682.7	CELLULITIS AND ABSCESS OF FOOT EXCEPT TOES
682.8	CELLULITIS AND ABSCESS OF OTHER SPECIFIED SITES
682.9	CELLULITIS AND ABSCESS OF UNSPECIFIED SITES
686.8	OTHER SPECIFIED LOCAL INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE
686.9	UNSPECIFIED LOCAL INFECTION OF SKIN AND SUBCUTANEOUS TISSUE
692.9	CONTACT DERMATITIS AND OTHER ECZEMA UNSPECIFIED CAUSE
695.89	OTHER SPECIFIED ERYTHEMATOUS CONDITIONS
695.9	UNSPECIFIED ERYTHEMATOUS CONDITION
698.9	UNSPECIFIED PRURITIC DISORDER
708.9	UNSPECIFIED URTICARIA
729.5	PAIN IN LIMB
782.0	DISTURBANCE OF SKIN SENSATION
959.8	OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES INCLUDING MULTIPLE
V10.82	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN
V10.83	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN

**Diagnoses that Support Medical Necessity**

Not applicable

**ICD-9 Codes that DO NOT Support Medical Necessity**

Not applicable

## **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

Not applicable

### **General Information**

#### **Documentation Requirements**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.

While it is recognized that some diagnoses resulting from an excision will at times be malignant, the diagnosis at the time the procedure was performed would most likely be 238.2, (Neoplasm of uncertain behavior of other and unspecified sites and tissues, skin), and this would be the appropriate code, since proper coding requires the highest level of diagnosis known at the time the procedure was performed.

Medical records maintained by the physician must clearly document the medical necessity for the lesion removal(s) if Medicare is billed for the service.

A statement of "irritated skin lesion" will be insufficient justification for lesion removal when used solely to refer a patient, describe a complaint or the physician's physical findings. Similarly, use of an ICD-9 code 702.11 (Inflamed seborrheic keratosis) will be insufficient to justify lesion removal, without the medical record documentation of the patients' symptoms and physical findings. It is important to document the patient's signs and symptoms as well as the physician's physical findings.

Drawings or diagrams to describe the precise anatomical location of the lesion are helpful. A procedural note, protocol describing indications, diagnosis, methodology of treatment, or modality is advised.

The decision to submit a specimen for pathologic interpretation will be independent of the decision to remove or not remove the lesion. It is assumed, however, that a tissue diagnosis will be part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

Documentation must be available to Medicare upon request.

#### **Appendices**

Not applicable

#### **Utilization Guidelines**

Clinically, it would not be expected that any given lesion would have to be treated more than once in a six months interval. The intrinsic nature of the lesion will determine whether more frequent treatments are required.

This utilization guideline applies to all conditions within this LCD other than actinic keratosis.

### Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

1. Alterations in the Skin, Chapter 47. Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders.
2. American Academy of Dermatology© 1987m Revised 1991, 1993, 1999. Produced by NetOn-Line Services. *Guidelines of Care for Actinic Keratoses* (1995), Nevi 1 (1992) and Warts (1995). Seborrheic Keratoses, patient information.
3. Caforio AL, Fortina AB, Piaserico S, et al, Skin Cancer in heart transplant recipients: Risk factor analysis and relevance of immunosuppressive therapy. *Circulation*, 2000 Nov 7;102 (19Suppl 3): III222-7.
4. *Cosmetic and Reconstructive Procedures in Plastic Surgery* published by the American Society of Plastic and Reconstructive Surgeons", Inc. 1989.
5. Guttman C, Routine Destruction of Aks Called Unnecessary, *Dermatology Times*, April 2000.
6. Epstein E, *The Merck Manual of Diagnosis and Therapy*, Section 10- Dermatologic Disorders, Chapter 115, Viral Skin Infections Topics, Ch 125, Benign Tumors Topics.
7. Euvrard S, Lanitakis J, Decullier E, et al, Subsequent skin cancers in Kidney and heart transplant recipients after the first squamous cell carcinoma, *Tranplantation*, 2006 Apr 27;81(8):1093-100.
8. Ferri Fred F, Ferris Clinical Advisor, Instant Diagnosis and Treatment.
9. HARRISON'S ONLINE Part 2.Cardinal Manifestations and Presentation of Diseases, Section 9.
10. Ho V, McLean Di. *General in Dermatology tumors epithelial*, 4th Ed., McGraw Hill, Inc., pp 855-872.
11. Karagas MR, Stukel TA, Greenberg ER, Baron JA, Mott LA, Stern RS, Risk of subsequent basal cell carcinoma and squamous cell carcinoma of the skin among patients with prior skin cancer. Skin Cancer Prevention Study Group. *JAMA*, 1992 Jun 24;267(24):3305-10.
12. Krusinski Paul A, and Flowers Franklin P, Common Viral Infections of the Skin, *Best Practice of Medicine*, March 2000.
13. Marcil I, Stern RS, Risk of developing a subsequent nonmelanoma skin cancer in patients with a history of nonmelanoma skin cancer: a critical review of the literature and meta-analysis. *Arch Dermatol*, 2000, Dec;136(12):1524-30.

14. Other Carriers' medical policies:  
Nationwide Mutual Ins., West Virginia -policy # 2000-08LR  
Administar Federal, Inc., In. - policy INTEG-C-0801  
Trailblazer, Maryland – policy on Removal of Benign Skin Lesions  
Noridian Administrative Services, LLC - Non-malignant Skin Lesion Removal Policy.
15. Stone MS, Lynch PJ. *Viral warts in Principles and Practices of Dermatology*, Churchill Livingstone, 1990, pp 119-127.
16. *The MERCK MANUAL of MEDICAL INFORMATION*, Second Home Edition Online 1415.
17. White Gary M, Cox Neil H, *Diseases of the Skin*, Section I Diseases and Disorders.

### **Advisory Committee Meeting Notes**

Carrier Advisory Committee Meeting Date(s):

Indiana: 05/19/2008  
Kentucky: 05/22/2008  
New York: 04/30/2008

This coverage determination does not reflect the sole opinion of the contractor or contractor Medical Director. Although the final decision rests with the contractor, this determination **is** developed in consultation with representatives from Advisory Committee members and/or from various state and local provider organizations.

### **Start Date of Comment Period**

04/17/2008

### **End Date of Comment Period**

05/31/2008

### **Start Date of Notice Period**

01/01/2009

### **Revision History Number**

**R1**

### **Revision History Explanation**

**(R1) (effective 01/01/2009): Source of revision – Internal (annual HCPCS update for 2009). CPT code 11201 has been revised to include the phrase, "or part thereof". No comment and notice periods required and none given.**

07/18/2008 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Carrier Contractor Number 00803 was removed from this LCD as the claims processing for downstate New York was transitioned to MAC Part B Contractor Number 13202.

**Reason for Change**

HCPCS/ICD9 Descriptor Change

**Last Reviewed On Date**

01/01/2009

**Related Documents****Article(s)**

A47397 - Removal of Benign Skin Lesions – Supplemental Instructions Article

**LCD Attachments**

There are no attachments for this LCD.

**Other Versions**

Updated on 01/23/2009 with effective dates 02/01/2009 - N/A

Updated on 11/09/2008 with effective dates 11/15/2008 - N/A

Updated on 09/16/2008 with effective dates 11/15/2008 - N/A