



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

## Benign Skin Lesion Removal

Policy Number: PG0105  
Last Review: 09/11/2018

### GUIDELINES

**This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.**

### SCOPE

Professional  
 Facility

### DESCRIPTION

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. 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 based on location alone. Destruction of benign skin lesions such as seborrheic keratosis, sebaceous (epidermoid) cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts may be medically appropriate based on lesion or patient characteristics.

### POLICY

**Cosmetic procedures are non-covered.**

**Benign skin lesion removal does not require prior authorization but must follow criteria below.**

**Removal of skin tags (11200 & 11201) is non-covered for HMO, PPO, & Individual Marketplace.**

The ICD-10 diagnosis codes that are covered for these procedures are listed below in the CODING/BILLING INFORMATION section.

### COVERAGE CRITERIA

#### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

Paramount will consider removal of benign seborrheic keratoses, sebaceous cysts, skin tags, moles (nevi), acquired hyperkeratosis (keratoderma), molluscum contagiosum, milia and viral warts 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

Paramount will not pay for a separate evaluation and management (E/M) service on the same day as a minor surgical procedure 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.

Paramount 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.

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 narrowest margin required to adequately excise the lesion, based on the physician's judgment. The measurement of lesion plus margin is made prior to excision.

For reimbursement consideration, documentation must clearly indicate the medical necessity for performing the procedure and include:

- The removal is due to bleeding, pain, recent changes in color, enlargement, or exposure to frequent irritation ("irritated skin lesion" does not justify reimbursement)
- Performed for a medical indication, such as malignancy or abnormal changes requiring pathology consultation and evaluation
- Pathological submission is independent from the decision to remove the lesion, and alone does not support reimbursement of the lesion

If this is reviewed, a provider must always support the reporting of service with a clear and concise procedure documentation stating how many skin tags were removed, their location, how the patient tolerated the procedure, and other pertinent information to support the medical necessity based on clinical examination and findings. Failure to follow documentation guidelines supports the procedure as not billable.

Paramount does not cover benign skin lesion treatment or removal when performed solely for the purpose of altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance because it is considered cosmetic and not medically necessary.

### HMO, PPO, Individual Marketplace

Removal of skin tags (11200 & 11201) is non-covered.

### Elite/ProMedica Medicare Plan

Reimbursement is allowed for procedures 11200 and 11201 according to CMS local coverage determination. However, CMS does not cover cosmetic surgery or expenses incurred in connection with such surgery.

The provider has a responsibility to inform the member that cosmetic procedures are non-covered. The member must then make an informed decision about whether to get the item or service and accept financial responsibility for the non-covered procedure

### Advantage

Reimbursement is allowed for procedures 11200 and 11201 according to ODM Appendix DD. However, ODM defines a cosmetic procedure as “surgery for aesthetic purposes only” and cosmetic procedures are non-covered.

### CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

| CPT 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 ten lesions (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             |

|   |  |
|---|--|
| <b>11402</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm  |
| <b>11403</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm  |
| <b>11404</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm  |
| <b>11406</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm  |
| <b>11420</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less   |
| <b>11421</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  |
| <b>11422</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm  |
| <b>11423</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm  |
| <b>11424</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm  |
| <b>11426</b>  | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm  |
| <b>11440</b>  | 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   |
| <b>11441</b>  | 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  |
| <b>11442</b>  | 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  |
| <b>11443</b>  | 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  |
| <b>11444</b>  | 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  |
| <b>11446</b>  | 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  |
| <b>17000</b>  | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion   |
| <b>17003</b>  | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) |
| <b>17004</b>  | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions   |
| <b>17110</b>  | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions   |
| <b>17111</b>  | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; 15 or more lesions   |
| <b>ICD-10 CODES:</b> The codes listed below identify the lesion being treated and will, by themselves, be considered for payment: |  |
| <b>A63.0</b>  | Anogenital (venereal) warts  |
| <b>B08.1</b>  | Molluscum contagiosum  |
| <b>D37.01</b>   | Neoplasm of uncertain behavior of lip  |
| <b>D37.02</b>   | Neoplasm of uncertain behavior of tongue   |
| <b>D37.04</b>   | Neoplasm of uncertain behavior of the minor salivary glands  |
| <b>D37.05</b>   | Neoplasm of uncertain behavior of pharynx  |
| <b>D37.09</b>   | Neoplasm of uncertain behavior of other specified sites of the oral cavity   |
| <b>D39.8</b>  | Neoplasm of uncertain behavior of other specified female genital organs  |

|  |  |
|--|--|
| D39.9  | Neoplasm of uncertain behavior of female genital organ, unspecified  |
| D40.8  | Neoplasm of uncertain behavior of other specified male genital organs  |
| D40.9  | Neoplasm of uncertain behavior of male genital organ, unspecified  |
| D48.5  | Neoplasm of uncertain behavior of skin   |
| D49.2  | Neoplasm of unspecified behavior of bone, soft tissue, and skin  |
| 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   |
| L28.1  | Prurigo nodularis  |
| L57.0  | Actinic keratosis  |
| L70.0  | Acne vulgaris  |
| L82.0  | Inflamed seborrheic keratosis  |
| L92.8  | Other granulomatous disorders of the skin and subcutaneous tissue  |
| L98.0  | Pyogenic granuloma   |
| <b>ICD-10 CODES: For the conditions below, a Primary ICD-10-CM code AND a Secondary ICD-10-CM code that represents a complication are required. Primary Diagnoses:</b> |  |
| B07.0  | Plantar wart   |
| B07.8  | Other viral warts  |
| B07.9  | Viral wart, unspecified  |
| D10.0  | Benign neoplasm of lip   |
| D10.30   | Benign neoplasm of unspecified part of mouth   |
| D10.39   | Benign neoplasm of other parts of mouth  |
| D17.0  | Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck  |
| D17.1  | Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk  |
| D17.21 -<br>D17.24   | Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm - Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg |
| D17.39   | Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites  |
| D18.01   | Hemangioma of skin and subcutaneous tissue   |
| 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  |
| D22.30   | Melanocytic nevi of unspecified part of face   |
| 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   |
| D23.30   | Other benign neoplasm of skin of unspecified part of face  |
| 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   |
| D23.71           | 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   |
| D28.1            | Benign neoplasm of vagina  |
| D29.0            | Benign neoplasm of penis   |
| D29.4            | Benign neoplasm of scrotum   |
| H00.11           | Chalazion right upper eyelid   |
| H00.12           | Chalazion right lower eyelid   |
| H00.14           | Chalazion left upper eyelid  |
| H00.15           | Chalazion left lower eyelid  |
| H02.61           | Xanthelasma of right upper eyelid  |
| H02.62           | Xanthelasma of right lower eyelid  |
| H02.64           | Xanthelasma of left upper eyelid   |
| H02.65           | Xanthelasma of left lower eyelid   |
| K09.8            | Other cysts of oral region, not elsewhere classified   |
| K13.21           | Leukoplakia of oral mucosa, including tongue   |
| K13.3            | Hairy leukoplakia  |
| K13.5            | Oral submucous fibrosis  |
| K64.4            | Residual hemorrhoidal skin tags  |
| L11.0            | Acquired keratosis follicularis  |
| L11.1            | Transient acantholytic dermatosis [Grover]   |
| L11.8            | Other specified acantholytic disorders   |
| L57.2            | Cutis rhomboidalis nuchae  |
| L57.4            | Cutis laxa senilis   |
| L66.4            | Folliculitis ulerythematososa reticulata   |
| L72.0            | Epidermal cyst   |
| L72.11           | Pilar cyst   |
| L72.12           | Trichodermal cyst  |
| L72.2            | Steatocystoma multiplex  |
| L72.3            | Sebaceous cyst   |
| L72.8            | Other follicular cysts of the skin and subcutaneous tissue   |
| L82.1            | Other seborrheic keratosis   |
| L85.0 -<br>L85.2 | Acquired ichthyosis - Keratosis punctata (palmaris et plantaris)   |
| L85.8            | Other specified epidermal thickening   |
| L86              | Keratoderma in diseases classified elsewhere   |
| L87.0 -<br>L87.2 | Keratosis follicularis et parafollicularis in cutem penetrans - Elastosis perforans serpiginosa              |
| L87.8            | Other transepidermal elimination disorders   |
| L90.3 -<br>L90.5 | Atrophoderma of Pasini and Pierini - Scar conditions and fibrosis of skin                                    |
| L90.8            | Other atrophic disorders of skin   |
| L91.0            | Hypertrophic scar  |
| L91.8            | Other hypertrophic disorders of the skin   |
| L92.1 -<br>L92.3 | Necrobiosis lipoidica, not elsewhere classified - Foreign body granuloma of the skin and subcutaneous tissue |
| L92.9            | Granulomatous disorder of the skin and subcutaneous tissue, unspecified                                      |
| L94.2            | Calcinosis cutis   |
| L94.8            | Other specified localized connective tissue disorders  |

|  |  |
|--|--|
| L98.5  | Mucinosis of the skin  |
| L98.6  | Other infiltrative disorders of the skin and subcutaneous tissue   |
| L99  | Other disorders of skin and subcutaneous tissue in diseases classified elsewhere   |
| M10.9  | Gout, unspecified  |
| M71.30   | Other bursal cyst, unspecified site  |
| N75.0  | Cyst of Bartholin's gland  |
| N75.8  | Other diseases of Bartholin's gland  |
| N84.3  | Polyp of vulva   |
| N90.0  | Mild vulvar dysplasia  |
| N90.1  | Moderate vulvar dysplasia  |
| Q17.0  | Accessory auricle  |
| Q18.1  | Preauricular sinus and cyst  |
| Q81.0 -<br>Q81.2   | Epidermolysis bullosa simplex - Epidermolysis bullosa dystrophica  |
| Q81.8  | Other epidermolysis bullosa  |
| Q82.1 -<br>Q82.3   | Xeroderma pigmentosum - Incontinentia pigmenti   |
| Q82.5  | Congenital non-neoplastic nevus  |
| Q82.8  | Other specified congenital malformations of skin   |
| Q85.01   | Neurofibromatosis, type 1  |
| <b>ICD-10 CODES: For the conditions below, a Primary ICD-10-CM code AND a Secondary ICD-10-CM code that represents a complication are required. Secondary Diagnoses:</b> |  |
| B78.1  | Cutaneous strongyloidiasis   |
| D48.5  | Neoplasm of uncertain behavior of skin   |
| D80.0 - D80.8  | Hereditary hypogammaglobulinemia - Other immunodeficiencies with predominantly antibody defects  |
| D81.0 - D81.2  | Severe combined immunodeficiency [SCID] with reticular dysgenesis - Severe combined immunodeficiency [SCID] with low or normal B-cell numbers                          |
| D81.4  | Nezelof's syndrome   |
| D81.6  | Major histocompatibility complex class I deficiency  |
| D81.7  | Major histocompatibility complex class II deficiency   |
| D81.89   | Other combined immunodeficiencies  |
| D82.0  | Wiskott-Aldrich syndrome   |
| D82.1  | Di George's syndrome   |
| D83.0 - D83.2  | Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function - Common variable immunodeficiency with autoantibodies to B- or T-cells |
| D83.8  | Other common variable immunodeficiencies   |
| D84.8  | Other specified immunodeficiencies   |
| D89.82   | Autoimmune lymphoproliferative syndrome [ALPS]   |
| D89.89   | Other specified disorders involving the immune mechanism, not elsewhere classified   |
| E83.2  | Disorders of zinc metabolism   |
| H02.89   | Other specified disorders of eyelid  |
| H10.401 -<br>H10.403   | Unspecified chronic conjunctivitis, right eye - Unspecified chronic conjunctivitis, bilateral  |
| H10.421 -<br>H10.423   | Simple chronic conjunctivitis, right eye - Simple chronic conjunctivitis, bilateral  |
| H10.431 -<br>H10.433   | Chronic follicular conjunctivitis, right eye - Chronic follicular conjunctivitis, bilateral  |
| H10.9  | Unspecified conjunctivitis   |
| H53.40   | Unspecified visual field defects   |
| H53.451 -<br>H53.453   | Other localized visual field defect, right eye - Other localized visual field defect, bilateral  |

|                              |  |
|------------------------------|--|
| <b>H53.71</b>                | Glare sensitivity  |
| <b>H53.72</b>                | Impaired contrast sensitivity  |
| <b>H53.8</b>                 | Other visual disturbances  |
| <b>H53.9</b>                 | Unspecified visual disturbance   |
| <b>H54.61</b>                | Unqualified visual loss, right eye, normal vision left eye                 |
| <b>H54.62</b>                | Unqualified visual loss, left eye, normal vision right eye                 |
| <b>K12.2</b>                 | Cellulitis and abscess of mouth  |
| <b>L02.01</b>                | Cutaneous abscess of face  |
| <b>L02.11</b>                | Cutaneous abscess of neck  |
| <b>L02.211 -<br/>L02.216</b> | Cutaneous abscess of abdominal wall - Cutaneous abscess of umbilicus       |
| <b>L02.31</b>                | Cutaneous abscess of buttock   |
| <b>L02.411 -<br/>L02.416</b> | Cutaneous abscess of right axilla - Cutaneous abscess of left lower limb   |
| <b>L02.511</b>               | Cutaneous abscess of right hand  |
| <b>L02.512</b>               | Cutaneous abscess of left hand   |
| <b>L02.611</b>               | Cutaneous abscess of right foot  |
| <b>L02.612</b>               | Cutaneous abscess of left foot   |
| <b>L02.811</b>               | Cutaneous abscess of head [any part, except face]                          |
| <b>L02.818</b>               | Cutaneous abscess of other sites   |
| <b>L03.111 -<br/>L03.116</b> | Cellulitis of right axilla - Cellulitis of left lower limb                 |
| <b>L03.121 -<br/>L03.126</b> | Acute lymphangitis of right axilla - Acute lymphangitis of left lower limb |
| <b>L03.211</b>               | Cellulitis of face   |
| <b>L03.212</b>               | Acute lymphangitis of face   |
| <b>L03.221</b>               | Cellulitis of neck   |
| <b>L03.222</b>               | Acute lymphangitis of neck   |
| <b>L03.311 -<br/>L03.317</b> | Cellulitis of abdominal wall - Cellulitis of buttock                       |
| <b>L03.321 -<br/>L03.327</b> | Acute lymphangitis of abdominal wall - Acute lymphangitis of buttock       |
| <b>L03.811</b>               | Cellulitis of head [any part, except face]                                 |
| <b>L03.818</b>               | Cellulitis of other sites  |
| <b>L03.891</b>               | Acute lymphangitis of head [any part, except face]                         |
| <b>L03.898</b>               | Acute lymphangitis of other sites  |
| <b>L08.82</b>                | Omphalitis not of newborn  |
| <b>L08.89</b>                | Other specified local infections of the skin and subcutaneous tissue       |
| <b>L08.9</b>                 | Local infection of the skin and subcutaneous tissue, unspecified           |
| <b>L26</b>                   | Exfoliative dermatitis   |
| <b>L29.9</b>                 | Pruritus, unspecified  |
| <b>L30.0</b>                 | Nummular dermatitis  |
| <b>L30.2</b>                 | Cutaneous autosensitization  |
| <b>L30.4</b>                 | Erythema intertrigo  |
| <b>L30.8</b>                 | Other specified dermatitis   |
| <b>L50.9</b>                 | Urticaria, unspecified   |
| <b>L53.8</b>                 | Other specified erythematous conditions                                    |
| <b>L54</b>                   | Erythema in diseases classified elsewhere                                  |
| <b>L92.0</b>                 | Granuloma annulare   |
| <b>L95.1</b>                 | Erythema elevatum diutinum   |
| <b>L98.2</b>                 | Febrile neutrophilic dermatosis [Sweet]                                    |
| <b>L98.3</b>                 | Eosinophilic cellulitis [Wells]  |



|                      |  |
|----------------------|--|
| <b>M79.601</b>       | Pain in right arm  |
| <b>M79.602</b>       | Pain in left arm   |
| <b>M79.604</b>       | Pain in right leg  |
| <b>M79.605</b>       | Pain in left leg   |
| <b>M79.621</b>       | Pain in right upper arm  |
| <b>M79.622</b>       | Pain in left upper arm   |
| <b>M79.631</b>       | Pain in right forearm  |
| <b>M79.632</b>       | Pain in left forearm   |
| <b>M79.641</b>       | Pain in right hand   |
| <b>M79.642</b>       | Pain in left hand  |
| <b>M79.644</b>       | Pain in right finger(s)  |
| <b>M79.645</b>       | Pain in left finger(s)   |
| <b>M79.651</b>       | Pain in right thigh  |
| <b>M79.652</b>       | Pain in left thigh   |
| <b>M79.661</b>       | Pain in right lower leg  |
| <b>M79.662</b>       | Pain in left lower leg   |
| <b>M79.671</b>       | Pain in right foot   |
| <b>M79.672</b>       | Pain in left foot  |
| <b>M79.674</b>       | Pain in right toe(s)   |
| <b>M79.675</b>       | Pain in left toe(s)  |
| <b>R20.0 - R20.3</b> | Anesthesia of skin - Hyperesthesia   |
| <b>R20.8</b>         | Other disturbances of skin sensation   |
| <b>R52</b>           | Pain, unspecified  |
| <b>R58</b>           | Hemorrhage, not elsewhere classified   |
| <b>T07.XXXA</b>      | Unspecified multiple injuries, initial encounter                                       |
| <b>T07.XXXD</b>      | Unspecified multiple injuries, subsequent encounter                                    |
| <b>T07.XXXS</b>      | Unspecified multiple injuries, sequela   |
| <b>Z48.817</b>       | Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue |
| <b>Z85.820</b>       | Personal history of malignant melanoma of skin   |
| <b>Z85.828</b>       | Personal history of other malignant neoplasm of skin                                   |

## REVISION HISTORY EXPLANATION

### ORIGINAL EFFECTIVE DATE: 01/15/2007

**01/01/08:** No changes

**11/01/08:** No changes

**02/01/11:** No changes

**09/08/15:** Title changed from Skin Tag Removal to Benign Skin Lesion Removal. Reviewed CMS L27362 and added codes 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 17000, 17003, 17004, 17110, & 17111. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**07/10/18:** Added ICD-10 codes per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**09/11/18:** Verbiage removed regarding requirement for an ABN prior to performing the procedure for Elite members. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**12/14/2020:** Medical policy placed on the new Paramount Medical policy format

## **REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets  
Industry Standard Review  
Hayes, Inc.