

Coding Guidelines

Skin Lesion Removal (Includes AK and Excludes MOHS), B2006.93 R8

1. Diagnoses from List I will allow payment by themselves. Diagnoses from List II must be accompanied by V49.89 as a second diagnosis in order to be paid. By the addition of that code, providers are confirming that the medical record contains information documenting the presence of qualifying signs and/or symptoms justifying payment.
2. Diagnoses noted in List III are the only malignant diagnoses that are appropriate under this LCD and their use is limited to CPT codes 11300-11313: (These diagnoses will, by themselves, allow payment.)
3. If the beneficiary wishes one or more benign asymptomatic lesions removed for cosmetic purposes, the beneficiary becomes liable for the service rendered.
4. Removal of 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. Removal of skin lesions for cosmetic purposes should be reported with the procedure code for the procedure done, using ICD-9-CM diagnosis code V50.1, other plastic surgery for unacceptable cosmetic appearance. Diagnosis code V50.1 must be referenced in Item 24E, or the electronic equivalent, and the procedure will be denied as cosmetic. An Advance Beneficiary Notice (ABN) to the patient of non-coverage is recommended but not required by the Medicare program. See #1 above for instructions for billing for removal of these lesions when done for other than cosmetic reasons.
5. List IV contains the sole payable ICD-9 diagnosis code for use of the Actinic Keratosis destruction CPT codes. However, under appropriate circumstances, excision or shave removal of lesions ultimately proven to be AKs may be performed. These services are also eligible for payment.
6. Note the following language contained in the Indication and Limitations of Coverage and/or Medical Necessity section of the LCD: Providers are reminded that ICD-9-CM 706.2 Sebaceous cyst is included in both List I and List II. Note that the code is accompanied by an asterisk (*) and a description addendum, noting parameters of coverage for removal. If the cyst is greater than 2.0 cm in diameter, no secondary diagnosis is required. On the other hand, if the lesion diameter is 2.0 cm. or less, List II requirements must be met in order to support coverage and payment. Providers are cautioned to code claims for removal of sebaceous cysts according to this instruction.
7. Report Metvixia (NDC #0299-6300-02) when used for Photodynamic Therapy (PDT) for treatment of actinic keratoses using J3490 until it is assigned a specific J-code.