APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at the time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

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 are not covered by the Medicare program. 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.¹

Skin lesions are generally considered benign or malignant, but certain lesions are designated as exhibiting "uncertain behavior." The term "neoplasm of uncertain behavior" is a specific pathologic diagnosis. This is a lesion
whose behavior cannot be predicted. It's currently benign, but there's a chance that it could undergo malignant transformation over time. These are "certain histo-morphologically well-defined neoplasms, the subsequent behavior of which cannot be predicted from the present appearance." For example, a nevus sebaceous of Jadassohn is a benign lesion, but there is an approximately 15 percent chance that it could become a basal cell carcinoma. Which of these lesions will degenerate into a malignancy is unknown. Its behavior is "uncertain," hence the term "neoplasm of uncertain behavior." Examples of lesions of uncertain behavior include:

- Dysplastic nevus
- Nevus sebaceous of Jadassohn
- Congenital giant pigmented nevus
- Actinic keratosis

American Society of Plastic Surgeons Practice Parameters

There are other lesions which can only be diagnosed by incisional or excisional biopsy. Those would include lesions that have an atypical appearance or are known pre-malignant lesions, including giant hairy nevi and actinic keratoses. This also includes lesions displaying the American Cancer Society criteria for suspicious lesions:

- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in skin or subcutaneous tissue
- Obvious change in a wart or mole

Diagnostic considerations of benign lesions are:

- Stable or slowly enlarging size
- Irritation from combing hair, shaving or from clothing
- Itchy or painful
- Unacceptable appearance

Diagnostic biopsy may be indicated with benign lesions if the clinical diagnosis is unclear. When a diagnostic biopsy is indicated, one of two types should be performed, depending on the nature of the lesion.

- Incisional Biopsy including the edge of the tumor and full thickness depth of lesion
- Excisional Biopsy includes removal of the entire lesion and a margin of normal tissue (used for small lesions or when melanoma is suspected).

Laboratory tests, except pathologic examination of a biopsy specimen, are seldom indicated. The presence of extremely large or extensive carcinoma may require consultation with an oncologist, radiotherapist or other specialist. Most skin lesions, whether benign or malignant, can usually be managed on an outpatient basis. Some of these can be managed non-surgically with techniques including cryotherapy, electrodessication and curettage, radiation therapy, topical chemotherapy, (including 5-FU and Imiquimod), chemical peel, and laser ablation. However, these procedures are not appropriate for treatment of melanoma.

Centers for Medicare and Medicaid Services

Actinic keratosis (AKs) are a frequent, disturbing consequence of many years of overexposure to sunlight. They are seen as single or multiple lesions on sun-exposed areas of the skin and can occur from early adulthood on and become more frequent with increasing age. AKs vary in color and can be flesh-colored, pink, red or brown (pigmented AK) and usually have ill-defined borders. Their texture varies from a subtle, rough, scaly patch to a very thick scaly plaque that may be hyperkeratotic. Most AKs are asymptomatic however some may be "sensitive" or tender to touch. Patients with sun-damaged skin are at an increased risk for the development of squamous cell carcinoma within preexisting actinic lesions. It is frequently difficult to distinguish clinically between an AK and a more invasive squamous cell carcinoma because they are part of a continuum. Histologically, actinic keratosis is confined to the epidermis. It is the first lesion of a continuum of clinical and histologic abnormalities that progresses to invasive squamous cell carcinoma. Currently, there are no reliable indices that can determine when an actinic
keratosis may develop into an aggressive squamous cell carcinoma. The latent period (transition from benign to malignant) is unpredictable, typically slow but can be aggressive.  

Various options exist for treating AKs. Clinicians should select an appropriate treatment based on the patient's medical history, the lesion's characteristics, and on the patient's preference for a specific treatment. The standard methods of treatment for actinic keratoses are destructive methods. Commonly, actinic keratoses are treated by cryotherapy and/or electrodesiccation or by medical means such as 5-fluorouracil. Liquid nitrogen, topical drug therapy, and curettage may also be used. Less commonly performed treatments for AK include dermabrasion, excision, chemical peels, laser therapy, and photodynamic therapy. An alternative approach to treating AKs is to observe the lesions over time and remove them only if they exhibit specific clinical features suggesting possible transformation to invasive squamous cell carcinoma. Medicare covers the destruction of AK without restrictions based on lesion or patient characteristics.

Lesions may be treated as AK but may be invasive squamous cell carcinomas. The persistence of the same lesion after destruction is suspicious and may warrant a biopsy. Certain individuals and certain areas of the body are more likely to experience conversion of AK to squamous cell carcinomas, and also subsequent metastases, especially if left untreated. Some AK lesions can be treated with medical approaches as listed earlier, but there may be instances in which a surgical approach to the treatment of AK is warranted. Given that the skin lesion correctly diagnosed as an AK is a premalignant lesion with a low but real possibility of malignant transformation, its presence justifies its removal. Progression of actinic keratoses may rapidly evolve into an invasive squamous cell carcinoma in some patients. These include, but are not limited to, the following predisposing factors:

1. Immuno-compromised patients associated with organ transplantation, primary and secondary immunodeficiency syndromes, acquired immunodeficiency syndromes (AIDS) or patients receiving any immunosuppressive drug
2. Extremely sun-damaged skin in patients secondary to voluntary or occupational exposure to actinic radiation
3. Therapeutic radiation exposure or exposure to other known skin carcinogens
4. Xeroderma pigmentosum or epidermodysplasia verruciformis
5. Albinism
6. Known prior exposure to arsenicals, or other drugs with a known propensity to develop skin cancer
7. Personal history of skin cancer

Patients with actinic keratoses associated with predisposing conditions may require an increase in the frequency of visits for the evaluation and destruction of the skin lesions.

POSITION STATEMENT

Applicable To:
- Medicaid – All Markets
- Medicare – All Markets

Exclusions

Cryotherapy for acne, or the destruction of milia, is considered cosmetic and is not covered.

The removal of skin tags or sebaceous cysts is considered cosmetic unless medical necessity as outlined above exist and is properly documented in the patient’s medical record.

Medicare 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.

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 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.

This policy does not apply to the treatment of actinic keratoses by medical means, for example, with the use of topical patient-administered chemotherapeutic agents. The physicians’ direction and supervision of a patient’s use of these agents will be reimbursed via the Evaluation and Management (E/M) service that is most appropriate for the level of service rendered.  

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. This exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.

Coverage

1. Removal 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. Removal of benign skin lesions is covered for:

- Actinic keratosis; OR
- Seborrheic keratosis (e.g., basal cell papillomas, senile warts or brown warts); OR
- Sebaceous (pilar and epidermoid) cysts; OR
- Dermatofibromas; OR
- Skin tag or polyp; OR
- Acquired or small (less than 1.5 cm) congenital nevi (moles); OR
- Acquired hyperkeratosis (keratoderma); OR
- Molluscum contagiosum; OR
- Milia; OR
- Viral warts; OR
- Pilomatrixomata (slow-growing, hard mass underneath the skin that arises from hair follicle matrix cells); OR
- Keloid or hypertrophic scar

AND

Member must present with one of the following symptoms:

- Bleeding; OR
- Intense itching; OR
- Pain; OR
- Change in physical appearance (reddening or pigmentary change); OR
• Recent enlargement; OR
• Increase in the number of lesions; OR
• Physical evidence of inflammation or infection, e.g., purulence, oozing, edema, erythema, etc.; OR
• Lesion obstructs an orifice; OR
• Lesion clinically restricts eye function; OR
• Lesion restricts eyelid function; OR
• Lesion causes misdirection of eyelashes or eyelid; OR
• Lesion restricts lacrimal puncta and interferes with tear flow; OR
• Lesion touches globe; OR
• Clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance; OR
• 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:
  o Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesion virus shedding; OR
  o Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients or warts of recent origin in an immunocompromised patients; OR
  o Lesions are condyloma acuminata or molluscum contagiosum; OR
  o Cervical dysplasia or pregnancy is associated with genital warts.

2. Excision of lesions of uncertain behavior is considered medically necessary when there is documentation of one of the following types of lesions:  

• Dysplastic nevus; OR,
• Nevus sebaceous of Jadassohn; OR,
• Congenital giant pigmented nevus;
  o A lesion in which a prior biopsy suggests or is indicative of lesion malignancy; OR
  o The lesion is in an anatomical region subject to recurrent physical trauma, and there is documentation that such trauma has, in fact, occurred

* For Members with actinic keratosis: Medicare covers the destruction of actinic keratoses without restrictions based on lesion or patient characteristics. Removal is considered medically necessary (not cosmetic) if one or more of the following conditions are met:  

Any type of wound closure (e.g., simple, intermediate, or complex) is considered medically necessary if:

• Requested under a separate diagnosis (e.g., wound dehiscence, traumatic deep lacerations); AND,
• Performed under separate anesthesia; AND,
• Time and date of surgery is different.

NOTE: Intermediate and complex wound closures should be reported separately. Most simple closures are included in the procedure being performed however if a simple wound closure is performed separately it is reimbursable.

Additional Information  

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 a part of the medical record when an ultimately benign lesion is removed based on physician uncertainty as to the final clinical diagnosis.

Excision of lesion with adjacent tissue transfer should be coded as adjacent tissue transfer only.

Office visits will be covered when the diagnosis of a benign skin lesion(s) is made even if the removal of a particular lesion or lesion(s) is not medically indicated and is therefore not done. Services may be performed in an office, hospital or outpatient department of a hospital. Some procedures may be performed in an ambulatory surgical center (ASC) (refer to most current ASC list).

Payment for the excision of benign lesions of skin includes payment for simple repairs. Separate payment may be made for medically necessary layered closures, adjacent tissue transfers, flaps and grafts.
**EXCISION OF SKIN LESION**

**HS-264**

### CODING

#### Covered CPT®* Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>11200</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions</td>
</tr>
<tr>
<td>11201</td>
<td>Each additional ten lesions (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>11300-11303</td>
<td>Shaving of epidermal or dermal lesions, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less – over 2.0 cm</td>
</tr>
<tr>
<td>11305-11308</td>
<td>Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, genitalia; lesion diameter 0.5cm – over 2.0 cm</td>
</tr>
<tr>
<td>11310-11313</td>
<td>Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less – over 2.0 cm</td>
</tr>
<tr>
<td>11400-11406</td>
<td>Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 or less – over 4.0 cm</td>
</tr>
<tr>
<td>11420-11426</td>
<td>Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less – over 4.0 cm</td>
</tr>
<tr>
<td>11440-11446</td>
<td>Excision, other benign lesion including margins(unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less – over 4.0 cm</td>
</tr>
<tr>
<td>12001-12007</td>
<td>Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and or extremities (including hands and feet); 2.5cm or less - over 30cm</td>
</tr>
<tr>
<td>12011-12018</td>
<td>Superficial repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5cm or less - over 30cm</td>
</tr>
<tr>
<td>12031-12037</td>
<td>Repair, intermediate, wounds of scalp, axillae, trunk and or extremities (excluding hands and feet); 2.5 cm or less to 30.0 cm</td>
</tr>
<tr>
<td>12041-12047</td>
<td>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less -over 30 cm</td>
</tr>
<tr>
<td>12051-12057</td>
<td>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less- over 30 cm</td>
</tr>
<tr>
<td>13100-13102</td>
<td>Repair, complex, trunk</td>
</tr>
<tr>
<td>13120-13122</td>
<td>Repair, complex, scalp, arms and/or legs</td>
</tr>
<tr>
<td>13131-13133</td>
<td>Repair, complex, forehead, cheek, chin, mouth, neck, axillae, genitalia, hands and/or feet</td>
</tr>
<tr>
<td>13150</td>
<td>Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less (Code deleted in 2014. To report see 12001-12021 or 12031-12057).</td>
</tr>
<tr>
<td>13151-13153</td>
<td>Repair, complex, eyelids, nose, ears and/or lips</td>
</tr>
<tr>
<td>13160</td>
<td>Secondary closure of surgical wound or dehiscence, extensive or complicated</td>
</tr>
<tr>
<td>14000-14001</td>
<td>Adjacent tissue transfer or rearrangement, trunk</td>
</tr>
<tr>
<td>14020-14021</td>
<td>Adjacent tissue transfer or rearrangement, scalp, arms and/or legs</td>
</tr>
<tr>
<td>14040-14041</td>
<td>Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet</td>
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<tr>
<td>14060-14061</td>
<td>Adjacent tissue transfer or rearrangement, eyelids nose, ears and/or lips</td>
</tr>
<tr>
<td>14300</td>
<td>Adjacent tissue transfer or rearrangement, more than 30sq cm, usual or complicated, any area (Code deleted in 2011. To report, see 14301, 14302);</td>
</tr>
<tr>
<td>14301-14302</td>
<td>Adjacent tissue transfer or rearrangement, any area</td>
</tr>
<tr>
<td>17000</td>
<td>Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemo surgery, surgical curett elation), premalignant lesions (e.g., actinic keratoses); first lesion</td>
</tr>
<tr>
<td>17003</td>
<td>Second through 14 lesions, each (List separately in addition to code for first lesion)</td>
</tr>
<tr>
<td>17004</td>
<td>Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemo surgery, surgical curettelation) of benign lesions other than skin tags or cutaneous vascular proliferative lesions</td>
</tr>
<tr>
<td>17110-17111</td>
<td>Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemo surgery, surgical curettelation), of benign lesions other than skin tags or cutaneous vascular proliferative lesions</td>
</tr>
<tr>
<td>96567</td>
<td>Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g.,lip) by activation of photosensitive drug(s), each phototherapy exposure session</td>
</tr>
</tbody>
</table>

#### Non-Covered CPT®* Code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>17340</td>
<td>Cryotherapy (CO2 slush, liquid N2) for acne</td>
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</table>

#### HCPCS® Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7308</td>
<td>Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)</td>
</tr>
<tr>
<td>J7309</td>
<td>Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g (Use this code for Metvixia)</td>
</tr>
</tbody>
</table>

#### Covered ICD-10-CM Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A63.0</td>
<td>Anogenital (venereal) warts</td>
</tr>
<tr>
<td>B07.8</td>
<td>Other viral warts</td>
</tr>
<tr>
<td>B07.9</td>
<td>Viral wart</td>
</tr>
<tr>
<td>B08.1</td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>B78.1</td>
<td>Cutaneous strongyloidiasis</td>
</tr>
<tr>
<td>D10.0</td>
<td>Benign neoplasm of lip</td>
</tr>
</tbody>
</table>

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Excision of Skin Lesion

**HS-264**

**Clinical Coverage Guideline**


**Covered ICD-10-CM Diagnosis Codes**

- **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
- **D17.20-D17.24** Benign lipomatous neoplasm of skin and subcutaneous tissue of limb
- **D17.30-D17.39** Benign lipomatous neoplasm of skin and subcutaneous tissue of other and unspecified sites
- **D22.0-D22.9** Menaocytic nevi
- **D23.0-D23.9** Other benign neoplasms of skin
- **D28.0** Benign neoplasm of vulva
- **D29.0** Benign neoplasm of penis
- **D29.4** Benign neoplasm of scrotum
- **H02.821-H02.829** Cysts of eyelid
- **I70.1** Nevus
- **K09.8** Other cysts of oral region, not elsewhere classified
- **K09.9** Cyst of oral region, unspecified
- **K64.4** Residual hemmorhoidal skin tags
- **L11.0** Acquired keratosis follicularis
- **E83.2** Disorders of zinc metabolism
- **L57.0** Actinic keratosis
- **L72.0** Epidermal cyst
- **L72.11** Pilar cyst
- **L72.2** Steatocystoma multiplex
- **L72.3** Sebaceous cyst
- **L72.8** Other follicular cysts of the skin and subcutaneous tissue
- **L72.9** Follicular cyst of the skin and subcutaneous tissue, unspecified
- **L82.0** Inflamed seborrheic keratosis
- **L82.1** Other seborrheic keratosis
- **L85.0** Acquired ichthyosis
- **L85.1** Acquired keratosis [keratoderma] palmaris et plantaris
- **L85.2** Keratosis punctate (palmaris et plantaris)
- **L85.9** Epidermal thickening, unspecified
- **L86** Keratoderma in diseases classified elsewhere
- **L87.0** Keratosis follicularis et parafollicularis in cutem penetrans
- **L87.2** Elatosis perforans serpiginosa
- **L87.9** Transepidermal elimination disorder, unspecified
- **L90.9** Atrophic disorder of skin, unspecified
- **L91.9** Hypertrophic disorder of the skin, unspecified
- **L92.1** Necrobiosis lioidica, not elsewhere classified
- **L94.2** Calcinosus cutis
- **L94.9** Localized connective tissue disorder, unspecified
- **L98.8** Other specified disorders of the skin and subcutaneous tissue
- **N50.8** Other specified disorders of male genital organs (cysts)
- **N60.81-N60.89** Other benign mammary dysplasias
- **Q17.0** Accessory auricle
- **Q81.0-Q81.9** Epidermolysis bullosa
- **Q82.8** Other specified congenital malformations of skin
- **Q82.9** Congenital malformations of skin, unspecified

**ICD-9-CM Diagnosis Codes**

- **D48.5** Neoplasm of uncertain behavior of skin
- **L57.0** Actinic Keratosis
- **L86** Keratoderma in diseases classified elsewhere
- **L87.0** Keratosis follicularis et parafollicularis in cutem penetrans
- **L87.2** Elatosis perforans serpiginosa
- **L87.9** Transepidermal elimination disorder, unspecified
- **L90.9** Atrophic disorder of skin, unspecified
- **L91.9** Hypertrophic disorder of the skin, unspecified

**ICD-10-PCS Codes**

- **OHB** Excision, skin and breast

Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

**NOTE:** Per ICD-10-PCS Coding Guidelines, “ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification.”
One of 34 possible values can be assigned to each axis of classification in the seven-character code”.

Non-Covered CPT Codes
17340  Cryotherapy (CO₂ slush, liquid N₂) for acne

Non-Covered ICD-10-CM Codes
L70.0 – L70.9  Acne

NOTE: A skin lesion which has been excised, but for which no pathology report is yet available, is not a neoplasm of uncertain behavior. While awaiting pathologic verification this is, using ICD-9 terminology, a lesion of “unspecified nature,” i.e., 239.2. It should not be reported with code 238.2, neoplasm of uncertain behavior. Once the pathology report is obtained, a specific diagnosis has been determined, and the lesion can be assigned an appropriate ICD-9 code.¹

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>7/6/2017</td>
<td>Approved by MPC. Coding updates only.</td>
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<tr>
<td>12/3/2015</td>
<td>Approved by MPC. No changes.</td>
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