

Local Coverage Determination (LCD): Treatment of Ulcers & Symptomatic Hyperkeratoses (L34199)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L34199

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

Treatment of Ulcers & Symptomatic Hyperkeratoses

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862 (a) (1) (A). This section allows coverage and payment only for those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(13) of the Act excludes payment for the treatment of flat foot conditions, the treatment of subluxation of the foot, and routine foot care (Medicare Benefit Policy Manual, Chapter 16, Section 30 and Chapter 15, Section 290).

Consultation services rendered by a podiatrist in a skilled nursing facility are covered if the services are reasonable and necessary and do not come within any of the specific statutory exclusions (NCD 70.2).

While this policy primarily addresses disease of the foot and lower extremity the policy includes skin ulcers and hyperkeratosis on other body parts.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For Medicare purposes, an "ulcer" does not exist until there is a partial thickness skin loss involving epidermis with or without dermis. Some authors will define a "pre-ulcer" condition and others even a "Stage 1 Ulcer" (e.g. "Wagner 0") where the skin is still intact. Such changes do not constitute an "ulcer" for Medicare payment purposes under this policy.

Ulcers may develop because of a combination of ischemia, infection, abscess, trauma, prolonged pressure, repetitive stress, edema, and loss of sensation.

The management of skin ulcers includes:

1. Overall medical and surgical treatment of the cause and
2. Meticulous care of the ulcerated skin and other associated soft tissue with application of medications and dressings, and
3. When reasonable and necessary, debridement of the necrotic and devitalized tissue and
4. Offloading of the external pressure source(s).

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

General Information

Associated Information

N/A

Sources of Information

1. Other contractor Medical Review Policies
2. Noridian Carrier Advisory Committee process with extensive input
3. Consultants

Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R13	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none">• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
10/01/2019	R12	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>10/01/19 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none">• Revisions Due To Code Removal
10/01/2019	R11	<p>Per the Annual 2018 ICD-10 Codes updates, ICD-10 codes L98.495, L98.496 and L98.498 descriptions changed.</p> <p>Effective 10/01/2019, added and revised the following ICD-10 codes and descriptions per the annual 2019/2020 annual ICD-10-CM updates.</p>	<ul style="list-style-type: none">• Creation of Uniform LCDs Within a MAC Jurisdiction• Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Added to Group 1:</p> <ul style="list-style-type: none"> • L89.016 - Pressure-induced deep tissue damage of right elbow • L89.026 - Pressure-induced deep tissue damage of left elbow • L89.116 - Pressure-induced deep tissue damage of right upper back • L89.126 - Pressure-induced deep tissue damage of left upper back • L89.136 - Pressure-induced deep tissue damage of right lower back • L89.146 - Pressure-induced deep tissue damage of left lower back • L89.156 - Pressure-induced deep tissue damage of sacral region • L89.216 - Pressure-induced deep tissue damage of right hip • L89.226 - Pressure-induced deep tissue damage of left hip • L89.316 - Pressure-induced deep tissue damage of right buttock • L89.326 - Pressure-induced deep tissue damage of left buttock • L89.46 - Pressure-induced deep tissue damage of contiguous site of back, buttock and hip • L89.516 - Pressure-induced deep tissue damage of right ankle • L89.526 - Pressure-induced deep tissue damage of left ankle • L89.616 - Pressure-induced deep tissue damage of right heel • L89.626 - Pressure-induced deep tissue damage of left heel • L89.816 - Pressure-induced deep tissue damage of head • L89.896 - Pressure-induced deep tissue damage of other site <p>Description Changes from Group 1</p> <ul style="list-style-type: none"> • Revised I70.238 - Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg to I70.238 - Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg • Revised I70.248 - Atherosclerosis of native arteries of 	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>left leg with ulceration of other part of lower left leg to I70.248 - Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg.</p> <p>09/16/19 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
10/01/2017	R10	<p>07/10/18 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Add ICD-10-CM code E10.621 and E11.621 to Group 2 effective 10/01/2017.</p>	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2017	R9	<p>08/28/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS 10/01/2017 CPT® codes 10060-10061 and any reference to them were removed from the policy to decrease provider confusion as these codes can be billed for conditions unrelated to this LCD and the following ICD-10-CM codes were added:</p> <ul style="list-style-type: none"> • L97.115 • L97.116 • L97.118 • L97.125 • L97.126 • L97.128 • L97.215 • L97.216 • L97.218 • L97.225 • L97.226 • L97.228 • L97.315 	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes • Other (10060-10061 are used for conditions unrelated to this LCD and are not subject to the DX criteria in this LCD. These codes were deleted to decrease provider confusion.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<ul style="list-style-type: none"> • L97.316 • L97.318 • L97.325 • L97.326 • L97.328 • L97.415 • L97.416 • L97.418 • L97.425 • L97.426 • L97.428 • L97.515 • L97.516 • L97.518 • L97.525 • L97.526 • L97.528 • L97.815 • L97.816 • L97.818 • L97.825 • L97.826 • L97.828 • L97.911 • L97.912 • L97.913 • L97.914 • L97.915 • L97.916 • L97.918 • L97.921 • L97.922 • L97.923 • L97.924 • L97.925 • L97.926 • L97.928 • L98.415 • L98.416 • L98.418 • L98.425 • L98.426 • L98.428 • L98.495 • L98.496 • L98.498 	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2015	R8	LCD revised to add ICD-10 DX codes I87.011-I87.013, I87.031-I87.033, L05.01, L08.0, L12.0, L73.8, S31.819 & S31.829 with the 7th characters A, D & S, T31.33 & T87.51-T87.54	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2015	R7	R7 corrected Wagner 1 to Wagner 0 in the Coverage Indications, Limitations and/or Medical Necessity section of the LCD.	<ul style="list-style-type: none"> • Typographical Error
10/01/2015	R6	R6 LCD Revised to add ICD-10 codes T81.32XA, T81.32XD, T81.32XS, T87.41, T87.42, T87.43 and T87.44. LCD number L36107 for JFA will be retired on 5/15/16. This LCD will be the same as LCD number L34199 for JFB and combines both contract numbers for both JFA & JFB.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Reconsideration Request
10/01/2015	R5	R - 5 LCD revised to add S81.031A, S81.031D, S81.031S, S81.032A, S81.032D, S81.032S, S81.041D, S81.041S, S81.042A, S81.042D, S81.042S, S81.801A, S81.801D, S81.801S, S81.802A, S81.802D, S81.802S, S81.811A, S81.811D, S81.811S, S81.812A, S81.812D, S81.812S, S81.821A, S81.821D, S81.821S, S81.822A, S81.822D, S81.822S, S81.831A, S81.831D, S81.831S, S81.832A, S81.832D, S81.832S, S81.841A, S81.841D, S81.841S, S81.842A, S81.842D, S81.842S, S81.851A, S81.851D, S81.851S, S81.852A, S81.852D, S81.852S to Group 1 codes effective 10/1/2015.	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2015	R4	R4 - Correct invalid ICD-10 code Q82.89 to Q82.8 in Group 2: Asterisk statement * Use ICD-10-CM code Q81.9, Q82.89 only for those hyperkeratotic, symptomatic lesions referable to this diagnosis such as painful porokeratosis or keratoderma, added ICD-10-CM codes E10.65, S01.01XA, S01.01XD & S01.01XS to the Group 1 codes and E75.21, G60.0, G60.1, G60.2, G60.3, G60.8, L85.8 and L86 to the Group 2 Codes. Added ICD-10 code 10.65 to Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation. Changed the word nine to seventeen in the Group 2 and 3 Paragraphs and Medical Necessity ICD-10 Codes Asterisk Explanations and added the additional codes to these areas.	<ul style="list-style-type: none"> • Request for Coverage by a Practitioner (Part B) • Typographical Error
10/01/2015	R3	LCD updated to add the following ICD-10 codes to Group I: I87.311-I87.313, I87.331-I87.333, K62.6, L59.8, L89.12-L89.014, L89.022-L89.024, L89.152-L89.154, S01.00XX-S01.00XX, S01.20XX-S01.25XX, S01.351X-S01.352X, S01.411X-S01.412X, S01.451X-S01.452X, S01.501X-S01.502X, S01.80XX-S01.85XX, S21.011X-S21.012X,	<ul style="list-style-type: none"> • Request for Coverage by a Practitioner (Part B)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>S21.111X-S21.112X, S21.151X-S21.152X, S21.201X-S21.202X, S21.211X-S21.212X, S21.221X-S21.222X, S21.241X-S21.242X, S31.010X-S31.011X, S31.050X-S31.050X, S31.110X-S31.115X, S31.150X-S31.155X, S31.21XX-S31.21XX, S31.31XX-S31.31XX, S31.40XX-S31.41XX, S31.811X-S31.811X, S31.821X-S31.821X, S41.011X-S41.012X, S41.051X-S41.052X, S41.111X-S41.112X, S41.151X-S41.152X, S51.011X-S51.012X, S51.051X-S51.052X, S51.811X-S51.812X, S61.001X-S61.002SX, S61.011X-S61.012X, S61.051X-S61.052X, S61.210X-S61.217X, S61.411X-S61.412X, S61.511A-S61.512X, S71.011X-S71.012X, S71.051X-S71.052X S71.111X-S71.112X, S81.011X-S81.012X, S91.011X-S91.012X, S91.111X-S91.112X, S91.114X-S91.115X, S91.311X-S91.312X. The 7th character for all S codes are A D & S.</p> <p>Removed ICD-10 codes L89.002-L89.004 -pressure ulcer of unspecified elbow, stage 2-4effective for claims processed on or after 1/4/16. Coverage for this LCD is not altered with the removal of these codes. The LCD now ensures coding to the highest specificity.</p>	
10/01/2015	R2	Addition of ICD-10-CM S21.001A to the Group 1 code list. It was omitted from this policy initially in error.	<ul style="list-style-type: none"> • Other (Addition of ICD-10-CM S21.001A to the Group 1 code list. It was omitted from this policy initially in error.)
10/01/2015	R1	The LCD is revised to update the Coverage Guidance and to add the following ICD10 codes: K12.2, L03.011, L03.012, L03.111, L03.112, L03.113, L03.114, L03.115, L03.116, L03.211, L03.221, L03.222, L03.317, T81.31XA, T81.31XD, T81.31XS, T81.89XA, T81.89XD and T81.XS.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57460 - Billing and Coding: Treatment of Ulcers & Symptomatic Hyperkeratoses

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/29/2020 with effective dates 10/01/2019 - N/A

Updated on 10/04/2019 with effective dates 10/01/2019 - N/A

Updated on 07/26/2018 with effective dates 10/01/2017 - 09/30/2019

Updated on 08/30/2017 with effective dates 10/01/2017 - N/A

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Keywords

- Treatment
- ulcer
- symptomatic
- hyperkeratosis