

02-10000-03

Original Effective Date: 05/15/02

Reviewed: 08/22/19

Revised: 09/15/19

Subject: Mohs Micrographic Surgery

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Mohs micrographic surgery is a microscopically controlled tissue-sparing surgical procedure used for the removal of complex or ill-defined cancerous neoplasms of the skin and histologic examination of the surgical margins. Mohs surgery uses precise measurements of tumor margins to remove cancerous cells and leave healthy tissue intact. The procedure is performed in successive stages to remove extensive tumors, as needed. Mohs surgery is primarily used to treat basal and squamous cell carcinomas, but can be used to treat less common tumors including but not limited to melanoma.

In performing Mohs micrographic surgery, the physician functions in two separate, but distinct capacities: as the surgeon and the pathologist. If either part of the procedure is delegated to another physician who reports his service separately (i.e., pathology delegated to another physician), the surgery should not be reported as Mohs.

POSITION STATEMENT:

NOTE: Mohs micrographic surgery requires the physician to function in two separate, but distinct capacities: as the surgeon and the pathologist. If either part of the procedure is delegated to another physician who reports his/her service separately (i.e., pathology delegated to another physician), the procedure should not be reported as Mohs' micrographic surgery.

Mohs micrographic surgery **meets the definition of medical necessity** when performed for **ONE** of the following indications:

- A) Basal cell carcinomas, squamous cell carcinomas, basalosquamous/basosquamous cell carcinomas in the following anatomic locations:

- “Mask areas” of face (central face, eyelids-including inner/outer canthi, eyebrows, nose, lips-cutaneous/mucosal/vermillion, chin, ear and periauricular skin /sulci, temple)
 - Cheeks, forehead, scalp, neck, jawline, pretibial surface
 - Hands, feet, nail units
 - Ankles
 - Genitalia (including perineal and perianal)
 - Nipples/areola.
- B) Basal cell carcinomas, squamous cell carcinomas, or basalosquamous/basosquamous cell carcinomas that are in anatomic locations listed above (A), trunk, and extremities, regardless of subtype, size, or depth, in:
- Prior radiated skin
 - Traumatic scar
 - Area of osteomyelitis
 - Area of chronic inflammation/ulceration
 - Members with genetic syndromes.
- C) The following recurrent skin cancers:
- Recurrent aggressive basal cell carcinomas (BCC)
 - Nodular BCC
 - Superficial (except on trunk and extremities) BCC of any size or unexpected positive margin on recent excision (healthy or immunocompromised members with genetic syndromes)
 - Recurrent aggressive squamous cell carcinomas (SCC)
 - Verrucous SCC
 - KA-type SCC (not central facial)
 - In situ/Bowen SCC of any size or unexpected positive margin on recent excision (healthy or immunocompromised members with genetic syndromes).
- D) Lentigo maligna, melanoma in situ, non-lentigo maligna – primary or locally recurrent in anatomic locations listed above (B).
- E) Less common skin cancers including:
- Adenocystic carcinoma
 - Adnexal carcinoma
 - Angiosarcoma
 - Apocrine/eccrine carcinoma
 - Atypical Fibroxanthoma
 - Dermatofibrosarcoma protuberans
 - Extramammary Paget’s Disease
 - Leiomyosarcoma
 - Malignant fibrous histiocytoma/undifferentiated pleomorphic sarcoma
 - Merkel cell carcinoma

- Microcystic adnexal carcinoma
- Mucinous carcinoma
- Sebaceous carcinoma.

Mohs Micrographic Surgery **does not meet the definition of medical necessity** for all other indications and including but not limited to:

- Both recurrent and primary actinic keratosis (AK) with focal SCC in situ; Bowenoid AK; SCC in situ (AK type) of any size in all areas in healthy or immunocompromised members
- Basal cell carcinoma (BCC) located on trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles) including:
 - Recurrent superficial BCC (healthy or immunocompromised members, or members with genetic syndromes) of any size
 - Primary superficial BCC (healthy or immunocompromised members) of any size
 - Primary nodular BCC (healthy members) ≤ 2 cm
 - Primary nodular BCC (immunocompromised members) ≤ 1 cm.
- Squamous cell carcinoma (SCC) located on trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles) including:
 - Primary SCC; without aggressive histologic features, < 2 mm depth without other defining features, Clark level \leq III (healthy members) ≤ 2 cm
 - Primary SCC keratoacanthoma (KA) type; not central facial (healthy members) ≤ 1 cm
 - Primary in situ SCC/Bowen disease (healthy members) ≤ 2 cm
 - Primary in situ SCC/Bowen disease (immunocompromised members) ≤ 1 cm.
- Desmoplastic trichoepithelioma located on trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles)
- Bowenoid papulosis.

BILLING/CODING INFORMATION:

CPT Coding:

17311	Mohs' micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon and histopathology preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; first stage, up to 5 tissue blocks
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary

	procedure)
17313	Mohs' micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon and histopathology preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
17315	Mohs' micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon and histopathology preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)

ICD-10 Diagnosis Codes That Support Medical Necessity:

C00.0 – C00.9	Malignant neoplasm of lip
C21.1	Malignant neoplasm of anal canal
C30.0	Malignant neoplasm of nasal cavity
C31.0	Malignant neoplasm of maxillary sinus
C31.2	Malignant neoplasm of frontal sinus
C43.0 – C43.8	Malignant melanoma of lip
C44.01 – C44.09	Malignant neoplasm of skin of lip
C44.111 – C44.1992	Malignant neoplasm of skin of eyelid
C44.211 – C44.299	Malignant neoplasm of skin of ear and external auricular canal
C44.310 – C44.399	Malignant neoplasm of skin of other and unspecified parts of face
C44.41 – C44.49	Malignant neoplasm of skin of scalp and neck
C44.510 – C44.599	Malignant neoplasm of skin of other part of trunk
C44.611 – C44.699	Malignant neoplasm of skin of left upper limb, including shoulder
C44.711 – C44.799	Malignant neoplasm of skin of left lower limb, including hip
C44.81 – C44.89	Malignant neoplasm of overlapping sites of skin
C4A.0 – C4A.9	Merkel cell carcinoma
C50.011 – C50.019	Malignant neoplasm of nipple and areola, female
C50.021 – C50.029	Malignant neoplasm of nipple and areola, male
C51.0 – C51.1	Malignant neoplasm of vulva
C52	Malignant neoplasm of vagina
C60.1, C60.2	Malignant neoplasm of penis
C63.2	Malignant neoplasm of scrotum
D03.0 – D03.8	Melanoma in situ
D04.0 – D04.8	Carcinoma in situ of skin
D07.4	Carcinoma in situ of penis

REIMBURSEMENT INFORMATION:

Mohs micrographic surgery requires the physician to function in two separate, but distinct capacities: as the surgeon and the pathologist. If either part of the procedure is delegated to another physician who reports his/her service separately (i.e., pathology delegated to another physician), the procedure should not be reported as Mohs' micrographic surgery.

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Pathology Reports Sections	26439-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Pathology Study Reports	27898-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Mohs Micrographic Surgery (MMS) (L33689) located at fcso.com.

DEFINITIONS:

Basal Cell Carcinoma: Cancer that begins in the lower part of the epidermis (the outer layer of the skin). It may appear as a small white or flesh-colored bump that grows slowly and may bleed. Basal cell carcinomas are usually found on areas of the body exposed to the sun. Basal cell carcinomas rarely metastasize (spread) to other parts of the body. They are the most common form of skin cancer. Also called basal cell cancer.

Basaloid Squamous Cell Carcinoma: basal cell with squamous differentiation.

Melanoma: A form of cancer that begins in melanocytes (cells that make the pigment melanin). It may begin in a mole (skin melanoma), but can also begin in other pigmented tissues, such as in the eye or in the intestines.

Melanoma in situ: Abnormal melanocytes (cells that make melanin, the pigment that gives skin its natural color) are found in the epidermis (outer layer of the skin). These abnormal melanocytes may become cancer and spread into nearby normal tissue. Also called stage 0 melanoma.

Squamous Cell Carcinoma: Cancer that begins in squamous cells. Squamous cells are thin, flat cells that look like fish scales, and are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the lining of the respiratory and digestive tracts. Most cancers of the anus, cervix, head and neck, and vagina are squamous cell carcinomas.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. American Academy of Dermatology, Guidelines of Care for the Management of Primary Cutaneous Melanoma, 2011, accessed at aad.org 06/23/14.
2. American College of Mohs' Surgery, About Mohs' Micrographic Surgery-Effectiveness, accessed at mohscollege.org 06/23/14.
3. Connolly SM, Baker DR, et al, AAD/ACMS/ASDSA/ASMS 2012 appropriate use criteria for Mohs micrographic surgery: a report of the American Academy of Dermatology, American College of Mohs Surgery, American Society for Dermatologic Surgery Association, and the American Society for Mohs Surgery. *J Am Acad Dermatol.* 2012 Oct;67(4):531-50. Doi: 10.1016/j.jaad.2012.06.009.
4. First Coast Service Options, Inc.(FCSO), Local Coverage Determination (LCD): Mohs Micrographic Surgery (MMS)(L33689); accessed at fcsso.com.
5. Mosterd K, Krekels GA, Nieman FH, et al, Surgical Excision Versus Mohs' Micrographic Surgery for Primary and Recurrent Basal-Cell Carcinoma of the Face: A Prospective Randomized controlled Trial with 5-Years Follow-Up, *Lancet Oncol.* 2008 Dec; 9(12): 1149-56.
6. National Cancer Institute (NCI). NCI Dictionary of Cancer Terms; accessed at cancer.gov. National Cancer Institute (NCI). Skin Cancer Treatment (PDQ[®])—Health Professional Version, last updated 04/26/18; accessed at cancer.gov.

7. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology-Basal Cell Skin Cancer, Version 1.2019; accessed at nccn.org.
8. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology-Cutaneous Melanoma, Version 2.2019; accessed at nccn.org.
9. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology-Squamous Cell Skin Cancer, Version 2.2019; accessed at nccn.org.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 08/22/19.

GUIDELINE UPDATE INFORMATION:

09/11/00	New Medical Coverage Guideline.
04/25/02	Reviewed, reformatted, and revised to include applicable diagnosis codes.
01/01/03	2003 CPT Update.
06/15/04	Scheduled review and revision to guideline; consisting of updated references.
01/01/07	2007 HCPCS update: added 17311, 17312, 17313, 17314, and 17315; deleted 17304, 17305, 17306, 17307, and 17310; Medicare exceptions added.
02/15/09	Status changed from archived to active – position statements, reimbursement section, coding section and references updated.
02/15/10	Annual review: position statements maintained and references updated.
10/15/10	Revision; related ICD-10 codes added.
09/15/11	Revision; formatting changes.
10/01/11	Scheduled review; position statements maintained, ICD-9 codes updated, references updated and formatting changes.
11/15/12	Annual review; position statements maintained, coding and references updated; formatting changes.
10/15/13	Annual review; position statements maintained; reimbursement information and references updated.
01/01/14	Annual HCPCS update. Added code 88343.
08/15/14	Annual review; position statements maintained; coding section and references updated.
10/01/15	Revision; ICD9 and ICD10 coding sections updated.
11/01/15	Revision: ICD-9 Codes deleted.
10/01/16	Revision; formatting changes.
11/15/17	Review; position statements, description, coding, and references updated.
02/01/18	Revision; position statement section updated.
10/01/18	ICD-10 coding update; deleted codes C44.192 & C44.199.
09/15/19	Review; Position statements and references updated.