

	Moh's Micrographic Surgery (MMS)	
	Policy Number: Reference #	Original Creation Date: 10/1/2019
	Version Number: 10	Version Effective Date: 10/1/2019
	Policy Status: Active	Next Review Date: 10/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL	FACILITY	DME	AMBULATORY SURGERY	LAB	OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP¹	SMALL GROUP ACA	JAA²	FEP³	DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Mohs surgery is a specialized surgical technique used to remove skin cancer. It involves removing thin layers of cancerous tissue, one at a time, and examining them under a microscope until all cancerous cells are eliminated. This method helps ensure complete removal of the cancer while preserving as much healthy tissue as possible.

Policy

For Medical necessity indications for Mohs micrographic surgery please see Milliman Care Guideline A-052 Mohs Micrographic Surgery

If MMS on a single site cannot be completed on day 1, and the additional stages were completed the following day, you must start with the primary code (CPT code 17311) on day two.

Claims will be rejected where a secondary code (e.g., CPT code 17312) is billed without the primary code (e.g., CPT code 17311), appearing on the same date of service, and the same claim.

Mohs surgery has a 90-day global period, but the total global period is 92 days, as the day prior to the procedure and the day of the procedure are included.

The Mohs micrographic surgery CPT codes include skin biopsy and excision services (CPT codes 11102-11107, 11600-11646, and 17260-17286) and pathology services (88300-88309, 88329-88332). Reporting these latter codes in addition to the Mohs micrographic surgery CPT codes is inappropriate according to AMA Coding Guidelines.

An exception to this rule may occur if a pathologist had performed a biopsy with a confirmed cancer diagnosis, which results in a same-day Mohs micrographic surgery procedure.

The physician may need a new biopsy before performing Mohs micrographic surgery if:

- A biopsy report is not available with reasonable efforts
- A biopsy has been done more than 90 days before surgery
- The original biopsy is ambiguous

If the Mohs micrographic surgery proceeds on the same day based on the biopsy diagnosis, append modifier -59 Distinct procedural service to the pathology code (such as 88305 Level IV—Surgical pathology, gross and microscopic examination). Modifier -59 indicates the biopsy is not a Mohs surgery component, but is a separate, distinct service.

Repairs, grafts, and flaps are separately reportable with the Mohs micrographic surgery codes.

All surgical procedures performed in the same operative session should be reported on the same claim.

Documentation Requirements

The majority of simple skin cancers can be managed by simple excision or destruction techniques. The medical records clearly show that Mohs surgery was chosen because of the complexity, size, and/or location of the lesion.

The operative notes and pathology documentation in the patient's medical record must clearly show that Mohs micrographic surgery was performed using accepted Mohs technique, with the physician performing both the surgical and

pathology services. The notes should also contain the location, number and size of the lesion(s), the number of stages performed, and the number of specimens per stage.

If the procedure is performed in an office setting and requires the member to be transferred to an ASC for closure, documentation must show the following:

- The necessity of the complex repair, adjacent tissue transfer, or rearrangement, flap, or graft codes to be performed.

If reporting the -59 modifier with a skin biopsy/pathology code on the same day the Mohs surgery was performed, the physician's documentation should clearly indicate:

- That the biopsy was performed on a lesion other than the one on which Mohs surgery was performed.
- If the biopsy is of the same lesion as the Mohs lesion, the biopsy of that lesion had not been done within the previous 60 days.
- If there has been a recent (within 60 days) biopsy of the same lesion as the Mohs lesion, the results of that biopsy were unobtainable despite reasonable effort by the Mohs surgeon.

A Clinical Laboratory Improvement Act (CLIA) certification number is required on all claims submitted for Mohs surgery billed with any of the following CPT codes, 17311-17315. The CLIA number should be submitted in item 23 of the CMS 1500 claim form or the electronic equivalent.

Documentation must be available to Blue KC upon request.

Appropriate Settings:

The qualified physician must provide services in the appropriate setting for the patient's medical needs and condition. Success requires good tissue handling, good surgical technique, and standard of care tissue processing and staining technique. Mohs surgery facilities must meet standards of care as most are not affiliated with hospital delivery systems. A typical facility consists of procedure rooms suitable for dermatological surgery located near a fully equipped Mohs laboratory.

The necessary equipment for Mohs cases of all complexities is available per standards of care. The Mohs laboratory typically has standard of care equipment such as cryostats, staining facilities (manual and/or automated) for standard staining of Mohs section. There is access to appropriate immunohistochemical staining for selected Mohs cases.

The setting must include a Mohs histo-laboratory technician who will be either dedicated or one of a small team of biomedical staff who regularly cut Mohs sections and do sufficient numbers per week to maintain a high technical expertise in preparing Mohs sections.

Coding

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
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 histopathologic 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) (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; 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 histopathologic 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) (e.g., 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 histopathologic 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)

References and Resources

Blue KC Provider Reference Guide
Center for Medicare and Medicaid Services
National Correct Coding Initiative

Related Documents

MCG A-Moh's Micrographic Surgery

Revision History		
Version	Date	Summary of Revisions
001	10/01/2019	Initial version
002	10/1/2020	Annual review- Documentation requirements were added
003	11/15/2021	Added; "Effective January 1, 2022, Blue KC will only reimburse for Mohs surgery, repairs, and related services under one place of service and should be submitted on the same claim. Services submitted under multiple places of service sites will be denied payment."
004	10/1/2022	Annual review, no updates, or changes were made to the policy

006	10/18/2022	Lines of business policy applies to were added
007	9/6/2023	Annual review: Removed POS locations where Mohs is payable. Added Appropriate Setting language
008	10/1/2024	Annual review no updates or changes were made to the policy.
009	10/1/2025	Annual review no updates or changes were made to the policy.
010	5/15/2026	Update – Added Policy number missing from policy