Kansas City

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Payment Policy POL-PP-118	
Subject: Mohs Micrographic Surgery	
Effective Date: 10/1/2019	Committee Approval Obtained: 10/1/2019 Last Review: 9/26/2023 Next Review: 10/1/2024
The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://providers.bluekc.com/ContactUs/PaymentPolicies**	
Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. **Covered services and payment** are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members' costs depend on member benefits. Certain services require prior authorization or referral. **Blue KC reimburses** health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.	
Policy	This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA. Blue KC reimburses contracted health care providers for covered, medically necessary Mohs surgery. Mohs Micrographic Surgery (MMS) is a technique that treats skin cancer by gradually removing thin layers of skin from a skin cancer site until a patient is cancer free. **Clinical Indications** MMS may be indicated when ALL the following are present: -Skin cancer with features appropriate for Mohs surgery as indicated by 1 or more of the following: • Basal cell carcinoma and 1 or more of the following: ○ Aggressive histologic subtype (e.g., micronodular, infiltrative, morpheaform, fibrosing, sclerosing, metatypical, keratotic)

	○ Arising in anatomic area at considerable risk for recurrence, regardless of lesion size (e.g., mask areas of the face, genitalia, hands, feet, nails, ankles, nipples, areola) ○ Arising in area of chronic inflammation or ulceration ○ Arising in area of osteomyelitis ○ Arising in burn ○ Arising in irradiated skin ○ Arising in scar ○ Associated with genetic syndrome (e.g., basal cell nevus syndrome, xeroderma pigmentosum) ○ Indistinct clinical margins ○ Lesion measuring 10 mm or greater in area of moderate risk for recurrence (e.g., cheeks, forehead, neck, jawline, scalp, pretibial surface) ○ Lesion measuring 20 mm or greater in area of low risk ○ Organ transplant recipient or otherwise immunosuppressed patient (e.g., HIV, hematologic malignancy, or pharmacologic immunosuppression ○ Perineural or perivascular invasion ○ Recurrent • Dermatofibrosarcoma protuberans • Extramammary Paget disease • Ill-defined melanoma in situ (e.g., lentigo maligna) • Malignant melanoma when wide excision is anatomically difficult (e.g., head, neck, hands, feet) • Merkel cell carcinoma • Squamous cell carcinoma and 1 or more of the following: ○ Aggressive histologic subtype (sclerosing, basosquamous, spindle cell, pagetoid, infiltrating, keratoacanthoma type) ○ Arising in anatomic area at considerable risk for recurrence, regardless of lesion size (e.g., mask areas of the face, genitalia, hands, feet, temple, ear) ○ Arising in area of chronic inflammation or ulceration ○ Arising in area of osteomyelitis ○ Arising in burn

	○ Arising in irradiated skin ○ Arising in scar ○ Associated with genetic syndrome (e.g., basal cell nevus syndrome, xeroderma pigmentosum) ○ Indistinct clinical margins ○ Lesion measuring 10 mm or greater in area of moderate risk for recurrence (e.g., cheek, forehead, neck, pretibial, or scalp) ○ Leisure measuring 20 mm or greater in area of low risk for recurrence (e.g., trunk and extremities, excluding ankle foot, hands, nail unit, or pretibial) ○ Organ transplant recipient or otherwise immunosuppressed patient (e.g., HIV, hematologic malignancy, or pharmacologic immunosuppression) ○ Perineural or perivascular invasion ○ Poorly differentiated or undifferentiated ○ Recurrent • Other uncommon skin cancers, as indicated by 1 or more of the following: ○ Adenocystic carcinoma ○ Adnexal carcinoma ○ Apocrine/eccrine carcinoma ○ Atypical fibroxanthoma ○ Leiomyosarcoma ○ Malignant fibrous histiocytoma ○ Microcystic adnexal carcinoma ○ Mucinous carcinoma ○ Sebaceous carcinoma • Ability to tolerate prolonged procedure under local anesthesia, in seated or lying position, as indicated by ALL the following: ○ No agitation ○ No dementia ○ No impairment of urinary or anal sphincter control ○ No severe neck or back problems

	If MMS on a single site cannot be completed on the same day because the patient could not tolerate further surgery 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 should 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: • Why the procedures for complex repair, adjacent tissue transfer, or rearrangement, flap, or graft codes are employed. 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 need 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 histolaboratory 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.
History	Approval Date: 10/1/2019 Effective Date: 10/1/2019
Review	10/1/2020: Annual review; clinical indications updated to Milliman Care Guidelines. 10/1/2021: Annual review; added documentation requirements. 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." 10/1/2022: Annual review with no changes.

	10/18/2022: Added, "This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA." 9/26/2023: Annual review; Removed section showing POS locations where Mohs is payable. Added Appropriate Setting language
References and Research Materials	CMS NCCI Policy Manual
Related Policies	N/A