

## Mohs Micrographic Surgery Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.*

*UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy describes reimbursement guidelines for reporting Mohs Micrographic Surgery which includes both the excision and pathology services.

All services described in this policy may be subject to additional UnitedHealthcare reimbursement policies including, but not limited to, the CCI Editing Policy and the Laboratory Services Policy.

**Reimbursement Guidelines**

The policy enforces the reimbursement requirements for reporting Mohs Micrographic surgery, also referred to as Mohs or MMS.

Mohs is a precise, tissue-sparing, microscopically controlled surgical technique used to treat selected skin cancers. It is an approach that aims to achieve the highest possible cure rates, and minimize wound size and consequent distortions at critical sites such as the eyes, ears, nose, and lips.

Mohs is a two-step process:

- The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s).
- Additional excision and evaluation is performed until all margins are clear.

Per the American Medical Association (AMA), Mohs requires the integration of an individual functioning in two separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another physician or other qualified health care professional who reports the services separately, the Mohs CPT codes (17311-17315) should not be reported. Therefore, Mohs codes (17311–17315) will be denied if another physician or other qualified health care professional reports their services separately. The surgeon may submit a claim with the correct excision or biopsy code (Ex: 11641) for the service performed.

The AMA also indicates that pathology examination of the specimen is an inclusive component of Mohs and should not be separately reported by the Mohs surgeon. If a separate pathology code is submitted for the same date of service as Mohs by the same provider and records do not indicate the pathology was related to a biopsy or excision performed distinctly separate from the Mohs tumor site, the pathology code will be denied as included in the Mohs surgery.

The Centers for Medicare and Medicaid Services (CMS) indicates that only physicians (MD/DO) may perform Mohs services. A physician performing Mohs should be specifically trained and highly skilled in Mohs techniques and pathologic identification. The operative note and pathology documentation in the patient’s medical record must clearly show the Mohs service was performed using accepted Mohs technique, with the physician performing both the surgical and pathology services.

In addition, the Health Insurance Portability and Accountability (HIPAA) standard taxonomy code set categorizes the Mohs Micrographic Surgery specialization under Allopathic and Osteopathic Physicians. The code set further defines this provider specialty as highly trained surgeons who are specialists both in dermatology and pathology and have completed fellowship training. Mohs CPT codes reported by non-MD/DO provider specialties will be denied as incorrect coding.

**Definitions**

**Histopathology**

The branch of histology that includes the microscopic examination and study of diseased tissue.

<b>Mohs Micrographic Surgery</b>	A technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins.
<b>National Uniform Claim Committee (NUCC)</b>	The National Uniform Claim Committee (NUCC) was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. The committee is chaired by the AMA, but also consists of representation from CMS and other health care industry stakeholders. The HIPAA standard Health Care Provider Taxonomy code set is maintained by the NUCC.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> A dermatologist excised a malignant lesion and had the tissue examined by a separate pathologist in the same office complex to ensure clear margins. The pathologist billed separately for their services. May the dermatologist report CPT code 17311 for the surgical service?</p> <p><b>A:</b> No, Mohs requires that a single physician act as both surgeon (excision tissue) and pathologist (immediately examining excised tissue to determine clear margins). Per CPT, if either of these responsibilities is delegated to another physician or qualified health care professional who reports the services separately, the surgeon should report the appropriate excision or biopsy code such as CPT codes 11600–11646 or 11102–11107.</p>
<b>2</b>	<p><b>Q:</b> A dermatologist performed Mohs surgery on the patient’s cheek and also performed the pathology services. May the dermatologist bill for both services performed, the Mohs surgery and the pathology?</p> <p><b>A:</b> No, the pathology examination of the specimen is an inclusive component of the Mohs surgery and should not be reported separately.</p>

### Codes

<b>17311</b>	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(2) (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
<b>+17312</b>	each additional stage after the first state, up to 5 tissue blocks (list separately in addition to code for primary procedure)
<b>17313</b>	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
<b>+17314</b>	each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
<b>+17315</b>	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)

### Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services



Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

National Uniform Claim Committee (NUCC) Health Care Provider Taxonomy

#### History

<b>9/1/2019</b>	Policy implemented by UnitedHealthcare Employer & Individual
<b>5/8/2019</b>	Policy approved by the Reimbursement Policy Oversight Committee