

## 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 Community Plan reimbursement policies 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.**

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 and 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 Community Plan 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), and CMS, Mohs requires the integration of an individual provider 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 the Mohs pathology services separately. The surgeon may submit a claim with the correct excision or biopsy code (Ex: 11641) for the service performed, however, may not bill the Mohs CPT Codes (17311-17315) because these codes include the pathology services.

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.

Occasionally a surgical excision or skin biopsy is performed on a separate site or lesion in the same session as a Mohs procedure and the tissue is sent to an outside pathologist for review. In this situation (one provider the surgeon, a different provider the pathologist), the surgeon may submit a claim with the correct excision code for the service performed (e.g., CPT 11641), and the pathologist may submit a claim with the correct histopathology code (e.g., CPT 88302-88309, 88331, 88332).

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.

#### Multiple Procedure Reductions

UnitedHealthcare will not apply multiple procedure reductions (as defined in the Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional) to physicians or other qualified health care professionals within the same medical group that have different specialties for procedure(s) performed to repair the wound, in addition to the Mohs surgery (17311-17315) on the same date of service.

- Multiple procedure reductions will continue to apply to the same provider performing multiple procedures on the same date of service.

**Note:** Different provider specialty is the primary specialty reported to UnitedHealthcare.

**Definitions**

<b>Histopathology</b>	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. UnitedHealthcare will allow the claim for the histopathology service and deny the claim for the Mohs procedure.</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>
<b>3</b>	<p><b>Q:</b> A dermatologist excised a malignant lesion and also performed a biopsy on a separate lesion reported with modifier 59, XS or XU. The tissue sample from the biopsy was examined by a pathologist other than the surgeon. May the surgeon separately report the biopsy code and the pathologist bill separately for their services?</p> <p><b>A:</b> Yes, the surgeon may submit a claim with the correct excision code for the biopsy service performed (e.g., CPT 11641), and the pathologist may submit a claim with the correct histopathology code (e.g., CPT 88302-88309, 88331, 88332). UnitedHealthcare will allow the claim for the biopsy and the associated histopathology service reported with modifying circumstances. If another lesion was excised and examined by the surgeon at the same time, the surgeon may submit a Mohs code for the second procedure.</p>
<b>4</b>	<p><b>Q:</b> A dermatologist excised a malignant lesion and performed a biopsy on a separate lesion reported with modifier 59, XS or XU. The tissue sample from the biopsy was also examined by the surgeon and also submitted with modifier 59, XS or XU. May the surgeon separately report the biopsy code and the associated pathology services?</p> <p><b>A:</b> Yes, the surgeon may submit a claim with the correct excision code for the biopsy service performed (e.g., CPT 11641), and may submit a claim with the correct histopathology code (e.g., CPT 88302-88309, 88331, 88332). UnitedHealthcare will allow the claim for the biopsy and the associated histopathology service reported with modifying circumstances. In this example a Mohs procedure was not performed, and a Mohs code should not be submitted.</p>

<b>5</b>	<p><b>Q.</b> Will a multiple procedure payment reduction be applied to the following claim example?</p> <p>A physician performs Mohs procedure CPT Code 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), 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).</p> <p>The patient requires immediate attention to repair the wound. They are seen by another provider (e.g., a Plastic Surgeon) from the same group practice, to perform the repair of the wound. The Plastic Surgeon submits a claim with CPT Code 14040 (Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less). Both physicians share the same Tax Identification Number (TIN).</p> <p><b>A.</b> NO, a multiple procedure payment reduction will NOT be applied based on the Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Professional Reimbursement Policy.</p>
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Codes				
17311	+17312	17313	+17314	+17315

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	
4/25/2025	Annual Policy Year Change History section: Entries prior to 4/25/2023 archived
5/1/2023	Policy verbiage change Header: Updated Branding Table of Contents: Removed Reimbursement Guidelines Section: Updated Q&A Section: Added #5 History section: Archived history prior to 5/24/2020
9/01/2019	Policy Implemented by UnitedHealthcare Community Plan
5/8/2019	Policy approved by the Reimbursement Policy Oversight Committee