

Local Coverage Determination (LCD): Mohs Micrographic Surgery (L35704)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L35704

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

Mohs Micrographic Surgery

For services performed on or after 12/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which

lacks the necessary information to process the claim.

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 30, Physician Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16, Section 120, Cosmetic Surgery

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12 Section 40-40.6, Surgeons and Global Surgery

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 60, Payment for Pathology Services

CMS Transmittal No. 434, Publication 100-04, *Medicare Claims Processing Manual*, Change Request #3458, January 14, 2005, Addition of CLIA Edits to Certain Health Care Procedure Coding System (HCPCS) Codes for Mohs Surgery.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Coverage Indications, Limitations, and/or Medical Necessity

As defined by the American Medical Association Current Procedural Terminology (American Medical Association, Chicago, IL), Mohs Micrographic Surgery (MMS) is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins. It is a combination of surgical excision and surgical pathology that requires a single physician to act in 2 integrated but separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another physician who reports the services separately, these codes should not be reported. The Mohs surgeon removes the tumor tissue and maps and divides the tumor specimen into pieces, and each piece is embedded into an individual tissue block for histopathologic (hematoxylin-eosin or toluidine blue) examination. Thus, a tissue block in MMS is defined as an individual tissue piece embedded in a mounting medium for sectioning. (American Medical Association. Mohs Micrographic Surgery. CPT Assistant 2006;16:1-7)

Mohs micrographic surgery is a two-step process: the tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s). Further excision is performed until all margins are clear. The physician performing MMS furnishes both the surgical and pathological services, i.e., the excision and the histologic evaluation of the specimen(s).

Mohs surgery is usually an outpatient procedure done under local anesthesia (with or without sedation).

The majority of simple skin cancers can be managed by simple excision or destruction techniques. The medical records should clearly document that Mohs surgery was chosen because of the complexity (e.g. poorly defined clinical borders, possible deep invasion, prior irradiation), size or location (e.g. maximum conservation of tumor-free tissue is important).

Indications:

After careful review Medicare Jurisdictions E and F have adopted coverage for Mohs Micrographic Surgery in accordance with the 2012 Appropriate Use Criteria (AUC) for Mohs Micrographic Surgery as published in the Journal of the American Academy of Dermatology Volume 67, Issue 4, pp 531-550, October 2012. These criteria were compiled based on collaboration of the American Academy of Dermatology, the American College of Mohs Surgery, the American Society of Dermatologic Surgery Association and the American Society for Mohs surgery based on evidence based medicine, clinical practice experience and expert judgment.

Clinical settings that are supported by the criteria as denoted by the CPT® codes and ICD-10-CM codes listed in the

Billing and Coding Article will be considered for coverage when properly performed and the indications, procedure and findings/results clearly and legibly documented within the beneficiary's clinical record. Clinical settings noted to be inappropriate by the criteria and not otherwise covered in this LCD will be denied and should NOT be billed to Medicare as MMS.

The majority of simple skin cancers can be managed by simple excision or destruction techniques. The medical records should clearly show that MMS was chosen because of the complexity (e.g. poorly defined clinical borders, possible deep invasion, prior irradiation), size or location (e.g. maximum conservation of tumor-free tissue is important).

Definitions:

1. **Area H:** Mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas), hands, feet, nail units, ankles, nipples/areola
2. **Area M:** Cheeks, forehead, scalp, neck, jawline, pretibial surface.
3. **Area L:** Trunk and extremities (excluding pretibial surfaces, hands, feet, nail units and ankles).
4. **Immunocompromised:**
 - a. patient with HIV/AIDS, organ transplant, hematologic malignancy or pharmacologic suppression.
5. **Genetic Syndromes:** basal cell nevus syndrome, xeroderma pigmentosa, or other syndromes at high risk for skin cancer.
6. **Healthy:** no immunosuppression, no prior radiation therapy to affected area, no chronic infections and no genetic syndromes that predispose to skin cancer.
7. **Prior Radiated Skin:** patient has previously received therapeutic radiation in this area of the body.
8. **Aggressive features:**
 - a. For Basal Cell Carcinoma
 - i. Morpheaform, fibrosing, sclerosing
 - ii. Infiltrating
 - iii. Perineural
 - iv. Metatypical/keratotic
 - v. Micronodular
 - b. For Squamous Cell Carcinoma
 - i. Sclerosing
 - ii. Basosquamous excluding keratotic BCC
 - iii. Small cell
 - iv. Poorly or undifferentiated, i.e. high degree of polymorphism, high mitotic rate and/or low degree of keratinization
 - v. Perineural or perivascular
 - vi. Spindle cell
 - vii. Pagetoid

- viii. Infiltrating
- ix. Keratoacanthoma (KA) type: central facial
- x. Single Cell
- xi. Clear Cell
- xii. Lymphoepithelial
- xiii. Sarcomatoid
- xiv. Breslow depth below 2mm or greater
- xv. Clark level IV or greater

9. Tissue Block:

A block is the plate that tissue is placed upon, coated with embedding medium, frozen, and then placed into the microtome for cutting. Thus, a block is a plate with tissue and mounting medium on it. How many tissue pieces go onto the plate (block) does not matter. The technician, with possible input from the physician, decides how many tissue pieces from a given excision stage would fit on one tissue plate (block). For example, a specimen may be butterflyed and put on one block (tissue plate), or the same specimen could be bisected and both tissue pieces put on one plate (block). It is still one block.

Another example: one may take a subsequent Mohs excision stage as three separate, non-contiguous pieces (specimens). Each of the tissue pieces is considered as a separate tissue specimen; however, depending upon their size and the technician's proficiency, all three pieces could be placed upon one plate (one block), or two pieces on one plate and one on another plate (2 blocks), or each of the three tissue pieces (specimens) could be placed on individual plates (3 blocks).

The block is the billing unit, not the tissue piece.

Indications:

Medicare will consider reimbursement for MMS for the following indications and anatomic locations:

I. **Basal Cell Carcinoma**

A. Recurrent BCC of any size or unexpected positive margin on recent excision (healthy or immunocompromised or genetic syndrome(s))

i. Aggressive Pathology

1. Area H, M, and/or L

ii. Nodular pathology

1. Area H, M, and/or L

iii. Superficial pathology

1. Area H and M only

2. No coverage for Area L

B. Primary Aggressive

i. Size \leq 0.5 cm

1. Area H and M.

2. Area L may be covered on redetermination

ii. Size \geq 0.6 cm

1. Area H, M, and L

C. Primary Nodular BCC (Healthy patient)

i. Size \leq 0.5 – 1 cm

1. Area H and M only

2. No coverage for Area L

ii. Size 1.1 – 2 cm

1. Area H and M.

2. Area L may be covered on redetermination

iii. Size \geq 2

1. Area H, M, and L

D. Primary Nodular BCC (Immunocompromised patient)

i. Size \leq 0.5 cm

1. Area H and M only

2. No coverage for Area L.

ii. Size 0.6 – 1 cm

1. Area H and M.

2. Area L may be covered on redetermination

iii. Size \geq 2 cm

1. Area H, M, and L

E. Primary Superficial BCC (Healthy Patient)

i. Size \leq 0.5 cm

1. Area H.

2. Area M may be considered for coverage on redetermination.

3. No coverage for Area L.

ii. Size \geq 0.6 cm

1. Area H and M.

2. No coverage for Area L.

F. Primary Superficial BCC (Immunocompromised Patient)

i. Size \leq 1.0 cm

1. Area H and M.

2. No coverage for Area L.

ii. Size $>$ 1.0 cm

1. Area H and M.

2. Area L may be covered on redetermination

II. Squamous Cell Carcinoma

A. Recurrent SCC of any size or unexpected positive margin on recent excision

i. Aggressive Pathology

1. Area H, M, and L

ii. Verrucous Pathology

1. Area H

iii. KA-type SCC (Not central facial)

1. Area H, M, and L

iv. In situ/Bowen

1. Area H and M.

2. Area L may be covered on redetermination

v. AK with focal SCC in situ; Bowenoid AK; SCC in situ, AK type

1. NOT Covered

vi. Without aggressive histologic features, < 2 mm depth without other defining features, Clark level \leq III

1. Area H, M, and L

B. Primary aggressive SCC (healthy patients)

i. Size – all

1. Area H, M, and L

C. Primary aggressive SCC (Immunocompromised Patients)

i. Size – all

1. Area H, M, and L

D. Primary SCC Without aggressive histologic features, < 2 mm depth without other defining features, Clark level ≤ III (healthy patients)

i. Size ≤ 1.0 cm

1. Area H and M.

2. No coverage for Area L

ii. Size 1.1 – 2 cm

1. Area H and M.

2. Area L may be covered on redetermination

iii. Size > 2 cm

1. Area H, M, and L

E. Primary SCC Without aggressive histologic features, < 2 mm depth without other defining features, Clark level ≤ III (Immunocompromised patients)

i. Size ≤ 1.0 cm

1. Area H and M.

2. Area L may be covered on redetermination

ii. Size ≥ 1.1 cm

1. Area H, M, and L

F. Primary verrucous SCC (healthy or immunocompromised patients)

i. All Sizes

1. Area H only

2. No Coverage for areas M and L as such tumors in these areas are extremely rare. The rare occurrence may be covered on redetermination.

G. Primary SCC KA type, not central facial (healthy patients)

i. Size \leq 1.0 cm

1. Area H and M.

2. No coverage for Area L

ii. Size \geq 1.1 cm

1. Area H, M, and L

H. Primary SCC KA type, not central facial (Immunocompromised patients)

i. Size \leq 0.5 cm

1. Area H and M. Area L may be covered on redetermination

ii. Size \geq 0.6 cm

1. Area H, M, and L.

I. Primary in situ SCC/Bowen disease (healthy patients)

i. Size \leq 1.0 cm

1. Area H and M.

2. No coverage for Area L

ii. Size 1.1 – 2 cm

1. Area H and M.

2. Area L may be covered on redetermination

iii. Size > 2 cm

1. Area H, M, and L

J. Primary in situ SCC/Bowen disease (Immunocompromised patients)

i. Size \leq 0.5 cm

1. Area H and M.

2. No coverage for Area L

ii. Size 0.6 – 1 cm

1. Area H and M.

2. Area L may be covered on redetermination

iii. Size \geq 1.1 cm

1. Area H, M, and L

K. Primary AK with focal SCC in situ; Bowenoid AK; SCC in situ, AK type (healthy or immunocompromised patients)

i. Any size

1. Not covered

III. **Basal or Squamous Cell Carcinoma**

A. Primary BCC or SCC regardless of sub-type, size or depth arising in:

i. Prior irradiated skin;

- ii. Traumatic scar;
- iii. Area of Osteomyelitis;
- iv. Area of chronic inflammation/ulceration, or
- v. Patients with genetic syndromes predisposing to skin cancer

- 1. Area H, M, and L

IV. Lentigo Maligna and melanoma in situ

A. Primary lentigo maligna (healthy or immunocompromised patients)

- 1. Area H and M.
- 2. Area L may be covered on redetermination

B. Locally recurrent lentigo maligna (healthy or immunocompromised patients)

- 1. Area H, M, and L

C. Primary melanoma in situ; non-lentigo maligna (healthy or immunocompromised patients)

- 1. Area H and M.
- 2. Area L may be covered on redetermination

D. Locally recurrent melanoma in situ; non-lentigo maligna (healthy or immunocompromised patients)

- 1. Area H, M, and L

V. Other less common skin cancers

A. Adenocystic carcinoma

- 1. Area H, M, and L

B. Adnexal carcinoma

- 1. Area H, M, and L

C. Apocrine/eccrine carcinoma

1. Area H, M, and L

D. Angiosarcoma

1. Area H, M, and L subject to records review for medical necessity.

E. Atypical fibroxanthoma

1. Area H, M, and L

F. Bowenoid papulosis

1. Not covered

G. Dermatofibrosarcoma protuberans

1. Area H, M, and L

H. Desmoplastic trichoepithelioma

1. Area H and M subject to medical records review for medical necessity.
2. Area L not covered

I. Extramammary Paget Disease

1. Area H, M, and L

J. Leiomyosarcoma

1. Area H, M, and L

K. Malignant fibrous histiocytoma

1. Area H, M, and L

L. Merkel Cell Carcinoma

1. Area H and M.
2. Area L may be covered on redetermination

M. Microcystic Adnexal Carcinoma

1. Area H, M, and L

N. Mucinous Carcinoma

1. Area H, M, and L

O. Sebaceous Carcinoma

1. Area H, M, and L

P. Rare Biopsy proven malignancies not otherwise specified

1. Area H, M, and L will be looked at for medical necessity on a pre-pay basis or may be covered on redetermination.

Limitations:

Only physicians (MD/DO) may perform Mohs micrographic surgery. (See Sections 1861 [s] [2] and 1862 [a] [140 of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

The physician (MD/DO) performing Mohs micrographic surgery must be specifically trained and highly skilled in MMS techniques and pathologic identification.

Summary of Evidence

N/A

**Analysis of Evidence
(Rationale for Determination)**

N/A

General Information

Associated Information

N/A

Sources of Information

1. Journal of American Academy of Dermatology, Volume 67, Issue 4 , Pages 531-550, October 2012

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R7	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none">• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
12/01/2019	R6	<p>12/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none">• Provider Education/Guidance• Revisions Due To Code Removal
10/01/2018	R5	<p>09/06/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none">• Other (Other (Approved to be able to link LCD to Billing and Coding of for Pathology Services on the Same Date of Service (DOS) as Mohs Surgery article A56515.))

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		05/06/19 Approved to link the LCD to Billing and Coding of for Pathology Services on the Same Date of Service (DOS) as Mohs Surgery article A56515	
10/01/2018	R4	<p>09/06/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following ICD-110 codes were added and deleted per the Annual ICD-10 Updates.</p> <p>Added: C43.111, C43.112, C43.121, C43.122, C4A.111, C4A.112, C4A.121, C4A.122, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991, C44.1992, D03.111, D03.112, D03.121, D03.122, D04.111, D4.112, D04.121 and D04.122.</p> <p>Deleted: C43.11, C43.12, C4A.11, C4A.12, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, D03.11, D03.12, D04.11 and D04.12.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	LCD revised to add C43.21 and C43.22 effective 10/01/2015.	<ul style="list-style-type: none"> • Other (Provider Outreach and Education question from a provider)
10/01/2015	R2	This final LCD, effective 10/1/2015, combines JFA L35703 into the JFB LCD L35704 so that both JFA and JFB contract numbers will have the same final MCD LCD number.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2015	R1	R1 LCD revised to add ICD-10 codes D03.21-D03.22 effective 10/1/15	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56515 - Billing and Coding: Mohs Micrographic Surgery

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/29/2020 with effective dates 12/01/2019 - N/A

Updated on 11/07/2019 with effective dates 12/01/2019 - N/A

Updated on 05/06/2019 with effective dates 10/01/2018 - 11/30/2019

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N/A