

Local Coverage Article: Billing and Coding for Pathology Services on the Same Date of Service (DOS) as Mohs Surgery (A56514)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	01111 - MAC A	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	01112 - MAC B	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	01182 - MAC B	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	01211 - MAC A	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01212 - MAC B	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	01311 - MAC A	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	01312 - MAC B	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	01911 - MAC A	01911 - MAC A	J - E	American Samoa California - Entire State Guam

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID Number

A56514

Original Effective Date

01/01/2018

Article Title

Billing and Coding for Pathology Services on the Same Date of Service (DOS) as Mohs Surgery

Revision Effective Date

01/01/2018

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved.Applicable FARS/ HHSARS apply.

Revision Ending Date

N/A

Retirement Date

N/A

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission.No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA.If an entity wishes to utilize any AHA materials, please contact the AHA at 312 - 893 - 6816.Making copies or utilizing the content of the UB-04 Manual, including the codes and/ or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes

and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04 @healthforum.com.

Article Guidance

Article Text:

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. 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.

If a surgeon performs an excision using Mohs surgical techniques but does not personally provide the histologic evaluation of the specimen(s), the CPT[®] codes for MMS shall not be used. Instead standard excision codes should be chosen for such medically necessary services (e.g., 11600 – 11646).

Medicare is aware that a biopsy of the skin lesion for which Mohs surgery is planned may be necessary for the physician to determine the exact nature of the lesion(s) to be removed. Occasionally, that biopsy may need to be done on the same day that the Mohs surgery is planned. To allow separate payment for a nonroutine histochemical stain on frozen tissue during Mohs surgery, report 88314 with modifier 59.

If a prior biopsy of the site undergoing Mohs surgery has been previously performed within the last 60 days, the surgeon should make a reasonable effort to obtain those results rather than repeating the biopsy.

Reporting both Mohs Micrographic Surgery CPT[®] codes 17311-17315 and Surgical Pathology CPT[®] 88302-88309 or 88331-88332, on tissue used for margin evaluation during Mohs surgery is inappropriate and will indicate that true Mohs surgery was not done. Such claims for Mohs surgery (17311-17315) will be denied. There are occasional clinical situations in which tissue separate from the tissue examined during Mohs surgery is appropriately submitted for subsequent formalin fixed processing and histopathologic examination. The submitted tissue is not the same tissue that was processed during the Mohs surgery. It may constitute a tissue margin beyond that evaluated with Mohs surgery or it may involve a totally unrelated tissue specimen. In such situations both the Mohs surgery and the histopathology are subject to coverage. In such cases the clinical record must clearly show the reasoning for the histopathologic specimen and interpretation. To allow separate payment for a biopsy and pathology on a separate skin lesion, other than the lesion for which Mohs surgery is performed on the same day, the -59 modifier is appropriate.

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, that a biopsy of that lesion had not been done within the

previous 60 days; or

- 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.

Sources:

- American Medical Association. Mohs Micrographic Surgery. CPT Assistant 2006;16:1-7

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

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) (EG, 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

CODE	DESCRIPTION
	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) (EG, 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) (EG, 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) (EG, 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) (EG, 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)
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZATION FINGERS/TOES, AMPUTATION, TRAUMATIC FORESKIN, NEWBORN HERNIA SAC, ANY LOCATION HYDROCELE SAC NERVE SKIN, PLASTIC REPAIR SYMPATHETIC GANGLION TESTIS, CASTRATION VAGINAL MUCOSA, INCIDENTAL VAS DEFERENS, STERILIZATION
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIAL/VENTRICULAR ANUS, TAG APPENDIX, OTHER THAN INCIDENTAL ARTERY, ATHEROMATOUS PLAQUE BARTHOLIN'S GLAND CYST BONE FRAGMENT(S), OTHER THAN PATHOLOGIC FRACTURE BURSA/SYNOVIAL CYST CARPAL TUNNEL TISSUE CARTILAGE, SHAVINGS CHOLESTEATOMA COLON, COLOSTOMY STOMA CONJUNCTIVA - BIOPSY/PTERYGIUM CORNEA DIVERTICULUM - ESOPHAGUS/SMALL INTESTINE

CODE	DESCRIPTION
	<p>DUPUYTREN'S CONTRACTURE TISSUE FEMORAL HEAD, OTHER THAN FRACTURE FISSURE/FISTULA FORESKIN, OTHER THAN NEWBORN GALLBLADDER GANGLION CYST HEMATOMA HEMORRHOIDS HYDATID OF MORGAGNI INTERVERTEBRAL DISC JOINT, LOOSE BODY MENISCUS MUCOCELE, SALIVARY NEUROMA - MORTON'S/TRAUMATIC PILONIDAL CYST/SINUS POLYPS, INFLAMMATORY - NASAL/SINUSOIDAL SKIN - CYST/TAG/DEBRIDEMENT SOFT TISSUE, DEBRIDEMENT SOFT TISSUE, LIPOMA SPERMATOCELE TENDON/TENDON SHEATH TESTICULAR APPENDAGE THROMBUS OR EMBOLUS TONSIL AND/OR ADENOIDS VARICOCELE VAS DEFERENS, OTHER THAN STERILIZATION VEIN, VARICOSITY</p>
88305	<p>LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST, REDUCTION MAMMOPLASTY BRONCHUS, BIOPSY CELL BLOCK, ANY SOURCE CERVIX, BIOPSY COLON, BIOPSY DUODENUM, BIOPSY ENDOCERVIX, CURETTINGS/BIOPTSY ENDOMETRIUM, CURETTINGS/BIOPTSY ESOPHAGUS, BIOPSY EXTREMITY, AMPUTATION, TRAUMATIC FALLOPIAN TUBE, BIOPSY FALLOPIAN TUBE, ECTOPIC PREGNANCY FEMORAL HEAD, FRACTURE FINGERS/TOES, AMPUTATION, NON-TRAUMATIC GINGIVA/ORAL MUCOSA, BIOPSY HEART VALVE JOINT, RESECTION KIDNEY, BIOPSY LARYNX, BIOPSY LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS LIP, BIOPSY/WEDGE RESECTION LUNG, TRANSBRONCHIAL BIOPSY LYMPH NODE, BIOPSY MUSCLE, BIOPSY NASAL MUCOSA, BIOPSY NASOPHARYNX/OROPHARYNX, BIOPSY NERVE, BIOPSY ODONTOGENIC/DENTAL CYST OMENTUM, BIOPSY OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC OVARY, BIOPSY/WEDGE RESECTION PARATHYROID GLAND PERITONEUM, BIOPSY PITUITARY TUMOR PLACENTA, OTHER THAN THIRD TRIMESTER PLEURA/PERICARDIUM - BIOPSY/TISSUE POLYP, CERVICAL/ENDOMETRIAL POLYP, COLORECTAL POLYP, STOMACH/SMALL INTESTINE PROSTATE, NEEDLE BIOPSY PROSTATE, TUR SALIVARY GLAND, BIOPSY SINUS, PARANASAL BIOPSY SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/PLASTIC REPAIR SMALL INTESTINE, BIOPSY SOFT TISSUE, OTHER THAN TUMOR/MASS/LIPOMA/DEBRIDEMENT SPLEEN STOMACH, BIOPSY SYNOVIUM TESTIS, OTHER THAN TUMOR/BIOPTSY/CASTRATION THYROGLOSSAL DUCT/BRACHIAL CLEFT CYST TONGUE, BIOPSY TONSIL, BIOPSY TRACHEA, BIOPSY URETER, BIOPSY URETHRA, BIOPSY URINARY BLADDER, BIOPSY UTERUS, WITH OR WITHOUT TUBES AND OVARIES, FOR PROLAPSE VAGINA, BIOPSY VULVA/LABIA, BIOPSY</p>
88307	<p>LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BONE FRAGMENT(S), PATHOLOGIC FRACTURE BRAIN, BIOPSY BRAIN/MENINGES, TUMOR RESECTION BREAST, EXCISION OF LESION, REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST, MASTECTOMY - PARTIAL/SIMPLE CERVIX, CONIZATION COLON, SEGMENTAL RESECTION, OTHER THAN FOR TUMOR EXTREMITY, AMPUTATION, NON-TRAUMATIC EYE, ENUCLEATION KIDNEY,</p>

CODE	DESCRIPTION
	PARTIAL/TOTAL NEPHRECTOMY LARYNX, PARTIAL/TOTAL RESECTION LIVER, BIOPSY - NEEDLE/WEDGE LIVER, PARTIAL RESECTION LUNG, WEDGE BIOPSY LYMPH NODES, REGIONAL RESECTION MEDIASTINUM, MASS MYOCARDIUM, BIOPSY ODONTOGENIC TUMOR OVARY WITH OR WITHOUT TUBE, NEOPLASTIC PANCREAS, BIOPSY PLACENTA, THIRD TRIMESTER PROSTATE, EXCEPT RADICAL RESECTION SALIVARY GLAND SENTINEL LYMPH NODE SMALL INTESTINE, RESECTION, OTHER THAN FOR TUMOR SOFT TISSUE MASS (EXCEPT LIPOMA) - BIOPSY/SIMPLE EXCISION STOMACH - SUBTOTAL/TOTAL RESECTION, OTHER THAN FOR TUMOR TESTIS, BIOPSY THYMUS, TUMOR THYROID, TOTAL/LOBE URETER, RESECTION URINARY BLADDER, TUR UTERUS, WITH OR WITHOUT TUBES AND OVARIES, OTHER THAN NEOPLASTIC/PROLAPSE
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGIONAL LYMPH NODES COLON, SEGMENTAL RESECTION FOR TUMOR COLON, TOTAL RESECTION ESOPHAGUS, PARTIAL/TOTAL RESECTION EXTREMITY, DISARTICULATION FETUS, WITH DISSECTION LARYNX, PARTIAL/TOTAL RESECTION - WITH REGIONAL LYMPH NODES LUNG - TOTAL/LOBE/SEGMENT RESECTION PANCREAS, TOTAL/SUBTOTAL RESECTION PROSTATE, RADICAL RESECTION SMALL INTESTINE, RESECTION FOR TUMOR SOFT TISSUE TUMOR, EXTENSIVE RESECTION STOMACH - SUBTOTAL/TOTAL RESECTION FOR TUMOR TESTIS, TUMOR TONGUE/TONSIL - RESECTION FOR TUMOR URINARY BLADDER, PARTIAL/TOTAL RESECTION UTERUS, WITH OR WITHOUT TUBES AND OVARIES, NEOPLASTIC VULVA, TOTAL/SUBTOTAL RESECTION
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; HISTOCHEMICAL STAIN ON FROZEN TISSUE BLOCK (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN SECTION(S), SINGLE SPECIMEN
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ICD-10 Codes that are Covered

N/A

ICD-10 Codes that are Not Covered

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2018	R1	5/15/19 Article updated to remove CPT codes 88341-88342 and 88344 from the article text Group 1 CPT/HCPCS Codes and Keywords.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

[L35702 - Mohs Micrographic Surgery](#)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 05/16/19 with effective dates 01/01/2018 - N/A

[Updated on 05/03/19 with effective dates 01/01/2018 - N/A](#)

Keywords

- Mohs
- biopsy
- modifier 59
- pathology
- 17311
- 17312
- 17313
- 17314
- 17315
- 88302
- 88304
- 88305
- 88307
- 88309
- 88314

- 88331
- 88332