

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

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LCD Information

Document Information

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L35704

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L24331](#)

Revision Effective Date
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LCD Title
Mohs Micrographic Surgery

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N/A

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N/A

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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 below 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 ≤ 0.5 cm
 - 1. Area H and M.
 - 2. Area L may be covered on redetermination
- ii. Size ≥ 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 ≥ 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 \leq III (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

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

- i. Size \leq 1.0 cm
 - 1. Area H and M.
 - 2. Area L may be covered on redetermination
- ii. Size \geq 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 and 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.

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 in order 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. In order to allow separate payment for a biopsy and pathology on the same day as Mohs surgery, the -59 modifier is appropriate. The 59 modifier is also appropriate when a separate skin lesion, other than the lesion for which Mohs surgery is performed, is biopsied on the same day that the Mohs surgery is performed.

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 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.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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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.

999x Not Applicable

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.

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:

- 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 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)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: ICD-10-CM codes for lesions involving the trunk (excluding scrotum), upper limb including the shoulder and lower limb including the hip should only be used when the surgery is done for one of the indications specifically noted in this LCD.

Group 1 Codes:

ICD-10 Codes

Description

C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face

ICD-10 Codes	Description
C43.4	Malignant melanoma of scalp and neck
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C4A.0	Merkel cell carcinoma of lip
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast

ICD-10 Codes	Description
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D04.0	Carcinoma in situ of skin of lip
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus

ICD-10 Codes	Description
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D07.4	Carcinoma in situ of penis

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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General Information

Associated Information

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 and why other approaches are not medically necessary and reasonable.

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 same 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 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.

Documentation must be available to Medicare contractors upon request.

The Mohs surgeon must describe the histology of the specimens taken in the first stage. That description should include depth of invasion, pathological pattern, cell morphology, and, if present, perineural invasion or presence of scar tissue. For subsequent stages, you may note that the pattern and morphology of the tumor (if still seen) is as described for the first stage; or, if differences are found, note the changes. There is no need to repeat the detailed description documented for the first stage, presuming that the description would fit the tumor found on subsequent stages.

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD in accordance with this LCD. This documentation should include, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures including biopsy reports along with the procedural note.

Sources of Information

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

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		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.	
10/01/2018	R4	<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

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/08/2018 with effective dates 10/01/2018 - N/A [Updated on 01/12/2017 with effective dates 10/01/2015 - 09/30/2018](#) [Updated on 09/01/2016 with effective dates 10/01/2015 - N/A](#) [Updated on 03/09/2016 with effective dates 10/01/2015 - N/A](#) [Updated on 11/06/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

- Mohs
- Micrographic
- 17311
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