Local Coverage Determination (LCD):
Mohs Micrographic Surgery (MMS) (L33689)

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

Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
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<td>J - N</td>
<td>Florida</td>
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<td>Puerto Rico / Virgin Islands</td>
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<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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Document Information

**LCD ID**
L33689

**Original ICD-9 LCD ID**
L28932

**LCD Title**
Mohs Micrographic Surgery (MMS)

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

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CMS National Coverage Policy
Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources: Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.

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.

CMS Manual System, Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1 CMS Manual System, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, Section 70-70.9. CMS Manual System, Publication 100-08, Transmittal 564, Change Request 9007 (February 9, 2015).


Coverage Guidance

Mohs micrographic surgery (MMS) is a microscope-guided tissue-sparing surgical procedure used for the removal of certain complex or ill-defined cutaneous neoplasms of the skin and histologic examination of 100% of the surgical margins. MMS uses precise measurements of tumor margins to remove cancerous cells and leave healthy tissue intact. The procedure is performed in successive stages to remove extensive tumors, as needed. The surgery 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 service(s) separately, the MMS codes should not be reported.

The majority of skin cancers can be managed by excision or destruction techniques. MMS is usually an office procedure done under local anesthesia and/or sedation.

To support medical review (post procedure prepayment or post payment audit) of documentation, this LCD addresses the reasonable and necessary threshold for coverage based on three requirements—

1) Qualifications of the physician and office/facility team (See Limitations section.);
2) Characteristics of the lesion pre-procedure (See Indications section.);
3) Documentation of the medical need for the Mohs micrographic technique and associated plans for the repair. Procedures that exceed the medical need are not reasonable and necessary (not a Medicare covered service), therefore, documentation (pre-procedure E/M note and/or post-procedure operative notes) must address (a) why the lesion will not be (was not) managed by standard excision or destruction technique and (b) why procedures (when utilized or referred to a plastic surgeon) for complex repair, adjacent tissue transfer or rearrangement, flap, or graft codes are employed. These procedures are based on lesion location and complexity and may be
subject to prepayment medical review. The options for care must also be discussed with the patient and documented. (See Documentation Requirements section.)

Mohs surgery leaves an open wound, which most often is reconstructed (closed) by the Mohs surgeon. Some wound management is included in the intra and post service work of the Mohs surgery codes, and the Mohs surgeon has the option of repair (closure) codes as appropriate. Per CPT codebook, if repair (closure) is performed, the Mohs surgeon may report separate repair, adjacent tissue transfer or rearrangement, flap, or graft codes when medically reasonable and necessary. The guidelines at the beginning of applicable sections of the CPT codebook define items that are necessary to report services and procedures. Also, there are other instructions (such as parenthetical notes with selected codes) that may restrict the use of certain additional procedure codes. Physicians must code to specificity and code correctly. The National Correct Coding Initiative edits applicable to certain procedures must not be circumvented.

Indications:

Characteristics of the lesion pre-procedure:

The appropriate use criteria recommendations (supported by AAD/ACMS/ASDSA/ASMS) provide a necessary starting point for consideration of Mohs micrographic surgical treatment of a lesion. However, Mohs Micrographic Surgery is indicated only when the superficial (lateral) or deep margins of the cancer lesion are uncertain clinically AND the likelihood of surgical cure and reconstruction would be compromised without use of immediate microscopic examination of the surgical margins. Though complexity of the lesion (poorly defined borders, suspected deep invasion, recurrent lesion, prior radiation), lesion size/location, and maximum conservation of healthy tissue are to be addressed in the preoperative medical record, the surgeon must address why the lesion will not be (was not) managed by excision or destruction technique.

Current accepted diagnoses and indications for Mohs Micrographic Surgery (one of three requirements for coverage):

A. Basal cell carcinomas (BCC), squamous cell carcinomas (SCC), basalsquamous/basosquamous cell carcinomas in anatomic locations H and M (except as non-covered in the Limitations section).
   - Area H: “Mask areas” of 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), hands, feet, nail units, ankles, and nipples/areola
   - Area M: Cheeks, forehead, scalp, neck, jawline, pretibial surface

B. Basal cell carcinomas (BCC), squamous cell carcinomas (SCC), or basalsquamous/basosquamous cell carcinomas that are in anatomic locations H, M, and L (trunk and extremities) regardless of subtype, size, or depth arising in (except as non-covered in the Limitations section):
   - Prior radiated skin
   - Traumatic scar
   - Area of osteomyelitis
   - Area of chronic inflammation/ulceration
   - Patients with genetic syndromes

C. Certain recurrent skin cancers (except as non-covered in the Limitations section):
   - Recurrent aggressive BCC, nodular BCC, superficial (except area L) BCC of any size, or unexpected positive margin on recent excision (healthy or immunocompromised patients with genetic syndromes)
   - Recurrent aggressive SCC, verrucous SCC, KA-type SCC (not central facial), in situ/Bowen SCC of any size or unexpected positive margin on recent excision (healthy or immunocompromised patients, or patients with genetic syndromes)

D. Lentigo maligna, melanoma in situ, non-lentigo maligna - primary or locally recurrent in Areas H, M, L when clinical staging, work-up, and surgical treatment consistent with NCCN guidelines

E. Less common skin cancers (except as non-covered in the Limitations section):
   - Adenocystic carcinoma
   - Adnexal carcinoma
   - Angiosarcoma
   - Apocrine/eccrine carcinoma
Atypical Fibroxanthoma
- Dermatofibrosarcoma protuberans
- Extramammary Paget’s Disease
- Leiomyosarcoma
- Malignant fibrous histiocytoma/undifferentiated pleomorphic sarcoma
- Merkel cell carcinoma
- Microcystic adnexal carcinoma
- Mucinous carcinoma
- Sebaceous carcinoma

Limitations:

Qualifications of the physician and office/facility team (one of three requirements for coverage):

The Centers for Medicare & Medicaid Services (CMS) Online Manual System, Publication 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.5.1 outlines that “reasonable and necessary” services are “ordered and furnished by qualified personnel.” Services will be considered medically reasonable and necessary only if performed by appropriately trained providers.

Providers of Mohs surgery are limited to physicians (i.e., MD/DO) as follows:

- Enrolled in Medicare and a licensed physician who has completed Residency training in Dermatology or general/subspecialty surgery AND has completed additional medical training in Mohs surgery. This additional training and expertise must be verifiable. Verification of this training should be available if requested during a pre or post payment medical review. Examples of verification are letter/certificate confirming fellowship program (program certified by a nationally recognized organization); residency program with letter confirming adequate MMS training (program certified by a nationally recognized organization); credible post-graduate training course/program covering Mohs micrographic surgery technique and pathology identification; credible preceptorship with demonstrated case experience and expertise.
- While Mohs surgery is a technical method of tissue handling and processing, the training and expertise of the surgeon greatly impacts the clinical outcome. The surgeon must act as the pathologist for all tissue sections (reliably read the frozen section pathology) and often must function as the reconstructive surgeon.
- The qualified physician must provide services in the appropriate setting for the patient’s medical need and condition. Success requires good tissue handling, good surgical technique, and standard of care tissue processing and staining technique. The Mohs surgery facility must meet standards of care as most are not affiliated with hospital delivery systems. A typical facility consists of procedure rooms suitable for dermatological surgery located in close proximity to a fully-equipped Mohs laboratory. The necessary equipment for Mohs cases of all complexities is available per standards of care. The Mohs laboratory typically has standard of care equipment such as cryostats, staining facilities (manual and/or automated) for standard staining of Mohs sections. There is access to appropriate immunohistochemical staining for selected Mohs cases. The setting must include a Mohs histolaboratory technician who will be either dedicated or one of a small team of biomedical staff who regularly cut Mohs sections and do sufficient numbers per week to maintain a high technical expertise in preparing Mohs sections.
- Though this LCD lists covered diagnosis codes, diagnosis alone does not indicate coverage. The documentation in the medical record for the beneficiary must support that the claim met the criteria outlined in the LCD.

The limitations listed in sections 1-5 below refer to specific body areas and lesion characteristics. The use of Mohs Micrographic Surgery in these areas and for these conditions is not considered medically reasonable and necessary:

1. Both recurrent and primary actinic keratosis (AK) with focal SCC in situ; Bowenoid AK; SCC in situ (AK type) of any size in all areas in healthy or immunocompromised patients.

2. Basal cell carcinoma located in Area L— trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles):
   - Recurrent superficial BCC (healthy or immunocompromised patients, or patients with genetic syndromes) of any size
   - Primary superficial BCC (healthy or immunocompromised patients) of any size
   - Primary nodular BCC (healthy patients) ≤ 2 cm
   - Primary nodular BCC (immunocompromised patients) ≤ 1 cm
3. Squamous cell carcinoma located in Area L— trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles):

- Primary SCC; without aggressive histologic features, <2 mm depth without other defining features, Clark level ≤ III (healthy patients) ≤2 cm
- Primary SCC keratoacanthoma (KA) type; not central facial (healthy patients) ≤ 1 cm
- Primary in situ SCC/Bowen disease (healthy patients) ≤ 2 cm
- Primary in situ SCC/Bowen disease (immunocompromised patients) ≤ 1 cm

4. Desmoplastic trichoepithelioma located in Area L— trunk and extremities (excluding pretibial surface, hands, feet, nail units, and ankles)

5. Bowenoid papulosis

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

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.

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<tr>
<th>Bill Type Code</th>
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<tr>
<td>013x</td>
<td>Hospital Outpatient</td>
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<tr>
<td>021x</td>
<td>Skilled Nursing - Inpatient (Including Medicare Part A)</td>
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<td>023x</td>
<td>Skilled Nursing - Outpatient</td>
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<tr>
<td>071x</td>
<td>Clinic - Rural Health</td>
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<tr>
<td>085x</td>
<td>Critical Access Hospital</td>
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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.

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<tr>
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<td>0312</td>
<td>Laboratory Pathology - Histology</td>
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<tr>
<td>0314</td>
<td>Laboratory Pathology - Biopsy</td>
</tr>
<tr>
<td>0361</td>
<td>Operating Room Services - Minor Surgery</td>
</tr>
<tr>
<td>CPT/HCPCS Codes</td>
<td>Description</td>
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**CPT/HCPCS Codes**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

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<td>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</td>
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<td>17312</td>
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

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<td>Malignant neoplasm of external upper lip - Malignant neoplasm of lip, unspecified</td>
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<tr>
<td>C21.1</td>
<td>Malignant neoplasm of anal canal</td>
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<tr>
<td>C30.0</td>
<td>Malignant neoplasm of nasal cavity</td>
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<tr>
<td>C31.0</td>
<td>Malignant neoplasm of maxillary sinus</td>
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<td>C31.2</td>
<td>Malignant neoplasm of frontal sinus</td>
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<tr>
<td>C43.0 - C43.8</td>
<td>Malignant melanoma of lip - Malignant melanoma of overlapping sites of skin</td>
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### General Information

**Associated Information**

**Documentation Requirements**

(One of three requirements for coverage):

- Documentation supporting the medical necessity of this procedure should be legible, maintained in the patient’s medical record, and made available to Medicare upon request.
- Procedures that exceed the medical need are not reasonable and necessary (not a Medicare covered service), therefore, documentation (pre-procedure E/M note and/or post-procedure operative notes) must address (a) why the lesion will not be (was not) managed by standard excision or destruction technique and (when applicable) (b) why (when utilized or referred to a plastic surgeon) procedures for complex repair, adjacent tissue transfer or rearrangement, flap, or graft codes are employed. The physician must document in the patient’s medical record that the diagnosis is appropriate for MMS and that MMS is an appropriate choice as the treatment of the particular lesion. Also, the options for care (both the primary procedure options and repair options) must be discussed with the patient and clearly noted in the pre-procedure (or post procedure as appropriate) documentation. In summary, the minimal medical need documentation entails that the beneficiary was informed of their treatment options and explained the risks/benefits of the MMS technique and associated repair.

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<td>C4A.0 - C4A.9</td>
<td>Merkel cell carcinoma of lip - Merkel cell carcinoma, unspecified</td>
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<td>C44.01 - C44.09</td>
<td>Basal cell carcinoma of skin of lip - Other specified malignant neoplasm of skin of lip</td>
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<td>C44.111 - C44.1992</td>
<td>Basal cell carcinoma of skin of unspecified eyelid, including canthus - Other specified malignant neoplasm of skin of left lower eyelid, including canthus</td>
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<td>C44.211 - C44.299</td>
<td>Basal cell carcinoma of skin of unspecified ear and external auricular canal - Other specified malignant neoplasm of skin of left ear and external auricular canal</td>
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<td>C44.310 - C44.399</td>
<td>Basal cell carcinoma of skin of unspecified parts of face - Other specified malignant neoplasm of skin of other parts of face</td>
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<td>C44.41 - C44.49</td>
<td>Basal cell carcinoma of skin of scalp and neck - Other specified malignant neoplasm of skin of scalp and neck</td>
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<td>C44.510 - C44.599</td>
<td>Basal cell carcinoma of anal skin - Other specified malignant neoplasm of skin of other part of trunk</td>
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<td>C44.611 - C44.699</td>
<td>Basal cell carcinoma of skin of unspecified upper limb, including shoulder - Other specified malignant neoplasm of skin of left upper limb, including shoulder</td>
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<td>Basal cell carcinoma of skin of unspecified lower limb, including hip - Other specified malignant neoplasm of skin of left lower limb, including hip</td>
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<td>C44.81 - C44.89</td>
<td>Basal cell carcinoma of overlapping sites of skin - Other specified malignant neoplasm of overlapping sites of skin</td>
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<td>Malignant neoplasm of nipple and areola, right female breast - Malignant neoplasm of nipple and areola, unspecified female breast</td>
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<td>D04.0 - D04.8</td>
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<tr>
<td>D07.4</td>
<td>Carcinoma in situ of penis</td>
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</table>
• Operative notes and pathology documentation in the patient’s medical record should clearly show that MMS was performed using accepted MMS technique, in which the physician acts in two integrated and distinct capacities: surgeon and pathologist (therefore confirming that the procedure meets the definition of the CPT code(s)).

• Operative documentation should note: location, number, and size of the lesion(s); number of stages performed; number of specimens per stage. Histology documentation must include the following: (a) First stage: depth of invasion; pathological pattern of the tumor; cell morphology; if present, note perineural invasion of scar tissue. (b) Subsequent stages: if the tumor characteristics are different as in the first stage, note this fact only. If the tumor characteristics are different from the first stage, describe the differences.

• Measurement of the primary lesion necessitating MMS and measurements in support of repair or related procedures (such as but not limited to adjacent tissue transfer/rearrangements, grafts/flaps) completing the MMS procedure and confirming the primary defect measurement or other relevant measurements should be verifiable. Documentation of the clinical tumor border definition may be accomplished by preoperative photography with the skin stretched to delineate the visible clinical borders with or without debulking curettage (using a centimeter ruler or relation of size by another anatomical structure). Postoperative photography to document the defect may also be considered, especially for small lesions that have a significant subepithelial component (i.e., tip of the iceberg phenomenon). It is understood that photographic documentation may not be possible in a small percentage of cases because of technical difficulties.

• When the surgical defect created by MMS requires reconstruction, it should be clear on the documentation that the reconstructive technique performed was an appropriate choice to preserve functional capabilities and to restore physical appearance.

• If one of the NCCI associated modifiers (XE-separate encounter, XP-separate practitioner, XS-separate structure, XU-unusual, non-overlapping service) is used with a skin biopsy/pathology code on the same day the MMS was performed, physician documentation must clearly support the use of the modifier(s).

• If a pathology code is billed on the same day as MMS, documentation must support a separate excision/biopsy/repair was performed.

**Utilization Guidelines**

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

**Sources of Information**

First Coast Service Options, Inc. reference LCD number(s) – L28953, L29230, L29366


Cigna (coverage position number: 0116) Mohs’ Micrographic Surgery.


NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Basal Cell and Squamous Cell Skin Cancers, Version 2.2014.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Melanoma, Version 4.2014. Novitas Solutions, Inc. LCD for Mohs’ Micrographic Surgery (MMS) (L32627)

Other MAC Contractor’s LCDs


Bibliography

N/A

**Revision History Information**

<table>
<thead>
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<th>Revision History Number</th>
<th>Revision History Explanation</th>
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<td>10/01/2018</td>
<td>R4</td>
<td>Revision Number: 2</td>
<td>Revisions Due To ICD-10-CM Code Changes</td>
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<td>Publication: September 2018 Connection</td>
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<td>LCR A/B2018-074</td>
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<td>Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-CM diagnosis code C44.199. Changed ICD-10-CM diagnosis code range C44.111-C44.199 to ICD-10-CM diagnosis code range C44.111-C44.1992, which also includes new diagnosis code C44.1991. In addition, the LCD was revised to indicate that diagnosis codes were added and deleted within existing diagnosis code ranges. The effective date of this revision is based on date of service.</td>
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<tr>
<td>08/07/2018</td>
<td>R3</td>
<td>Revision Number: 1</td>
<td>Other (Revisions based on annual review completed on 03/28/2018.)</td>
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<td>LCR A/B2018-066</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explanation of revision: Based on an annual review of the LCD, it was determined that some of the italicized language in the “Limitations” section of the LCD do not represent direct quotation from a CMS source listed in the LCD; therefore, this LCD is being revised to assure consistency with the CMS source. The effective date of this revision is based on date of service.</td>
<td></td>
</tr>
</tbody>
</table>
08/07/2018: 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Revision</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>3/13/2015</td>
<td>3/13/2015: The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.</td>
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<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>8/22/2014</td>
<td>8/22/2014 - The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.</td>
</tr>
</tbody>
</table>

Revisions Due To: CPT/HCPCS Code Changes

Associated Documents
- Attachments
  - Mohs Micrographic Surgery codeguide (PDF - 23 KB )

Related Local Coverage Documents

Article(s)
A56095 - Mohs micrographic surgery (MMS) revision to the Part A and Part B LCD

Related National Coverage Documents
N/A

Public Version(s)
Updated on 10/03/2018 with effective dates 10/01/2018 - N/A
Updated on 08/08/2018 with effective dates 08/07/2018 - 09/30/2018
Updated on 03/13/2015 with effective dates 10/01/2015 - 08/06/2018
Updated on 08/22/2014 with effective dates 10/01/2015 - N/A
Updated on 07/01/2014 with effective dates 10/01/2015 - N/A
Updated on 03/25/2014 with effective dates 10/01/2015 - N/A

Keywords
N/A Read the LCD Disclaimer