

Draft LCD for Mohs Micrographic Surgery (DL30713)

Draft

Please note: This is a Draft policy.

Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

Future

Please note: This is a Future Draft LCD.

Contractor Information

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Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402, 52280

Contractor Type

Carrier, MAC, FI

LCD Information

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LCD ID Number

DL30713

LCD Title

Mohs Micrographic Surgery

Contractor's Determination Number

DERM-004

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA):

Title XVIII of the Social Security Act, Section 1862 (a)(1)(A)

This section allows coverage and payment for only those services considered 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.

Primary Geographic Jurisdiction

Oversight Region

Region V

Projected Determination Effective Date

For services performed on or after 06/01/2010

Original Determination Ending Date

Revision Effective Date

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage and/or Medical Necessity:

This local coverage determination (LCD) consolidates and replaces all previous policies and publications of this subject by the carrier and fiscal intermediary predecessors of Wisconsin Physician Service (WPS) and all WPS LCSs and articles on this subject including 126640, 126572, 116805, 116806, 116807, and 116808

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 show 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:

Medicare will consider reimbursement for Mohs micrographic surgery for the following indications:

Basal cell, squamous cell, or basalosquamous cell carcinomas in anatomic locations where they are prone to recur:

- Mask area of the face (central face, eyelids, eyebrows, periorbital areas, nose, lips, chin, mandible, periauricular areas, ear, temple, sulci);
- Forehead, cheeks, and neck;
- Genitalia;
- Hands & feet;
- Scalp.

Basal cell carcinomas, squamous cell carcinomas, or basalosquamous carcinomas that have one or more of the following features:

- Recurrent tumor;
- Aggressive pathology;
- Large size (2.0 cm or greater);
- Positive margins on recent excision;
- Poorly defined borders;
- In the very young (<40 yr. Age);
- Radiation-induced;
- In patients with proven difficulty with skin cancers or who are immunocompromised;
- In an old scar (e.g., a marjolin's ulcer);
- Associated with xeroderma pigmentosum;
- Deeply infiltrating lesion or difficulty estimating depth of lesion;
- Perineural invasion on biopsy.

Squamous cell carcinoma exhibiting any of the following:

- Acantholytic histology;
- Rapid growth;
- Longstanding duration.

Basal cell nevus syndrome

Other skin lesions:

- Angiosarcoma of the skin;
- Keratoacanthoma;
- Dermatofibrosarcoma protuberans;
- Malignant fibrous histiocytoma;
- Sebaceous gland carcinoma;
- Microcystic adnexal carcinoma;
- Extramammary paget's disease;
- Bowenoid papulosis;
- Merkel cell carcinoma;
- Bowen's disease (squamous cell carcinoma in situ);
- Verrucous carcinoma;
- Atypical fibroxanthoma;
- Leiomyosarcoma or other spindle cell neoplasms of the skin;
- Adenocystic carcinoma of the skin;
- Erythroplasia of queryrat;
- Apocrine or eccrine carcinoma of the skin;
- Malignant melanoma and lentigo maligna when anatomical or technical difficulties do not allow conventional excision with appropriate margins.

Limitations:

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 included in this LCD may not be used. Standard excision codes should be chosen for such services (e.g., 11600 – 11646).

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.)

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.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for Mohs surgery as authorized by State law.

Coding Information

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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.

11x	Hospital-inpatient (including Part A)
13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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.

036X	Operating room services-general classification
051X	Clinic-general classification
052X	Free-standing clinic-general classification
0761	Specialty Services - Treatment Room (effective 08/10/09)

CPT/HCPCS 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

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-9 Codes that Support Medical Necessity

ICD-9-CM codes 173.5, 173.6, and 173.7 should only be used when the surgery is done on the trunk, arms or legs for one of the indications listed under "Other Skin Lesions".

ICD-9-CM code 173.8 should only be used when reporting malignant neoplasms of contiguous or overlapping sites of skin whose point of origin cannot be determined

140.0 - 140.4

MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - MALIGNANT NEOPLASM OF LOWER LIP INNER ASPECT

140.6 - 140.8

MALIGNANT NEOPLASM OF COMMISSURE OF LIP - MALIGNANT NEOPLASM OF OTHER SITES OF LIP

171.0 - 171.8

MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD FACE AND NECK - MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF CONNECTIVE AND OTHER SOFT TISSUE

172.0 - 172.8

MALIGNANT MELANOMA OF SKIN OF LIP - MALIGNANT MELANOMA OF OTHER SPECIFIED SITES OF SKIN

173.0 - 173.8

OTHER MALIGNANT NEOPLASM OF SKIN OF LIP - OTHER MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SKIN

184.1 - 184.8

MALIGNANT NEOPLASM OF LABIA MAJORA - MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE GENITAL ORGANS

187.1 - 187.4

MALIGNANT NEOPLASM OF PREPUCE - MALIGNANT NEOPLASM OF PENIS PART UNSPECIFIED

187.7

MALIGNANT NEOPLASM OF SCROTUM

187.8

MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF MALE GENITAL ORGANS

232.0 - 232.8

CARCINOMA IN SITU OF SKIN OF LIP -
CARCINOMA IN SITU OF OTHER SPECIFIED
SITES OF SKIN

233.30 - 233.32

CARCINOMA IN SITU, UNSPECIFIED FEMALE
GENITAL ORGAN - CARCINOMA IN SITU,
VULVA

233.39

CARCINOMA IN SITU, OTHER FEMALE
GENITAL ORGAN

233.5

CARCINOMA IN SITU OF PENIS

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information



Documentation Requirements

The majority of 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.

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 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 upon request.

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "indications and limitations of coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Appendices

Utilization Guidelines

Not applicable

* - an asterisk indicates a revision to that section of the policy.

Sources of Information and Basis for Decision

Note: This policy does not reflect the sole opinion of the contractor or the contractor medical director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the carrier advisory committee(s), which includes representatives of various medical specialty societies.

American Academy of Dermatology Guidelines: (1) "Guidelines of care for Mohs Micrographic Surgery", (2) "Guidelines of care for Malignant Melanoma"

American Academy of Dermatology: Principles' for Application of AMA-CPT Codes,

http://www.aad.org/pm/billing/managedcare/models_codes.html

Bowen, Glen M., M.D., White, George L., Jr., P.A.-C., M.S.P.H., PH.D, Gerwells, John W., M.D., Mohs Micrographic Surgery, American Family Physician, September 1, 2005, Volume 72 (5), 845-848.

Habif, Thomas P., M.D., Squamous Cell Carcinoma, Habif: Clinical Dermatology, 4th Edition, Philadelphia, P.A., Mosby, Inc, 2004.

Lang, PG, Jr, M.D., The role of Mohs' Micrographic Surgery in the Management of Skin Cancer and a Perspective on the Management of the Surgical Defect. Clinics in Plastic Surgery, 01-Jan-2004, 31(1): 5-31.

Scheinfeld, Noah, M.D., J.D., Yu, Thomas, M.D., Weinberg, Jeffrey, M.D., et al, Cutaneous Oncologic and Cosmetic Surgery in Geriatric Patients, Dermatologic Clinics of North America, 2004, Vol 22, 97-113.

Advisory Committee Meeting Notes

Meeting date:

Wisconsin: February 13, 2010

Illinois: January 13, 2010

Michigan: January 27, 2010

Minnesota: January 14, 2010

J-5 MAC (IA,KS,MO, NE) February 19, 2010

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number

Revision History Explanation

Reason for Change

Last Reviewed On Date

Related Documents

This LCD has no Related Documents.

LCD Attachments

Coding and Billing Guidelines (PDF - 58,731 bytes)

Draft Contact

Stephen Boren - Stephen.Boren@wpsic.com
WPS Medicare
111 E. Wacker
Chicago, IL 60601

All Versions



