

COMMERCIAL REIMBURSEMENT POLICY

Mohs Micrographic Surgery

Active

Policy Number: Surgery/Interventional Procedure-021
Policy Title: Mohs Micrographic Surgery
Section: Surgery/Interventional Procedure
Effective Date: 12/01/23

Description

This policy addresses coding and reimbursement for Mohs Micrographic Surgery (MMS).

Definitions

Mohs Micrographic Surgery is a surgical procedure used to treat skin cancer. It is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s); and 2) Additional excision and evaluation are performed until all margins are clear.

Policy Statement

The MMS codes include skin biopsy, excision services, and pathology services. According to the American Medical Association (AMA), MMS requires a single physician to act 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 services separately, the MMS CPT® codes (17311-17315) will be denied.

In addition, the AMA indicates that pathology examination of the specimen (88300-88309, 88331-88332 and 88342) is an inclusive component of MMS and should not be separately reported by the MMS surgeon. If a separate pathology code is submitted for the same date of service as MMS by the same provider and records do not indicate the pathology was related to a biopsy or excision performed distinctly separate from the MMS tumor site, the pathology code will be denied as included in the MMS surgery.

Blue Cross and Blue Shield of Minnesota requires that providers be board certified in Dermatology and have an active subspecialty certification in Mohs Micrographic Surgery to be reimbursed for CPT codes 17311–17315.

NOTE: This policy does not apply to FEP.

Documentation Submission

Documentation must clearly identify and support procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.



The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	N/A					
ICD-10 Diagnosis:	N/A					
ICD-10 Procedure:	N/A					
CPT/HCPCS:	17311	17312	17313	17314	17315	
	88300	88302	88304	88305	88307	88309
	88331	88332	88342			
Revenue Codes:	N/A					

Resources

Current Procedural Terminology (CPT®)
Centers for Medicare and Medicaid Services, CMS Manual System
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI)

Policy History

01/04/2021	Initial Committee Approval Date
10/25/2022	Annual Policy Review: Updated template, revised language, and added sources
11/28/2023	Annual Policy Review

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