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Guidance to Reduce Mohs Surgery Reimbursement Issues

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Note: We revised this article to clarify the stage one documentation in the paragraph just before the Additional Information section. All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters® Special Edition Article is intended for physicians and hospitals submitting claims to Medicare Administrative Contractors (MACs) for providing Mohs Micrographic Surgical (MMS) services to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

Medicare will only reimburse for MMS services when the Mohs surgeon acts as **both** surgeon and pathologist. You may not bill Medicare for these procedures if preparation or interpretation of pathology slides is performed by a physician other than the Mohs surgeon.

BACKGROUND

Mohs Micrographic Surgery (MMS) is a precise, tissue-sparing, microscopically controlled surgical technique used to treat selected skin cancers. It is an approach that aims to achieve the highest possible cure rates, and minimize wound size and consequent distortions at critical sites such as the eyes, ears, nose, and lips.

MMS 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 is performed until all margins are clear. Further, the physician performing MMS serves both as surgeon and pathologist; performing not only the excision but also the histologic evaluation of the specimen(s).

Specifically, the descriptions for these Mohs-specific Current Procedural Terminology (CPT) codes are:

- **CPT Code 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) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or

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any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks.

- **CPT Code 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) (e.g., 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).
- **CPT Code 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) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks.
- **CPT Code 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) (e.g., 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).
- **CPT Code 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) (e.g., 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).

The Identified Coding Problems

During an audit of the CPT codes associated with MMS across several states in a region, Medicare Recovery Auditors found instances in which the preparation and/or interpretation of the slides of tissue removed during the procedures was performed by someone other than the surgeon (or his/ her employee). Examples of findings from this audit follow:

- **Example 1:** A physician billed CPT Code 17311 (Mohs Micrographic Surgery), while on the same date of service CPT Code 88305 (Surgical Pathology, gross and microscopic examination) for the preparation and interpretation of the slides taken during the procedure, was separately billed for a specimen examination by a different practitioner without a modifier. CPT Code 17311 was, therefore, an overpaid claim.
- **Example 2:** A physician billed CPT Code 17313 (Mohs Micrographic Surgery) while on the same date of service CPT Code 88305 (Surgical Pathology, gross and microscopic examination) for the preparation and interpretation of the slides during the procedure was separately billed for a specimen examination by a different practitioner without a modifier. CPT Code 17313 was, therefore an overpaid claim.

Coding and Documentation Guidance to Help Prevent Reimbursement Problems

The majority of skin cancers can be managed by simple excision or destruction techniques. The medical record of a patient undergoing MMS should clearly show that this procedure 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). Medicare will consider reimbursement for MMS for accepted diagnoses and indications, which you must document in the patient's medical record as being appropriate for MMS and that MMS is the most appropriate choice for the treatment of a particular lesion.

Additionally, you should be aware of Mohs Medicare coverage limitations: 1) Only physicians (MD/DO) may perform MMS; 2) The physician performing MMS must be specifically trained and highly skilled in MMS techniques and pathologic identification; and 3) As mentioned above, if the surgeon performing the excision using MMS does not personally provide the histologic evaluation of the specimen(s), the CPT codes for MMS cannot be used, rather the codes (11600-11646) for the standard excision of malignant lesions should be chosen.

If MMS on a single site cannot be completed on the same day because the patient could not tolerate further surgery and the additional stages were completed the following day, you must start with the primary code (CPT code 17311) on day two. Computer edits will reject claims where a secondary code (e.g., CPT code 17312) is billed without the primary code (e.g., CPT code 17311) also appearing on same date of service, and the same claim.

Your documentation in the patient's medical record should support the medical necessity of this procedure and of the number and locations of the specimens taken. The operative notes and pathology documentation should clearly show that the procedure was performed using accepted MMS technique, in which you acted in two integrated, but distinct, capacities as surgeon and pathologist. 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 tumor is visualized on stage one, you must describe the histology of the specimens taken. 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.

ADDITIONAL INFORMATION

There are a number of Local Coverage Determinations and Articles that address Mohs surgery in more detail. To access those LCDs, visit http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
October 27, 2020	We revised this article to clarify the stage one documentation in the paragraph just before the Additional Information section. All other information remains the same.
June 27, 2013	Initial article released.