
CMS Manual System

Pub. 100- 04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 434

Date: JANUARY 14, 2005

CHANGE REQUEST 3458

SUBJECT: Addition of CLIA Edits to Certain Health Care Procedure Coding System (HCPCS) Codes for Mohs Surgery

SUMMARY OF CHANGES: This instruction will make the HCPCS codes for Mohs Surgery (i.e., 17304, 17305, 17306, 17307 and 17310) subject to CLIA edits.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2005

***IMPLEMENTATION DATE: July 5, 2005**

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|-------|----------------------------------|
| N/A | |
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| | |

***III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.**

IV. ATTACHMENTS:

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|----------|--------------------------------------|
| | Business Requirements |
| | Manual Instruction |
| | Confidential Requirements |
| X | One-Time Notification |
| | Recurring Update Notification |

***Medicare contractors only**

Attachment – One-Time Notification

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| Pub. 100-04 | Transmittal: 434 | Date: January 14, 2005 | Change Request 3458 |
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SUBJECT: Addition of CLIA Edits to Certain Health Care Procedure Coding System (HCPCS) Codes for Mohs Surgery

I. GENERAL INFORMATION

A. Background: The Clinical Laboratory Improvement Amendments of 1998 (CLIA) require a facility to be appropriately certified for each test performed. To ensure that Medicare and Medicaid only pay laboratory tests performed by certified facilities, each HCPCS code that includes a laboratory test is currently edited at the CLIA certificate level.

The Mohs surgery procedure, usually includes the following steps:

- A physician generally removes the visible cancer, along with a thin layer of additional tissue;
- The removed tissue specimen is cut into sections, stained, and marked on a detailed diagram;
- The tissue is frozen on a cryostat, very thin slices are removed from the entire edge and undersurface and these slices are then placed on slides and stained for examination under the microscope;
- The physician examines the entire undersurface and complete edge of the tissue specimen, and all microscopic “roots” of the cancer are precisely identified and pinpointed on the Mohs map; and
- Upon microscopic examination, if residual cancer is found, the physician utilizes the Mohs map to direct the removal of additional tissue.

The process is repeated as many times as necessary to locate any remaining cancerous areas within the tissue specimen. When the microscopic examination reveals that there is no remaining tumor, the surgical defect is repaired.

The HCPCS codes for Mohs micrographic surgery (i.e., 17304, 17305, 17306, 17307, and 17310) require a physician to act as both a surgeon and a pathologist. These codes include the physician’s microscopic examination and interpretation of tissue specimens. Both the microscopic examination and interpretation of tissue specimens are categorized as high complexity tests under CLIA in the specialty of histopathology.

At this time, all laboratory tests covered under CLIA are edited at the CLIA certificate level. The previously mentioned Mohs micrographic surgery HCPCS codes would require either a CLIA certificate of registration (certificate type code 9), a CLIA certificate of compliance (certificate type code 1), or a

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--|---|-------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 3458.2 | CWF shall add the laboratory certification (LC) code of 610 to the HCPCS codes 17304, 17305, 17306, 17307 and 17310. CWF shall not edit for the LC code. | | | | | | | | X | |
| 3458.3 | Carriers shall deny payment if a CLIA # is not submitted on claims by facilities for the HCPCS codes 17304, 17305, 17306, 17307 and 17310. | | | X | | | | | | |

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

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| <p>Effective Date: July 1, 2005</p> <p>Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s): Kathy Todd, (410) 786-3385</p> <p>Post-Implementation Contact(s): N/A</p> | <p>Medicare Contractors shall implement these instructions within their current operating budgets.</p> |
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