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1.0 Description of the Procedure, Product, or Service

Mohs' micrographic surgery (MMS) is a technique of skin cancer treatment in which the cancer is surgically excised and the specimen is processed immediately so that the Mohs' surgeon can examine the tissue under a microscope. MMS requires a single surgeon to act in two distinct roles: as surgeon and pathologist. MMS is usually an outpatient procedure done under local anesthesia (with or without sedation). The goal of MMS is complete removal of the skin cancer with preservation of the maximum amount of healthy skin. This technique also may result in smaller scars. Basal cell carcinomas and squamous cell carcinomas are the two most common skin cancers for which MMS is utilized. Due to the methodical manner in which tissue is removed and examined, MMS has been recognized as the skin cancer treatment with the highest reported cure rate.

MMS involves a specific sequence of surgery and microscopic examination. The skin cancer that is visible or can be felt is removed by scraping or excision. A thin, saucer-like piece of tissue is then excised around and underneath the area. The removed tissue is carefully divided into pieces or "blocks" and each piece is color coded and marked on a detailed drawing or graph (Mohs' map) to be used as a guide to the precise location of any remaining cancer cells. The tissue is then frozen and very thin slices from the entire edge and under-surface of each piece are placed on slides and stained by the Mohs' histotechnology technician for microscopic examination by the Mohs' surgeon. This is the most time-consuming part of MMS and often may take one hour or more to complete. During this time, a dressing is applied to the wound and the recipient is asked to wait. If the cancer cells have not been completely removed, additional tissue is excised and the process is repeated. This is repeated until the skin cancer is totally removed. Each excision, processing of the tissue and microscopic examination is called a "stage". Most Mohs' cases can be completed in three (3) or fewer stages requiring less than four (4) hours.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Mohs' micrographic surgery (MMS) is covered under the NC Health Choice Program when it is determined to be medically necessary because the following criteria are met.

MMS is primarily used to treat basal and squamous cell carcinomas, but can be used to treat less common tumors including melanoma. MMS may be considered medically necessary for ANY of the following indications:

- a. When performed in anatomic areas with high risk of recurrence of cancer. These areas would include involvement of the face (especially around nose, mouth, eyes, and central third of face), external ear and tragus, temple, scalp, mucosal lesions, and nail bed and periungual areas; or
- b. Cancer located in areas where tissue preservation is important for maximum functional and cosmetic result, including the face, ears, hands, feet, and genitalia; or
- c. Recurrent or incompletely excised malignant lesions, regardless of anatomic region; or
- d. Tumor occurring in previously irradiated skin areas in any anatomic region; or
- e. For exceptionally large (>2 centimeters in diameter) lesions in any anatomic region; or
- f. Cancer displaying aggressive behavior (refer to **Subsection 3.3**) or rapid growth in any anatomic region; or
- g. When the cancer has ill-defined borders; or
- h. Malignant lesions in immunosuppressed recipients; or
- i. The tumor is associated with high risk of metastasis (e.g., Bowen's disease, discoid lupus erythematosus, and lichen sclerosus).

3.3 Medical Policy Guidelines

Cancer displaying aggressive behavior is normally defined based upon pathology/histology of biopsy. Histologic features that are considered "aggressive" include at least one of the following microscopic characteristics:

- a. Sclerotic;
- b. Morpheaform;
- c. Fibrosing;
- d. Metatypical/Infiltrative/spikey shaped cell groups;
- e. Perineural or perivascular involvement;
- f. Nuclear pleomorphism;
- g. High mitotic activity; or
- h. Superficial multicentric.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Mohs' micrographic surgery (MMS) is not covered for indications not listed in **Subsection 3.2**.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for Mohs' micrographic surgery.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
September 30, 2011	Throughout	Policy Date of Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code(s)					
17311	17312	17313	17314	17315	

Note: The time required to perform Mohs' micrographic surgery is extensive. As a result the NC Health Choice Program will not cover MMS for more than four (4) lesions on the same date of service.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Outpatient and Inpatient

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.