

MOH'S MICROGRAPHIC SURGERY

Date of origin: Oct. 7, 2024

Review dates: None yet recorded

APPLIES TO

All products

DEFINITION

Moh's micrographic surgery (MMS) is a two-step process where the tumor is removed in stages. Removal is followed by histologic evaluation of the margins of the specimen. Further excision is performed until all margins are clear. The physician performing MMS provides both the surgical **and** pathological services.

POLICY SPECIFIC INFORMATION**Place of service**

In line with Medicare, the qualified physician must provide services in the appropriate setting for the medical need and condition. The MMS surgery facility must meet standards of care.

Standard of care equipment includes:

- Cryostats
- Staining facilities (manual and/or automated)
- Access to immunohistochemical staining

Documentation requirements

While not an all-inclusive listing, the medical record should clearly document:

- Describe why MMS was chosen and why other approaches are not reasonable (e.g., poorly defined clinical borders, possible deep invasion)
- Location, number and size of the lesion(s)
- The number of stages performed
 - Histology documentation should include:
 - If tumor is present
 - Depth of invasion
 - Pathological pattern
 - Cell morphology
- Number of specimens per stage
- Operative and pathology notes must clearly show that MMS was performed using accepted MMS technique, with the same physician performing surgical and pathology services.
- Measurements in support of repair (i.e. adjacent tissue transfer/rearrangements)

Coding specifics

MMS services are reported within the CPT code range 17311 – 17315. These codes should be used by the physician that removes the lesion and prepares and interprets the slides. Certain skin biopsy, excision and pathology services are bundled into the MMS service.

- If either surgery or pathologist responsibilities are delegated to another physician, MMS services (17311-17315) shouldn't be reported.
- All surgical procedures that are performed within the same operative session should be reported on the same claim.
- Multiple instances of the add on codes should be totaled and entered as a single item.
- Repairs, grafts and flaps may be separately reportable with MMS.

Bill types

- **011x:** Hospital Inpatient (Including Medicare Part A)
- **013x:** Hospital Outpatient
- **071x:** Clinic – Rural Health
- **073x:** Clinic – Freestanding
- **085x:** Critical Access Hospital

Revenue codes

- **036x:** Operating Room Services – General Classification
- **051x:** Clinic – General Classification
- **052x:** Freestanding Clinic – General Classification
- **0761:** Specialty Services – Treatment Room

Modifiers

- **59:** Distinct procedural service
- **XS:** Separate structure, a service that is distinct because it was performed on a separate organ/structure
- **XU:** Unusual nonoverlapping service, the use of a service that is distinct because it doesn't overlap usual components of the main service
- **58:** Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

Get more information on modifiers [in our Provider Manual](#).

Resources

- [LCD - Mohs Micrographic Surgery \(L35494\)](#) (CMS)
- [Article - Billing and Coding: Mohs Micrographic Surgery \(A57477\)](#) (CMS)
- [Medicare NCCI Policy Manual 2024 Chapter 3](#) (CMS)

CHANGE / REVIEW HISTORY

Date	Revisions made