

Corporate Medical Policy

Mohs' Micrographic Surgery

File Name: mohs_micrographic_surgery
Policy Number: SUR6477
Origination: 07/15/2004
Last CAP Review: 5/2009
Next CAP Review: Not Applicable
Last Review: 4/2010

Active policy, no longer scheduled for routine literature review

Description of Procedure 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 patient 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 or fewer stages requiring less than four hours.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage for Mohs' Micrographic Surgery when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Mohs' Micrographic Surgery

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Mohs' Micrographic Surgery is covered

The time required to perform Mohs' Micrographic Surgery is extensive. As a result BCBSNC will not cover MMS for more than 4 lesions on the same date of service. Mohs' Micrographic Surgery is primarily used to treat basal and squamous cell carcinomas, but can be used to treat less common tumors including melanoma. Mohs' Micrographic Surgery may be considered medically necessary for **any** of the following indications:

- 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
- Cancer located in areas where tissue preservation is important for maximum functional and cosmetic result, including the face, ears, hands, feet, and genitalia; or
- Recurrent or incompletely excised malignant lesions, regardless of anatomic region; or
- Tumor occurring in previously irradiated skin areas in any anatomic region; or
- For exceptionally large (>2 centimeters in diameter) lesions in any anatomic region; or
- Cancer displaying aggressive behavior (see Policy Guidelines below) or rapid growth in any anatomic region; or
- When the cancer has ill-defined borders; or
- Malignant lesions in immunosuppressed patients; or
- The tumor is associated with high risk of metastasis (e.g., Bowen's disease, discoid lupus erythematosus, and lichen sclerosus).

When Mohs' Micrographic Surgery is not covered

For indications not listed above.

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:

- Sclerotic;

Mohs' Micrographic Surgery

- Morpheaform;
- Fibrosing;

- Metatypical/Infiltrative/spikey shaped cell groups;
- Perineural or perivascular involvement;
- Nuclear pleomorphism;
- High mitotic activity; or
- Superficial multicentric.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 17311, 17312, 17313, 17314, 17315

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

American Academy of Dermatology Association website at www.aadassociation.org/Guidelines/mohs.html accessed 3/27/03 "Guidelines of Care for Mohs Micrographic Surgery"

Specialty Matched Consultant review - 6/2003

Specialty Matched Consultant review - 2/2005

Bowen GM, White GL, Gerwels JW. Mohs micrographic surgery. Am Fam Physician. 2005 Sep;72(5):845-8. Retrieved on January 26, 2007 from <http://www.aafp.org/afp/20050901/845.html>

American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACMMSCO). About mohs micrographic surgery. The American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACMMSCO). Retrieved on February 14, 2007 from <http://www.mohscollege.org/AboutMMS.html#Effectiveness>

Specialty Matched Consultant review - 4/27/07

Specialty Matched Consultant review - 5/2009

Mohs' Micrographic Surgery

Policy Implementation/Update Information

7/15/04 Notification of new policy titled "MOHS Micrographic Surgery". Reviewed by Specialty Matched Consultant. The time required to perform Mohs' Micrographic Surgery (MMS) is extensive. As a result BCBSNC will not cover MMS for more than 4 lesions on the same date of service. Notification given 7/15/04. Effective date 9/23/04.

3/3/2005 Specialty Matched Consultant Advisory Panel review 2/11/05. No changes to criteria. Added clarification re: "Cancer displaying aggressive behavior..." under Policy Guidelines.

1/17/07 CPT codes 17311, 17312, 17313, 17314 and 17315 effective January 1, 2007 added to Billing/Coding section. Removed deleted CPT codes 17304, 17305, 17306, 17307 and 17310. (pmo)

5/21/07 Items added to When Covered section: Third bullet-added "or incompletely excised"; fourth bullet, added "Tumor occurring in....."; added another bullet-"The tumor is associated with high risk of metastasis (e.g., Bowen's disease, discoid lupus erythematosus, and lichen sclerosus)." Reference sources added. (pmo)

6/22/09 Reference sources added. No changes to criteria. (pmo)

4/13/2010 Senior Medical Director Review Policy status changed to Active Archive. No longer scheduled for routine literature review. (mco)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.