

## Treatment of Malignant Skin Lesions

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary treatment of malignant skin lesions.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Mohs Micrographic Surgery (MMS)** – A microscopically controlled tissue-sparing surgical technique of removing complex or ill-defined cancerous tissue of the skin.

**Photodynamic therapy (PDT)** – A medical procedure that involves the administration of a photosensitizing drug and subsequent exposure of tumor cells to a non-thermal laser light source to induce cellular damage. Photo-activation of the drug creates a cytotoxic reaction within the cells that destroys dysplastic lesions; the cytotoxic effect is dependent on light and oxygen.

### PROCEDURES

Prior authorization is required.

MMS is primarily used to treat basal and squamous cell carcinomas but can be used to treat less common tumors including but not limited to melanoma. MMS may be considered medically necessary for any ONE of the following indications:

- When performed in anatomic areas with high-risk recurrences of cancer; or
- Recurrent or incomplete excised malignant lesions, regardless of anatomic area; or
- Tumor occurring in previously irradiated skin areas of any anatomic area; or
- Cancer displaying \*aggressive behavior or rapid growth in any anatomic area; or
- Cancer with ill-defined borders; or
- Malignant lesions in immunosuppressed patients, or
- Tumors with high-risk metastasis; or
- Areas of important tissue preservation (ears, face, feet, hands, genitalia, and perianal); or
- Exceptionally large size lesions (2.0 cm or greater) in any anatomic region.

\*Aggressive behavior must include ANY ONE of the following histologic characteristics:

- Sclerotic
- Morpheaform
- Fibrosing
- Metatypical/Infiltrative/Spikey shaped cells groups
- Perineural or perivascular involvement
- Nuclear pleomorphism
- High mitotic activity
- Superficial multicentric

MMS not meeting the above criteria is considered not medically necessary.

Dermatological applications of Photodynamic therapy (PDT) may be considered medically necessary for ANY of the following:

- Superficial basal cell skin cancer only when surgery and radiation are contraindicated; or
- Bowen's disease (squamous cell carcinoma in situ) only when surgery and radiation are contraindicated.

PDT not meeting the criteria as indicated in this policy is considered experimental/investigational, and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

#### **POST-PAYMENT AUDIT STATEMENT**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

#### **PLACE OF SERVICE**

MMS is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

CPT codes	Description
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision to 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; first stage, up to 5 tissue blocks.
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).
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.
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).
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).
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day.
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s) provided by a physician or other qualified health care professional, per day.
96574	Debridement of premalignant hyperkeratotic lesion(s) (i.e., targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day.
J7308	Aminolaevulinic acid Hcl for topical administration, 20%, single unit dosage form (354mg).
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram.
J7345	Aminolaevulinic acid Hcl for topical administration, 10% gel, 10mg.

**COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 17311, 17312, 17313, 17314, 17375**

Codes						
C00.0	C00.1	C00.2	C00.3	C00.4	C00.5	C00.6
C00.8	C00.9	C43.0	C43.10	C43.111	C43.112	C43.121
C43.122	C43.20	C43.21	C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59	C43.60	C43.61	C43.62
C43.70	C43.71	C43.72	C43.8	C43.9	C44.00	C44.01
C44.02	C44.09	C44.101	C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191	C44.1192	C44.121	C44.1221
C44.1222	C44.1291	C44.1292	C44.191	C44.1921	C44.1922	C44.1991
C44.1992	C44.201	C44.202	C44.209	C44.211	C44.212	C44.219
C44.221	C44.222	C44.229	C44.291	C44.292	C44.299	C44.300
C44.301	C44.309	C44.310	C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399	C44.40	C44.41	C44.42
C44.49	C44.500	C44.501	C44.509	C44.510	C44.511	C44.519
C44.520	C44.521	C44.529	C44.590	C44.591	C44.599	C44.601
C44.602	C44.609	C44.611	C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699	C44.701	C44.702	C44.709
C44.711	C44.712	C44.719	C44.721	C44.722	C44.729	C44.791
C44.792	C44.799	C44.80	C44.81	C44.82	C44.89	C44.90
C44.91	C44.92	C44.99	C4A.0	C4A.10	C4A.11	C4A.12
C4A.20	C4A.21	C4A.22	C4A.30	C4A.31	C4A.39	C4A.4
C4A.51	C4A.52	C4A.59	C4A.60	C4A.61	C4A.62	C4A.70
C4A.71	C4A.72	C4A.8	C4A.9	C51.0	C51.1	C51.2
C51.8	C51.9	C52	C57.7	C57.8	C57.9	C60.0
C60.1	C60.2	C60.8	C60.9	C63.00	C63.01	C63.02
C63.10	C63.11	C63.12	C63.2	C63.7	C63.8	C63.9
C76.0	C76.40	C76.41	C76.42	C76.8	C7B.1	D03.0
D03.10	D03.111	D03.112	D03.121	D03.122	D03.20	D03.21
D03.22	D03.30	D03.39	D03.4	D03.51	D03.52	D03.59
D03.60	D03.61	D03.62	D03.70	D03.71	D03.72	D03.8

D03.9	D04.0	D04.10	D04.111	D04.112	D04.121	D04.122
D04.20	D04.21	D04.22	D04.30	D04.39	D04.4	D04.5
D04.60	D04.61	D04.62	D04.70	D04.71	D04.72	D04.8
D04.9	D07.1	D07.2	D07.30	D07.39	D07.4	D07.5
D07.60	D07.61	D07.69	D48.5			

**COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 96567, 96573, 96574, J7308, J7309, AND J7345**

Codes						
D04.0	D04.4	D04.5	D04.8	D04.9	D04.10	D04.111
D04.112	D04.121	D04.122	D04.20	D04.21	D04.22	D04.30
D04.39	D04.60	D04.61	D04.62	D04.70	D04.71	D04.72

**REIMBURSEMENT**

Participating facilities will be reimbursed per their Highmark Health Options contract.

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**POLICY UPDATE HISTORY**

09/20/2021	Approved Medical Policy Committee
05/02/2022	Annual review, approved Medical Policy Committee
03/22/2023	Annual review; approved in Medical Policy Committee
03/28/2023	Approved in QI/UM