Highmark Coding Tips
Mohs Micrographic Surgery

September 2024

Mohs Micrographic Surgery – CPT® Codes 17311-17315

This is a method for treating skin cancer lesions. The physician begins by removing the lesion and dividing the specimen into smaller portions, called blocks. The block's location within each stage is carefully mapped, and each block is examined for cancer cells. The same physician acts as both the surgeon (excising the tissue) and the pathologist (examining each block's slides). If cancerous cells are found in any portion (block) within the specimen (stage), the physician will excise additional tissue from the mapped area. This process will continue in stages, which further divides the blocks for examination until no cancer evidence remains.

Surgical Pathology – CPT Codes 88302-88309 or 88331-88332

These codes represent pathologic examination and should not be reported separately from the surgical codes (17311-17315) on tissue used for margin evaluation during Mohs surgery. MOHS surgery includes the pathologic examination of the specimen performed by the surgeon. There may be instances when a Mohs surgeon may need to submit specimen(s) derived from the procedure for pathologic examination to another physician (i.e., pathologist) for either frozen or permanent section. In those situations, the service is not considered a MOHS service and the pathology service should be reported by the performing pathologist. The surgeon would report for the excision and repair using appropriate CPT codes.

It is **not** appropriate to report modifier -59 (Distinct procedural service) when the biopsy and Mohs surgery are performed on the same lesion, in the same operative session and on the same date of service. However, if the submitted tissue is not the same tissue that was processed during the Mohs surgery. Or, if a suspected skin cancer is biopsied for pathologic diagnosis prior to proceeding to Mohs surgery, the biopsy and frozen section pathology may be reported separately by appending modifier -59 to the pathology code.

Note: The surgery codes refer to **the number of blocks**, not the number of slides.

Because Mohs surgical CPT codes are built based on the lesion location and the number of required tissue blocks, the documentation should clearly note these factors. The documentation should also include the number of stages required for each lesion excised, the complexity and size of each lesion and how many blocks the physician divided each stage into. In addition, documentation should support that the same physician performed both the surgical and pathology services.

Delaware, Pennsylvania, and West Virginia providers:

- See **Commercial Medical Policy S-46: Treatment of Malignant Skin Lesions** and **Medicare Advantage Medical Policy S-126: Mohns Micrographic Surgery** for additional coverage indications.

New York providers:

- See **Commercial Medical Policy S-46: Treatment of Malignant Skin Lesions** for additional coverage indications.

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