2025 Mohs Micrographic Surgery (MMS)

Surgical Services

SURG-MOHS-HH

Last Review Date: 08/11/2025

Previous Review Date: NEW

Guideline Initiated: NEW

Table of Contents

Contraindications or exclusions to Mohs Micrographic Surgery (MMS)

Mohs micrographic surgery may be contraindicated when the medical record demonstrates **ANY** of the following:

1. Actively inflamed **OR** infected skin
2. Angiosarcoma
3. Invasive cutaneous melanoma
4. Kaposi sarcoma
5. Unable to tolerate local anesthesia **OR** repeated injections

References: [7] [4]

Mohs Micrographic Surgery (MMS)

Mohs Micrographic Surgery (MMS) Guideline

Mohs micrographic surgery (MMS) is considered medically appropriate when the documentation demonstrates **ANY** of the following skin conditions:

1. Cancer, primary **OR** recurrent, and **ANY** of the following:
    a. Adenocystic carcinoma (ACC)
    b. Adnexal carcinoma
    c. Apocrine/eccrine carcinoma
    d. Atypical fibroxanthomia (AFX)
    e. Basal cell carcinoma (BCC), high risk (eg, basosquamous, BCC morpheaform, infiltrating tumors, perineural or perivascular invasion)
    f. Cutaneous leiomyosarcoma
    g. Dermatofibrosarcoma protuberans (DFSP)
    h. Extramammary Paget's disease (EMPD)
    i. Microcystic adnexal carcinoma (MAC) (sclerosing sweat duct carcinoma)
    j. Primary cutaneous mucinous carcinoma
    k. Sebaceous carcinoma
    l. Squamous cell carcinoma (SCC), high risk (eg, clear cell, perineural or perivascular invasion, poor differentiation, small cell)

References: [1] [2] [3] [5] [6] [7] [8] [9] [4]

2. High risk of recurrence (eg, external ear and tragus, face, mucosal lesions, nail bed, periungual area, scalp, temple)
   References: [7] [1]
3. Incompletely excised
   References: [7]
4. In situ melanoma **OR** lentigo maligna in anatomically constrained areas (eg, acral sites, ears, genitalia, face, perianal)
   References: [10] [11] [4]
5. Large (2 cm or larger) **OR** fast growing lesions
   References: [7] [1]
6. Poorly defined clinical borders
   References: [7]
7. Skin cancer in previously irradiated area
   References: [7]
8. Tumors in cosmetically or functionally sensitive areas (eg, eyelids, lips, genitalia, nail beds)
   References: [7] [1]

Pediatric Mohs Microscopic Surgery (MMS) Guideline

MMS for the pediatric population:

- The role of this therapy is uncertain/unclear in the current evidence. Requests for this therapy require review by a physician reviewer, medical director and/or the individual's healthplan.

References: [12] [13]

LCD 33436
See also, **LCD 33436**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 33689
See also, **LCD 33689**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34195
See also, **LCD 34195**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to individual's healthplan membership

LCD 34961
See also, **LCD 34961**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35494
See also, **LCD 35494**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35702
See also, **LCD 35702**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 35704
See also, **LCD 35704**: Mohs Micrographic Surgery at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

HEALTHHELP®

A WNS COMPANY

Mohs Micrographic Surgery (MMS) Procedure Codes

Table 1. MMS Associated Procedure Codes

CODE	DESCRIPTION
17311	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) (eg, 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) (eg, 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) (eg, 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) (eg, 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) (eg, 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)

Mohs Micrographic Surgery (MMS) Summary of Changes

The MOHS Micrographic Surgery clinical guideline is a new HealthHelp guideline initiated in 2025.

Mohs Micrographic Surgery (MMS) Definitions

Acral sites refer to the extremities of the body, specifically the hands, feet, and nail units. These areas are often non-sun-exposed and are a common location for acral lentiginous melanoma, a type of melanoma.

Adenocystic carcinoma (ACC) is a rare cancer that typically originates in the salivary glands, but can also occur in other areas of the head and neck, as well as in the breast, lung, and other locations. It's characterized by slow growth, a tendency to invade nerves (perineural invasion), and a potential for recurrence and metastasis.

Adnexal carcinoma specifically refers to microcystic adnexal carcinoma (MAC), a rare type of skin cancer that arises from sweat glands. It's a malignant, low-grade sweat gland tumor, typically found on the head and neck, often the face.

Angiosarcoma is a rare, malignant cancer that originates in the endothelial cells that line blood vessels. It is a type of sarcoma, a group of cancers that arise in soft tissues.

Apocrine carcinoma is a rare type of cancer that develops from apocrine glands, which are a type of sweat gland found in the skin, breast, and other areas. It's characterized by tumor cells with abundant, granular, eosinophilic cytoplasm and enlarged nuclei with prominent nucleoli, resembling normal apocrine cells. Apocrine carcinomas are often locally invasive and can metastasize to lymph nodes.

Atypical fibroxanthoma (AFX) is a rare, low-grade sarcoma that typically appears as a red or pink nodule or plaque on the skin, most often in sun-exposed areas of older adults. While classified as a sarcoma, it is considered a superficial variant of undifferentiated pleomorphic sarcoma and generally has a slow-growing, benign clinical course.

Basal cell carcinoma (BCC) is the most common malignant neoplasm of the epidermis, typically occurring on the head or neck, and rarely metastasizes

Basal cell carcinoma (BCC) of the skin - aggressive characteristics include the tendency to have no or less pink within the tumor area and absent or few vessels in the central tumor area compared to other BCC subtypes. Superficial BCC typically has the dermatoscopy vascular features of increased pink and relative absence of large diameter vessels. Nodular BCC commonly displays large diameter vessels and may be combined with aggressive subtype BCC. BCC is known for its potential to be locally invasive. Characteristics may include **ANY** of the following:

- **Fibrosing** refers to disorders where stiff and fibrous connective tissues develop in organs such as the skin, lungs, heart, kidney and liver. These tissues are similar to scar tissues that grow after injuries and cause the affected areas to stiffen, swell, and eventually lose their normal function.
- **Infiltrating** basal cell skin cancer is one of the most common skin cancers. This specific type presents differently than other basal cell skin cancers, in that it forms in thin, small clusters, making it more difficult to spot. However, once detected, it is one of the most treatable forms of cancer.
- **Keratotic** refers lesion on the epidermis marked by the presence of circumscribed overgrowths of a horny layer.
- **Metatypical** basal carcinoma is a rare type of tumor which combines the clinical and histopathological features of both BCC and SCC with a 5% risk for the development of metastases. The gold standard for diagnosis lies in the histopathological verification of the lesional tissue. Clinical examinations alone are not enough. This is also referred to as **basosquamous carcinoma**.

- ***Basosquamous carcinoma (BSC)*** is an uncommon skin malignancy with significant invasive and metastatic potential. BSC histologically exhibits both basal and squamous elements.

- **Micronodular** carcinoma is characterized by the presence of minute nodules; denoting a somewhat coarser appearance than that of a granular tissue or substance.
- **Morpheaform** is an uncommon variant in which tumor cells induce a proliferation of fibroblasts within the dermis and an increased collagen deposition (sclerosis) that clinically resembles a scar.
- **Perineural** is the process of neoplastic invasion of nerves and is an under-recognized route of metastatic spread.
- **Sclerosing** is the stiffening of a tissue or anatomical feature, usually caused by a replacement of the normal organ-specific tissue with connective tissue.

Cutaneous Leiomyosarcoma (CLM) is a rare malignant tumor derived from smooth muscle cells, specifically from the arrector pili muscles of the skin. It's a soft tissue sarcoma that typically appears as a firm, painless nodule or mass on the skin. CLM can occur anywhere on the body, but it's more common in the extremities, especially in older adults.

Dermatofibrosarcoma protuberans (DFSP) is a rare type of skin cancer that starts in connective tissue cells in the middle layer of the skin (dermis).

Eccrine carcinoma, also known as sweat gland carcinoma, is a rare and aggressive form of skin cancer that originates in the eccrine sweat glands. These glands are responsible for producing sweat and are found throughout the body, with eccrine carcinomas often appearing on the extremities, head, and neck. The tumors can present as slow-growing nodules or ulcers and may be associated with local tissue destruction or metastasis.

Extramammary Paget's Disease (EMPD) is a rare skin cancer characterized by a red, scaly, itchy rash that typically appears in the genital and anal regions. It's important to distinguish it from Paget's disease of the breast, which occurs on the nipple and areola. EMPD can be primary, meaning it arises directly from the skin, or secondary, meaning it's related to an underlying cancer in another organ.

Genitalia refers to the external and internal sex organs of a person or animal. These organs are involved in reproduction and sexual function. The term can refer to both male and female reproductive organs.

Incisional biopsy is a biopsy that removes only a portion of a larger lesion, and residual abnormal tissue remains.

Invasive cutaneous melanoma is a type of skin cancer that has grown beyond the outermost layer of skin (epidermis) and has invaded the deeper layer of skin (dermis). It's a more serious form of melanoma than melanoma in situ, as it has the potential to spread to other parts of the body.

Kaposi sarcoma is a cancer that arises from cells lining blood and lymph vessels, typically presenting as purple, brown, or red lesions on the skin or in the mouth.

Keratoacanthoma (KA)-type squamous cell carcinoma (SCC) is a type of skin cancer that shares characteristics with both benign keratoacanthomas and invasive squamous cell carcinomas. It is considered a low-grade, well-differentiated form of SCC, meaning it tends to grow rapidly but is less aggressive than other types of SCC. While KA typically regresses spontaneously, it can, in rare cases, become invasive or metastatic if not treated.

Leiomyosarcoma is a malignant tumor arising in tissue (such as connective tissue, bone, cartilage or striated muscle) of mesodermal origin, composed in part of smooth muscle cells.

Lentigo maligna is a type of melanoma in situ, meaning it's a slow-growing, early-stage melanoma that remains confined to the top layer of skin (the epidermis). It typically appears as a flat, irregularly shaped, brown patch on sun-damaged skin, most commonly on the face, ears, or neck of older individuals. If not treated, lentigo maligna can potentially progress into a more invasive form of melanoma called lentigo maligna melanoma.

Malignant fibrous histiocytoma (MFH), now more commonly known as undifferentiated pleomorphic sarcoma (UPS), is a type of cancer that typically arises in soft tissues, but can also occur in bone. It's characterized by its aggressive nature, tendency to spread to other parts of the body (metastasis), and origin from mesenchymal cells that don't differentiate into a specific cell type.

Melanoma is a highly malignant tumor that starts in melanocytes of normal skin or moles and metastasizes rapidly and widely.

Melanoma in situ refers to a type of early-stage skin cancer that is confined to the outermost layer of the skin, known as the epidermis.

Merkel cell carcinoma is a very rare disease in which malignant (cancer) cells form in the skin.

Microcystic adnexal carcinoma (MAC) is a rare, locally aggressive, malignant skin tumor that typically originates from sweat gland and hair follicle structures. It is characterized by its slow growth but tendency to deeply invade surrounding tissues, particularly around the head and neck. While metastasis is rare, local recurrence after excision is a concern due to the tumor's infiltrative nature.

Mohs micrographic surgery (MMS) is a procedure used to treat certain types of skin cancer, penile cancer, mouth cancer (especially cancer of the lip), and soft tissue sarcoma of the skin. During Mohs micrographic surgery, the visible tumor and a thin layer of tissue around it is removed. The tissue is then checked under a microscope for the presence of cancer cells at all edges of the tumor. If cancer cells are seen, another thin layer of tissue is removed and checked under the microscope. This process is repeated until no more cancer cells are seen. Mohs micrographic surgery removes as little normal tissue as possible. It is most often used to remove skin cancers on the scalp, face, lip, ear, neck, hands, feet, and genitals, including cancer on or just under the skin of the penis. Also called Mohs surgery.

Mucinous carcinoma is a type of cancer where the tumor cells produce abundant mucin, the main component of mucus. This can occur in various parts of the body, most commonly the breast, but also in the lungs, colon, and rectum. It's characterized by the presence of large amounts of mucin surrounding the cancer cells.
Nodularity refers to a growth or lump that may be malignant (cancer) or benign (not cancer).
Paget's disease is a disease of the bone that interferes with the body's normal recycling process, in which new bone tissue gradually replaces old bone tissue. Over time, bones can become fragile and deformed.
Perianal refers to the area of skin surrounding the anus, the opening of the rectum to the outside of the body. It's a region that can be prone to various conditions due to its sensitivity and proximity to the digestive tract.
Periarticular is the area around a joint, including the joint margins and surrounding area immediately adjacent to the joint capsule. The term is commonly used to specify fractures, tumors and types of internal fixation devices.
Perineal is the region of the body located between the anus and the external genitalia (either the vulva in females or the scrotum in males). It's essentially the area below the pelvic outlet, encompassing the tissues and muscles that support the pelvic floor and surrounding structures.
Periungual refers to anything situated or occurring around the fingernail or toenail. It encompasses the area of skin and soft tissues surrounding the nail, including the nail folds and the skin at the base of the nail.
Positive margin means that cancer cells are found at the edge of the tissue that was removed during surgery. This indicates that not all cancer cells may have been successfully removed from the patient's body.
Pretibial is the front of the lower part of the leg, commonly referred to as the shin bone.
Primary cutaneous mucinous carcinoma (PCMC) is a rare, low-grade malignant skin tumor that is believed to originate from sweat glands. It is characterized by the presence of mucin (a slippery substance found in mucus) and typically presents as a slow-growing, painless nodule, most commonly on the head and neck, particularly the eyelids. While generally having a good prognosis with surgical removal, PCMC can be locally destructive and has a tendency to recur, though it rarely metastasizes.
Sebaceous carcinoma is a rare and potentially aggressive type of skin cancer that originates in the sebaceous glands, which produce oil to lubricate the skin and hair. It most commonly occurs on or around the eyelids, but can also develop in other areas of the body.
Squamous cell carcinoma (SCC) is carcinoma that is made up of or arises from squamous cells (stratified epithelium that consists at least in its outer layers of small scale like cells) and usually occurs in areas of the body exposed to strong sunlight over many years.

- **Squamous cell carcinoma (SCC) of the skin - aggressive characteristics** include the malignant proliferation of epidermal keratinocytes that occurs most commonly on chronically

sun-exposed skin in older patients. Usually remains localized to the skin, although it may directly extend into deeper tissues. Spread to regional lymph nodes occurs in a small percentage of patients; distant metastasis is rare. Characteristics specific to aggressive SCC may include **ANY** of the following:

- **Basosquamous carcinoma (BSC)** is a rare and aggressive type of skin cancer that exhibits characteristics of both basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). It's considered more aggressive than both BCC and SCC, with a higher risk of local recurrence and metastasis. Also referred to as **metatypical**.
    - **Metatypical carcinoma**, also known as basosquamous carcinoma, is a rare type of skin cancer that shares characteristics of both basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). It's considered a subtype of BCC, but it can exhibit more aggressive behavior, including a higher risk of recurrence and metastasis compared to typical BCC.
- **Breslow depth**, also known as Breslow thickness, is a measurement of the depth of a melanoma tumor, specifically from the top layer of the skin (epidermis) to the deepest point of the tumor's invasion into the skin. It's a crucial factor in determining the stage of melanoma and predicting its potential for spreading. Thicker melanomas (deeper Breslow depths) generally have a higher risk of metastasis and a poorer prognosis.
- **Clark level**, also known as the anatomical level, is a system used to describe the depth of melanoma (a type of skin cancer) invasion into the skin's layers. It is not a measurement in millimeters, but rather a way to assess which skin layers have been reached by the cancer. Higher Clark's level numbers indicate deeper penetration into the skin, potentially indicating a more aggressive cancer.
    - **Clark Level I** refers to a tumor that is confined to the epidermis (the outermost layer of the skin). It is also referred to as melanoma in situ, meaning it has not spread beyond its original location.
    - **Clark Level II** indicates that the cancer cells have invaded the papillary dermis, which is the upper layer of the skin's dermis, but have not yet reached the deeper reticular dermis. This level is a way to assess the depth of melanoma's invasion into the skin, and it's one of the factors used to determine the stage and prognosis of melanoma.
    - **Clark Level III** signifies that the cancer has spread through the papillary dermis and is at the junction of the papillary and reticular dermis, but has not yet invaded the reticular dermis. Essentially, the melanoma cells have reached the interface between the upper and lower layers of the dermis, but haven't penetrated into the deeper, reticular dermis.

  - **Clark Level IV** melanoma has spread into the reticular dermis, the lower layer of the skin's dermis. This level is one step deeper than Clark Level III, where the cancer reaches the junction between the papillary and reticular dermis
  - **Clark Level V** refers to the invasion of subcutaneous tissue by the cancer cells. This means the melanoma has penetrated through the epidermis, dermis (both papillary and reticular layers), and into the fat layer beneath the skin. It represents the deepest level of invasion in the Clark Level system, indicating a more advanced stage of melanoma.

- **Clear cell** refers to a group of rare skin cancers characterized by tumor cells with a clear or pale appearance under a microscope. This clarity is often due to the presence of large amounts of glycogen (a type of sugar) within the cells. These cancers can be variants of other skin cancers like squamous cell carcinoma or basal cell carcinoma, or they can be distinct entities like clear cell sarcoma.
- **Infiltrating SCC**, also known as invasive squamous cell carcinoma, is a type of skin cancer that has grown beyond the initial layer of skin and into deeper tissues. This means the cancer cells have spread from their original location and are now growing into surrounding healthy tissues, potentially affecting organs, lymph nodes, and even bones. Infiltrating SCC is more aggressive than its in situ (non-invasive) form and can potentially spread to other parts of the body.
- **Keratoacanthoma (KA) type: central facial** is a relatively common, rapidly growing skin tumor that often appears on sun-exposed areas, including the face. While generally considered a low-grade, self-healing tumor, it's often indistinguishable from well-differentiated squamous cell carcinoma (SCC) and requires diagnosis and treatment to ensure accurate identification and optimal management.
- **Lymphoepithelial** refers to a tissue or lesion characterized by the presence of both lymphocytes (a type of white blood cell) and epithelial cells (cells that form the lining of surfaces and cavities). This term is used in pathology to describe various conditions, both benign and malignant, where these two cell types are found in close proximity.
- **Pagetoid** refers to the abnormal upward spread of cells within the epidermis, specifically the migration of cells from the lower layers to the upper layers, resembling the pattern seen in Paget's disease. This pattern can be associated with both benign and malignant conditions, including melanoma and other skin cancers.
- **Perineural involvement** is used to describe neoplastic cells of any type infiltrating within nerves.

- **Perivascular involvement** is used to describe a type of soft tissue tumor that begins in cells that wrap around blood vessels. Perivascular tumors may be benign or malignant. They can occur anywhere in the body.
- **Poorly or undifferentiated** refers to SCC tumors where the cancer cells deviate significantly from normal squamous cells, appearing immature and disorganized under a microscope. These tumors are considered more aggressive, grow and spread faster, and have a worse prognosis than well-differentiated SCC.
- **Sarcomatoid** describes cancer cells that have a spindle-like shape and resemble those found in sarcomas, which are cancers of connective tissues like bone, muscle, and blood vessels. Essentially, it indicates a mixed or transitional type of cancer where malignant cells exhibit characteristics of both carcinomas (cancers of epithelial tissue) and sarcomas.
- **Sclerosing**, also known as desmoplastic SCC, is a rare and aggressive subtype of skin cancer. It is characterized by its infiltrative growth pattern, where cancer cells invade the surrounding tissue, and by the presence of dense, fibrous connective tissue (desmoplasia). This variant is clinically significant because it is associated with a higher risk of local recurrence and metastasis compared to other forms of SCC.
- **Single cell** is a less common and poorly understood high-risk subtype of squamous cell carcinoma, characterized by the presence of isolated tumor cells rather than a compact tumor mass. This unique pattern can indicate increased risk of metastasis, even if the tumor isn't large or deeply invasive.
- **Small cell** refers to a specific type of cancer, most commonly associated with lung cancer, where the cells, when viewed under a microscope, appear small and have characteristics of squamous cell carcinoma. This means the cancer cells have features of both small cell carcinoma and squamous cell carcinoma.
- **Spindle cell** is a rare, aggressive variant of squamous cell carcinoma (SCC). It is characterized by a biphasic tumor consisting of a conventional SCC component and a spindle cell component, which has a sarcomatoid appearance under the microscope. These tumors are often found in the head and neck region, particularly in the larynx and oral cavity

Superficial is on the surface or shallow, as opposed to deep. The skin is superficial to the muscles. The cornea is on the superficial surface of the eye.
Tragus is the part of the ear in front of the opening that is connected to the side of the face.

Mohs Micrographic Surgery (MMS) References

[1] Axibal, E.L., Miller, M.D., & Brown, M.R. (2021). Mohs Surgery. W.A. High & L.D. Prok (Eds.) *Dermatology Secrets* (6), (pp. 473-477). Philadelphia, PA: Elsevier, Inc.

[2] Bordeauz, J., Aasi, S.Z., . . . Yusuf, M. (2025). Basal Cell Skin Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: April 2025. https://www.nccn.org/professionals/physician_gls/pdf/nmsc.pdf

[3] Bordeauz, J., Aasi, S.Z., . . . Yusuf, M. (2025). Squamous Cell Skin Cancer Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: April 2025. https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf

[4] Connolly, S.M., Baker, D.R., . . . Wisco, O.J. (2012). AAD/ACMS/ASDSA/ASMS 2012 appropriate use criteria for Mohs micrographic surgery: a report of the American Academy of Dermatology, American College of Mohs Surgery, American Society for Dermatologic Surgery Association, and the American Society for Mohs Surgery. *Journal of the American Academy of Dermatology, 67*(4), 531-550.

[5] Kim, J. Y., Kozlow, J.H., . . . Rodgers, P. (2018). Guidelines of care for the management of basal cell carcinoma. *Journal of the American Academy of Dermatology, 78*(3), 540-559.

[6] Kim, J. Y., Moyer, J, . . . Rodgers, P. (2018). Guidelines of care for the management of squamous cell carcinoma. *Journal of the American Academy of Dermatology, 78*(3), 560-578.

[7] Lam, C., Vidimos, A.T. (2025). Mohs Micrographic Surgery. J.L. Bolognia (Eds.). *Dermatology* (5th), (pp. 2582-2595). Philadelphia, PA: Elsevier, Inc.

[8] Schmults, C.D., Blitzblau, R., . . . Yusuf, M. (2025). Dermatofibrosarcoma Protuberans Version 1.2025. *National Comprehensive Cancer Network*. Retrieved: April 2025. https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1430

[9] Siddiqui, F.s., Leavitt, A. (2024). Mohs Micrographic Surgery Appropriate Use Criteria (AUC) Guidelines. *StatPearls*. Retrieved: April 2025. https://www.ncbi.nlm.nih.gov/books/NBK603719/?report=printable

[10] Swetter, S.M., Johnson, D., . . . Xing, Y. (2025). Melanoma: Cutaneous Version 2.2025. *National Comprehensive Cancer Network*. Retrieved: April 2025. https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf

[11] Swetter, S. M., Tsao, H., . . . Lamina, T. (2019). Guidelines of care for the management of primary cutaneous melanoma. *Journal of the American Academy of Dermatology, 80*(1), 208-250.

[12] Wang, S., Ezaldein, H. H., . . . Scott, J. F. (2020). Safety and Efficacy of Mohs Micrographic Surgery in Children and Adolescents: A Systemic Review. *Dermatologic Surgery, 46*(7), 880-884.

[13] Zargham, H., Khachemoune, A. (2020). Systemic review of Mohs micrographic surgery in children: Identifying challenges and practical considerations for successful application. *Journal of the American Academy of Dermatology, 85*(1), 152-161.

Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

Registered Trademarks (®/™) and Copyright (©)

National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.
CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.
In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356 11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394 11395 11396 11565