Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Mohs Micrographic Surgery (MMS)

Effective: September 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Mohs' Micrographic Surgery is a specialized surgical technique for the thorough removal of complex and ill-defined skin cancers. The known tumor is excised with a narrow margin and immediately examined under a microscope to assess if and where it extends beyond the excision. Those extensions are themselves excised and examined in an iterative process ending when no signs of cancer are visible in examination of the cut surface.

Clinical Guideline Coverage Criteria

The Plan considers Mohs surgery as reasonable and medically necessary when performed by an ACMS-certified physician (e.g., dermatologist, plastic surgeon) who is trained in MMS techniques and pathological identification and documentation confirms **ONE** of the following:

1. Basal cell carcinoma (BCC) in **ONE** of the following locations:
    a. Mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola when
        i. BCC is recurrent; **or**
        ii. BCC has unexpected positive margin on a recent excision; **or**
        iii. BCC is primary aggressive, nodular, or superficial; **or**
        iv. BCC has no identified sub-type or is sub-type adenoid, cystic, adamantoid, or fibroepithelioma of Pinkus; **or**
        v. BCC is on the face; **or**

vi. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**

b. Cheeks, forehead, scalp, neck, jawline, pretibial surface when
   i. BCC is recurrent; **or**
   ii. BCC has unexpected positive margin on a recent excision; **or**
   iii. BCC is primary aggressive or nodular; **or**
   iv. BCC has no identified sub-type or is sub-type adenoid, cystic, adamantoid, or fibroepithelioma of Pinkus; **or**
   v. BCC is on the face and **ONE**:
      1. Tumor is larger than 1 cm; **or**
      2. BCC has aggressive histology; **or**
   vi. BCC is primary superficial and **ONE**:
      1. Member is immunocompromised; **or**
      2. Tumor is larger than .5cm; **or**
   vii. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**

c. Trunk and extremities (excluding pretibial surfaces, hands, feet, and ankles) when
   i. BCC is recurrent and aggressive or nodular; **or**
   ii. BCC has unexpected positive margin on a recent excision and is aggressive or nodular; **or**
   iii. BCC is primary aggressive and larger than .5cm; **or**
   iv. BCC has no identified sub-type or is sub-type adenoid, cystic, adamantoid, or fibroepithelioma of Pinkus and is larger than 2cm; **or**
   v. BCC is nodular and **ONE**:
      1. Member is immunocompromised; **or**
      2. Tumor is larger than 2cm; **or**
   vi. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**

d. Previously (non-solar) irradiated skin Traumatic scars; **or**

e. Osteomyelitic regions; **or**

f. Chronically inflamed/ulcerated regions; **or**

2. Squamous cell carcinoma (SCC) in **ONE** of the following locations:
   a. Mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola when
      i. SCC is recurrent; **or**
      ii. SCC has an unexpected positive margin on a recent excision**; or**
      iii. SCC is primary aggressive, verrucous, or KA type; **or**
      iv. SCC does not have aggressive histologic features or a Clark level greater than III; **or**
      v. SCC is Bowen disease/in situ; **or**
      vi. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**
   b. Cheeks, forehead, scalp, neck, jawline, pretibial surface when
      i. SCC is recurrent or has an unexpected positive margin on a recent excision and is
         1. Aggressive; **or**
         2. KA type; **or**
         3. In situ/Bowen; **or**
         4. Is less than two millimeters in depth and has a Clark level no greater than III with no aggressive histologic features; **or**
      ii. SCC is primary aggressive or KA type; **or**
      iii. SCC does not have aggressive histologic features or a Clark level greater than III; **or**
      iv. SCC is primary Bowen disease/in situ; **or**
      v. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**
   c. Trunk and extremities (excluding pretibial surfaces, hands, feet, and ankles) when
      i. SCC is recurrent or has an unexpected positive margin on a recent excision and is
         1. Aggressive; **or**
         2. KA type; **or**
         3. Is less than two millimeters in depth and has a Clark level no greater than III with no aggressive histologic features**; or**
      ii. SCC is primary aggressive**; or**
      iii. SCC is KA type and is **ONE**:

1. Larger than half a centimeter in an immunocompromised member; **or**
2. Larger than a centimeter in a member with a healthy immune system; **or**

iv. SCC does not have aggressive histologic features or a Clark level greater than III and is **ONE**:
1. Larger than a centimeter in an immunocompromised member; **or**
2. Larger than two centimeters in a member with a healthy immune system; **or**

v. SCC is Bowen disease/in situ and is **ONE**:
1. Larger than a centimeter in an immunocompromised member; **or**
2. Larger than two centimeters in a member with a healthy immune system**; or**

vi. Member has a genetic syndrome imparting a predisposition to skin cancer; **or**

d. Previously (non-solar) irradiated skin; **or**
e. Traumatic scars; **or**
f. Osteomyelitic regions
g. Chronically inflamed/ulcerated region

3. Lentigo maligna in **ONE** of the following locations:
   a. Mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola, cheeks, forehead, scalp, neck, jawline, pretibial surface; **or**
   b. Trunk and extremities (excluding pretibial surfaces, hands, feet, and ankles) when lentigo maligna is locally recurrent; **or**
4. Melanoma in situ in **ONE** of the following locations:
   a. Mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola, cheeks, forehead, scalp, neck, jawline, pretibial surface; **or**
   b. Trunk and extremities (excluding pretibial surfaces, hands, feet, and ankles) when melanoma in situ is locally recurrent; **or**
5. Adenocystic carcinoma; **or**
6. Adnexal carcinoma; **or**
7. Angiosarcoma; **or**
8. Apocrine/eccrine carcinoma; **or**
9. Atypical Fibroxanthoma; **or**
10. Dermatofibrosarcoma protuberans; **or**
11. Desmoplastic trichoepithelioma in the mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola, cheeks, forehead, scalp, neck, jawline, or pretibial surface; **or**
12. Extramammary Paget's Disease; **or**
13. Leiomyosarcoma; **or**
14. Malignant fibrous histiocytoma; **or**
15. Undifferentiated pleomorphic sarcoma; **or**
16. Merkel cell carcinoma in the mask areas of the face (central face, eyelids [including inner/outer canthi], eyebrows, nose, lips [cutaneous/mucosal/vermillion], chin, ear and periauricular skin/sulci, temple), genitalia (including perineal and perianal areas, excluding scrotum), hands, feet, nail units, ankles, nipples/areola, cheeks, forehead, scalp, neck, jawline, or pretibial surface; **or**
17. Microcystic adnexal carcinoma; **or**
18. Mucinous carcinoma; **or**
19. Rare biopsy proven skin cancers (not otherwise specified); **or**
20. Sebaceous carcinoma.

Note: Mohs requires the integration of an individual functioning in two separate and distinct capacities as the surgeon and pathologist. The operative note and pathology documentation in the patient's medical record must clearly show the Mohs service was performed using accepted Mohs technique, with the physician performing both the surgical and pathology services.

Guidelines:

Clark's level is a system of skin cancer staging, classifying melanomas into five anatomical levels of skin invasion

Clark's level	Description
I	Melanoma confined to the epidermis (melanoma in situ)
II	Invasion into the papillary dermis
III	Invasion to the junction of the papillary and reticular dermis
IV	Invasion into the reticular dermis
V	Invasion into the subcutaneous fat

Limitations

The Plan considers Mohs micrographic surgery (MMS) as experimental/investigational for all other indications and locations. In addition, the plan does not cover MMS for the treatment of:

1. Actinic keratosis (AK) with focal SCC in situ, Bowenoid AK, or AK-type SCC in situ
2. Bowenoid papulosis
3. Internal cancers, such as invasive laryngeal carcinoma, intraoral, pharyngeal, sinus, and esophageal carcinomas

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS 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; first stage, up to 5 tissue blocks 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; first stage, up to 5 tissue blocks — 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)

List of Medically Necessary ICD-10 Codes

References:

1. Ad Hoc Task Force, Connolly SM, Baker DR, et al. 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. J Am Acad Dermatol. 2012;67(4):531-550. doi:10.1016/j.jaad.
2. Etzkorn JR, Sobanko JF, Shin TM, et al. Correlation between appropriate use criteria and the frequency of subclinical spread or reconstruction with a flap or graft for melanomas treated with Mohs surgery with melanoma antigen recognized by T cells 1 (MART-1) immunostaining. Dermatol Surg. 2016;42(4):471-476. doi:10.1097/DSS.0000000000000693.
3. Bittner GC, Cerci FB, Kubo EM, Tolkachjov SN. Mohs micrographic surgery: a review of indications, technique, outcomes, and considerations. An Bras Dermatol. 2021;96(3):263-277. doi:10.1016/j.abd.2020.10.004.
4. Cernea SS, Gontijo G, Pimentel ER de A, et al. Indication guidelines for Mohs micrographic surgery in skin tumors. An Bras Dermatol. 2016;91(5):621-627. doi:10.1590/abd1806-4841.20164808.
5. Chong T, Tristani-Firouzi P, Bowen GM, Hadley ML, Duffy KL. Mohs appropriate use criteria: retrospectively applied to nonmelanoma skin cancers at a single academic center. *Dermatol Surg*. 2015;41(8):889-895. doi:10.1097/DSS.0000000000000412.
6. Clark WH, From L, Bernardino EA, Mihm MC. The Histogenesis and Biologic Behavior of Primary Human Malignant Melanomas of the Skin. *Cancer Res*. 1969;29(3):705-727.
7. Murray C, Sivajohanathan D, Hanna TP, et al. Patient indications for Mohs micrographic surgery: a clinical practice guideline. *Current Oncology*. 2019;26(1). doi:10.3747/co.26.4439.
8. Olsen EC, Svoboda SA. Mohs micrographic surgery for superficial leiomyosarcoma: a systematic review. *Dermatol Online J*. 2024;30(6):10.5070/D330664681. Published 2024 Dec 15. doi:10.5070/D330664681.
9. Siddiqui FS, Leavitt A. Mohs Micrographic Surgery Appropriate Use Criteria (AUC) Guidelines. [Updated 2024 May 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK603719/.
10. Williams GJ, Quinn T, Lo S, Guitera P, Scolyer RA, Thompson JF, Ch'ng S. Mohs micrographic surgery for the treatment of invasive melanoma: A systematic review with meta-analyses. J Eur Acad Dermatol Venereol. 2025 Feb;39(2):416-425. doi: 10.1111/jdv.20138. Epub 2024 Jun 6. PMID: 38842170; PMCID: PMC11760679.

Approval And Revision History

May 18, 2022: Reviewed by the Medical Policy Approval Committee (MPAC) for integration between Harvard Pilgrim Health Care and Tufts Health Plan. Mohs surgery will be considered reasonable and medically necessary when it is performed by a dermatologist and the criteria outlined in this MNG are met, and prior authorization will not be required. Effective date September 1, 2022.

Subsequent endorsement date(s) and changes made:

- July 20, 2022: Reviewed by MPAC and clarified Mohs surgery may be reasonable and medically necessary when performed by an ACMS-certified physician who is trained in MMS techniques and pathological identification as noted in criteria. Added link to List of Medically Necessary ICD-10 Codes
- December 1, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- October 17, 2024: Reviewed by MPAC, renewed without changes effective December 1, 2024
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- July 15, 2026: Reviewed by MPAC for annual review, renewed without changes and administrative update to template, effective September 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes

available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.