



ND

Medical Policies



Policy Number: S-46

Policy Name: Treatment of Malignant Skin Lesions

Policy Type: Medical

Policy Subtype: Surgery

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

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

Photodynamic therapy (PDT) is 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.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

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

MMS not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

17311	17312	17313	17314	17315

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, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

96567	96573	96574	J7308	J7309	J7345
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Diagnosis Codes

Covered diagnosis codes for procedure codes 17311, 17312, 17313, 17314 and 17315.

C00.0	C00.1	C00.2	C00.3	C00.4	C00.5	C00.6
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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

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

CURRENT CODING

CPT:

17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	Medicaid Expansion
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	Medicaid Expansion
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	Medicaid Expansion
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	Medicaid Expansion
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	Medicaid Expansion

96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	Medicaid Expansion
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	Medicaid Expansion
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	Medicaid Expansion
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	Commercial
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	Commercial
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	Commercial
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	Commercial
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	Commercial
96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	Commercial
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	Commercial
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	Commercial

HCPCS:

J7308	Aminolevulinic acid hcl top	Medicaid Expansion
J7309	Methyl aminolevulinate, top	Medicaid Expansion
J7345	Aminolevulinic acid, 10% gel	Medicaid Expansion
J7308	Aminolevulinic acid hcl top	Commercial
J7309	Methyl aminolevulinate, top	Commercial
J7345	Aminolevulinic acid, 10% gel	Commercial

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ND Committee Review

Internal Medical Policy Committee 11-19-2020 Annual Review-updated language.

Internal Medical Policy Committee 7-22-2021 Coding update;

- **Removed** procedure codes 88331 & 88332

Internal Medical Policy Committee 1-20-2022 Revision

- **Updated** clarifying language; and
- **Added** statement "Covered diagnosis codes for Procedure codes 96567, 96573, 96574, J7308, J7309, and J7345"; and
- **Added Diagnosis 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; and D04.72

Internal Medical Policy Committee 11-29-2022 Revision - **Effective January 02, 2023**

- **Updated** with minor wording changes.

Internal Medical Policy Committee 11-15-2023 Annual Review - no changes in criteria

Internal Medical Policy Committee 9-17-2024 Annual Review

- **Added** Policy Application

- **Updated** References

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.