

RELI Group
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CBR #: CBR201913
Mohs Microsurgery

December 20, 2019

Organization Name 1
Address 1
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City, State, ZIP

NPI #:
Fax #:
Email address:

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. To support these goals, CMS has contracted with the RELI Group to develop this Comparative Billing Report (CBR) and to support providers with its use.

What is a CBR? A CBR is an educational tool that reflects your billing and/or prescribing patterns as compared to your peers' patterns for the same services in your state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities.

Why did I get a CBR? We are providing this report because your Medicare billing and/or prescribing patterns differ from your peers' patterns within your state/specialty and/or across the nation. Receiving this CBR is not an indication or precursor to an audit, and it requires no response on your part. Selected providers, however, may be referred for additional review and education.

Please carefully review this report. You may wish to check your records against data in CMS' files and review Medicare guidelines to ensure compliance. Contact your Medicare Administrative Contractor (MAC) with specific billing or coding questions. **As appropriate, please share this CBR with others who may benefit from and/or assist with interpreting the data provided in the report.**

To access an electronic copy of your CBR: Visit the secure CBR portal at <https://cbrfile.cbrpepper.org/>. Populate the fields, and in the "validation code" field, enter your unique validation code: **(code here)**

For more information: Register for our free webinar, scheduled for Jan. 7, 2020 at 3 pm ET, at CBR.CBRPEPPER.org. If you are unable to attend the live event, you may access the recording and additional resources at CBR.CBRPEPPER.org.

To request assistance or submit questions: Contact the CBR Help Desk at <https://CBR.CBRPEPPER.org/Help-Contact-Us> or call 1-800-771-4430 (M–F, 9 a.m.–5 p.m. ET).

Sincerely,
The CBR Team

REMINDER: Please ensure your email address and fax number are updated in the following systems:

- [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov/#/) (NPPES): <https://nppes.cms.hhs.gov/#/>
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1) (PECOS): <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

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Comparative Billing Report (CBR) 201913
December 20, 2019
Mohs Microsurgery

Introduction

CBR201913 focuses on rendering providers who routinely submit claims for Current Procedural Terminology® (CPT®) codes for Mohs microsurgery. Specifically, this CBR focuses on providers who submit claims for CPT® codes 17311, 17312, 17313, and 17314.

A [study](#) published by the *International Open Access Journal of the American Society of Plastic Surgeons* found the following: “From 1992 to 2009, the rate of Mohs micrographic surgery (MMS) increased by 700%, and these procedures typically have Medicare payments 120% to 370% more than surgical excision, even when including pathology fees. From 1992 to 2009, MMS increased by 700%, whereas surgical excisions increased by only 20%...On average, 1 in 4 cases of skin cancer is treated with MMS.”

The publication *Medicare Learning Network (MLN) Matters® Number [SE1318](#)* offers guidance regarding Mohs micrographic surgery: “The majority of skin cancers can be managed by simple excision or destruction techniques. The medical record of a patient undergoing MMS should clearly show that this procedure was chosen because of the complexity (e.g., poorly defined clinical borders, possible deep invasion, prior irradiation), size or location.” This guidance continues, “Documentation in the patient's medical record should support the medical necessity of this procedure and of the number and locations of the specimens taken.”

The criteria for receiving a CBR is that a provider:

1. Is significantly higher compared to either state or national percentages in any of the three metrics (greater than the 90th percentile), and
2. Has at least 10 beneficiaries with CPT® codes 17311 or 17313, and
3. Has at least \$9,500 or more in total allowed charges.

Coverage and Documentation Overview

This portion of the CBR offers a broad look at the coverage and documentation requirements to ensure compliance with Medicare guidelines. The information provided does not supersede or alter the coverage and documentation policies outlined by the Medicare Administrative Contractors’ (MACs’) Local Coverage Determinations (LCDs).

The CPT® codes used to report Mohs surgery analyzed within this CBR are primary codes 17311 and 17313, in addition to add-on codes 17312 and 17314. For the purposes of this CBR, the term “primary code/s” refer to codes 17311 and 17313, and the term “add-on code/s” refers to codes 17312 and 17314. Table 1 identifies the CPT® codes used in the CBR analysis for Mohs microsurgery.

Table 1 identifies CPT® codes that may be reported for Mohs microsurgery procedures.

Table 1: CPT Code Descriptions

CPT® 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) (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)

Table 2 identifies a summary of your utilization of CPT® codes for Mohs microsurgery between Aug. 1, 2008, and July 1, 2019.

Table 2. Summary of Your Utilization of CPT® Codes for Mohs Microsurgery Between Aug. 1, 2018, and July 1, 2019

CPT® Code	Allowed Charges	Allowed Units	Beneficiary Count*
17311	\$75,895.81	135	121
17312	\$78,758.94	203	108
17313	\$15,435.27	31	25
17314	\$10,740.44	29	16
Total	\$180,830.46	398	138

*A beneficiary is counted once per row of CPT® code level. The total “Beneficiary Count” is not the sum total; it represents unique beneficiaries for all the CPT® codes for the 12-month period.

Metrics

This report is an analysis of the following metrics:

1. Percent of Mohs microsurgery procedures billed with add-on codes for additional stages
2. Average dollars per Mohs microsurgery procedure
3. Percent of beneficiaries receiving Mohs microsurgery with add-on codes for additional stages

The CBR team analyzed the claims submitted by rendering providers who submitted claims for Mohs microsurgery with or without add-on codes for additional stages of Mohs microsurgery. Statistics were calculated for each provider, all providers in the state, and all providers in the nation. The state and national peer groups are defined as follows:

- The state peer group is defined as all rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all rendering Medicare providers in the nation with allowed charges for the procedure codes included in this study.

Each provider's values are compared to his/her state peer group values and to the national values. Your metrics were compared to your state [state code] and the nation. There are four possible outcomes for the comparisons between the provider and his/her peer groups:

1. Significantly Higher — Provider's value is above the 90th percentile from the state or national mean.
2. Higher — Provider's value is greater than the state or national mean.
3. Does Not Exceed — Provider's value is not higher than the state or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

Methods and Results

This report is an analysis of rendering providers who submitted claims with CPT® codes 17311, 17312, 17313, and 17314. The analyzed claims were extracted from the Integrated Data Repository, based on the latest version of claims available on Nov. 13, 2019. The analysis includes claims with dates of service from Aug. 1, 2018, through July 31, 2019. For the trend analysis (Figure 1), claims represent dates of service between Aug. 1, 2016, and July 31, 2019.

There are 2,928 rendering providers nationwide who have submitted claims for CPT® codes 17311, 17312, 17313, or 17314, with total allowed charges of \$647.5million during that timeframe.

Metric 1: Percent of Mohs Microsurgery Procedures Billed with Add-on Codes for Additional Stages

Table 3 shows your percent of Mohs microsurgery procedures billed with add-on codes for additional stages. This is calculated as follows:

- The sum of procedures submitted for primary codes with one or more add-on codes (numerator) is divided by the sum of all procedures submitted for primary codes (denominator).

$$\left(\frac{\text{Sum of procedures submitted for primary codes with one or more add-on codes}}{\text{Sum of all procedures submitted for primary codes}} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 3.

Table 3: Your Percent of Mohs Microsurgery Procedures Billed with Add-on Codes for Additional Stages

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
131	161	78.92%	43.9%	Significantly Higher	44.41%	Significantly Higher

Metric 2: Average Dollars per Mohs Microsurgery Procedure

Table 4 shows the average dollars per Mohs microsurgery procedure. This is calculated as follows:

- The total allowed amount for primary codes and add-on codes (numerator) is divided by the sum of units submitted for primary codes (denominator).

$$\left(\frac{\text{Total allowed amount for primary codes and add-on codes}}{\text{Sum of units submitted for primary codes}} \right)$$

Your comparison in your state and in the nation is presented in Table 4.

Table 4: Your Average Dollars per Mohs Microsurgery Procedure

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
\$180,830.46	166	\$1,089.34	\$793.96	Significantly Higher	\$800.80	Significantly Higher

Metric 3: Percent of Beneficiaries Receiving Mohs Microsurgery with Add-on Codes for Additional Stages

Table 5 shows the percent of beneficiaries receiving Mohs microsurgery with add-on codes for additional stages. This is calculated as follows:

- The number of beneficiaries with procedures for primary codes with one or more add-on code (numerator) is divided by the number of beneficiaries with primary codes (denominator).

$$\left(\frac{\text{Number of beneficiaries with procedures for primary codes with one or more add-on code}}{\text{Number of beneficiaries with primary codes}} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 5.

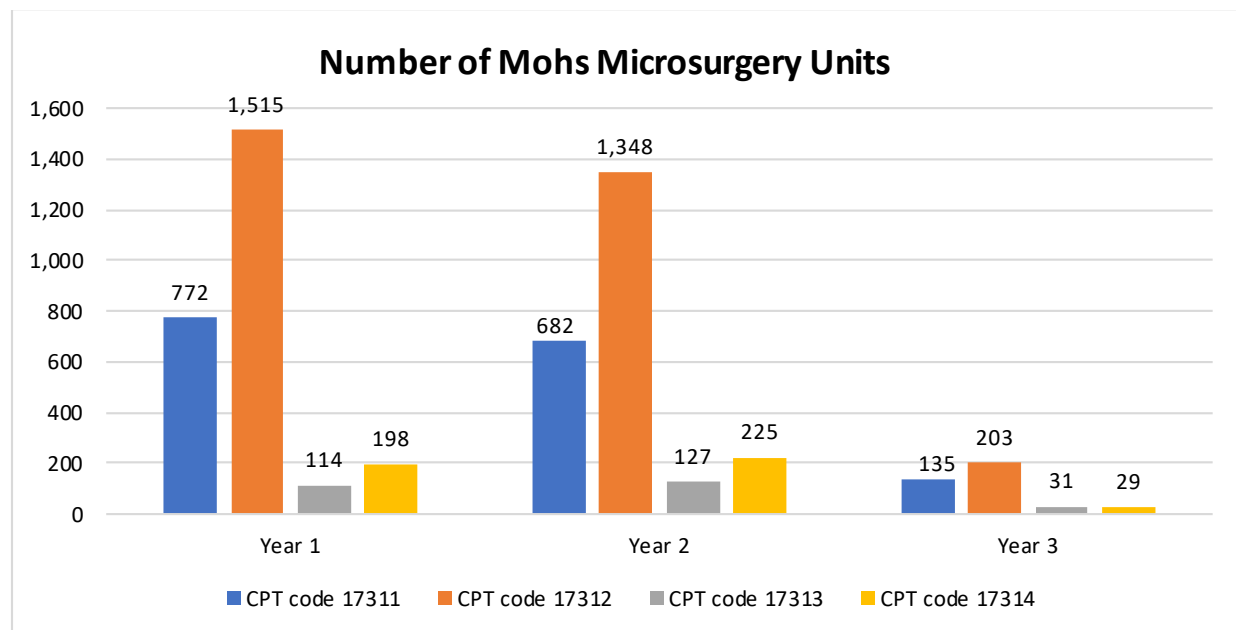
Table 5: Your Percent of Beneficiaries Receiving Mohs Microsurgery with Add-on Codes for Additional Stages

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
119	138	86.23%	48.85%	Significantly Higher	48.94%	Significantly Higher

Figure 1 illustrates the trend over time of allowed units (CPT® codes 17311, 17312, 17313, 17314):

- Year 1: Aug. 1, 2016 – July 31, 2017
- Year 2: Aug. 1, 2017 – July 31, 2018
- Year 3: Aug. 1, 2018 – July 31, 2019

Figure 1: Trend Over Time Analysis of Total Number of Allowed Units (CPT® codes 17311, 17312, 17313, 17314).



References and Resources

[*"The Economics of Skin Cancer: An Analysis of Medicare Payment Data,"*](#) International Open Access Journal of the American Society of Plastic Surgeons

[*"Guidance to Reduce Mohs Surgery Reimbursement Issues,"*](#) Department of Health and Human Services

CPT® Professional Edition, American Medical Association