


UCLA MEDICAL GROUP – Managed Care Operations		
DEPARTMENT:	Utilization Management	POLICY NUMBER: TBD
SECTION:	UM Program	
TITLE:	MOHS	ISSUE: EFFECTIVE:
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Basal Cell Carcinoma - Indicated for ANY ONE of the following:

1. Head and neck
2. Genitalia, hands, feet, shin
3. Lesions > 2 cm on the trunk, arms, and legs
4. Variants that are more aggressive or are more difficult to excise (e.g. morpheaform, sclerosing, micronodular or infiltrative types, poorly differentiated, basal-squamous types and perivascular or perineural invasion)
5. Lesions arising from scars
6. Tumors arising from radiated skin
7. Tumor extending to margins on recent excision
8. Tumors with indistinct clinical margins
9. Immunosuppressed patient
10. Recurrences

Squamous Cell Carcinoma - Indicated for ANY ONE of the following:

1. Head and neck
2. Genitalia, hands, feet, shin
3. Lesions > 2 cm on trunk, arms and legs
4. Variants that are more aggressive or are more difficult to excise (e.g. poorly differentiated, desmoplastic, perivascular and perineural invasion)
5. Lesions arising from scars
6. Tumors arising from radiated skin
7. Tumor extending to margins on recent excision
8. Tumors with indistinct clinical margins
9. Immunosuppressed patient
10. Recurrences

Malignant Melanoma and Pigmented Lesions:

1. Indicated when anatomical or technical problems make wide area excision difficult
2. Recurrent lentigo maligna/melanoma in-situ
3. Primary melanoma in-situ/lentigo maligna of head, neck, hands, feet, genitalia

Miscellaneous skin lesions and tumors – indicated for ANY ONE of the following:

1. Apocrine carcinoma
2. Atypical fibroxanthoma
3. Bowenoid papulosis
4. Dermatofibrosarcoma protuberans
5. Eccrine carcinoma
6. Extramammary Paget’s disease
7. Malignant fibrous histiocytoma
8. Merkel cell carcinoma,
9. Microcystic adnexal carcinoma
10. Proliferating trichilemmal tumor
11. Verrucous carcinoma
12. Sebaceous carcinoma
13. Desmoplastic trichoepithelioma
14. Other less common cutaneous adnexal malignant neoplasm

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MOHs surgery for the following:

1. Skin cancers in immunocompromised patients (organ transplants and chronic lymphocytic leukemia patients are most common in UCLA).
2. Skin cancers in tumor genetic syndromes (e.g. Gorlins, Lynch, Cowden, etc)