

MOHS MICROGRAPHIC SURGERY

1. SUMMARY OF MAJOR CHANGES: This Veterans Health Administration (VHA) directive updates the:

a. Mohs micrographic surgery (MMS) SharePoint for standard of care guidance to the Dermatology SharePoint with an updated URL:

<https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

b. Policy statement to ensure access to MMS and MMS program implementation procedures.

c. Responsibilities paragraph to reflect appropriate responsibilities for appropriate levels of the organization, including following the procedures for new site activation according to VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.

d. Nomenclature for Specialty Care Program Office to be consistent with VHA Directive 1159, VHA Specialty Care Program Office and National Programs, dated March 9, 2022.

e. Certifications for MMS surgeon qualifications.

2. RELATED ISSUES: VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016; VHA Directive 1106, Pathology and Laboratory Medicine Service, dated July 27, 2018; VHA Handbook 1106.01, Pathology and Laboratory Medicine Service (P&LMS) Procedures, dated January 29, 2016.

3. POLICY OWNER: The National Dermatology Program in the Specialty Care Program Office (11SPEC5) is responsible for the contents of this VHA directive. Questions about this policy should be directed to the National Program Executive Director, National Dermatology Program at: VHA11SPEC5Dermatology@va.gov.

4. RESCISSIONS: VHA Directive 1101.12, Mohs Micrographic Surgery, dated April 30, 2020, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

January 27, 2023

VHA DIRECTIVE 1101.12

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health for
Clinical Services/CMO

NOTE: All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on January 30, 2023.

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MOHS MICROGRAPHIC SURGERY

1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans with a diagnosis of skin cancer that meet appropriate use criteria have access to Mohs micrographic surgery (MMS). This directive provides the standard for the provision of MMS in Department of Veterans Affairs (VA) medical facilities and establishes the minimum necessary requirements for the delivery of MMS. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for ensuring that the VHA Specialty Care Program Office (SCPO) and National Program Executive Director (NPED), Dermatology have sufficient resources to fulfill the terms of this directive in all the VA medical facilities within a given Veterans Integrated Services Network (VISN).

c. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for collaborating with the CMO to ensure program offices in 12PCS have sufficient resources to fulfill the terms of this directive in all the VA medical facilities within a given VISN.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

e. **Chief Officer, VHA Specialty Care Program Office.** The Chief Officer, VHA SCPO, is responsible for ensuring that the NPED, Dermatology or designee (e.g., Chair, Mohs Surgery Field Advisory Board) has sufficient resources for the implementation of and compliance with this directive.

f. **National Program Executive Director, Dermatology.** The NPED, Dermatology or designee is responsible for:

(1) Reviewing and approving each new clinical activation plan for VA medical facilities offering MMS, in consultation with the Mohs Surgery Field Advisory Board (FAB). **NOTE:** *While the loss of a Mohs surgeon or Mohs histotechnician or histotechnologist, without a suitable replacement, may trigger a temporary site deactivation, no deactivation plan is required. If a site that was previously approved for MMS no longer has the infrastructure to support performing MMS, then the NPED, Dermatology and the Mohs Surgery FAB should be notified by the VA medical facility Chief of Dermatology Service (or Section).*

(2) Ensuring National Executive Director, Pathology and Laboratory Medicine Service is notified of any new site activation within 30 days of receipt.

(3) Coordinating consultation for VA medical facility MMS program restructuring requests.

g. **Chair, Mohs Surgery Field Advisory Board.** The Chair, Mohs Surgery FAB is responsible for:

(1) Providing subject matter expertise and support for this directive for the NPED, Dermatology and the Chief Officer, VHA SCPO.

(2) Reviewing and making a recommendation to the NPED, Dermatology for requests for new MMS site activation or clinical restructuring requests.

(3) Reviewing and making a recommendation to the NPED, Dermatology for non-fellowship-trained surgeon approvals to initiate or to continue performing MMS (see paragraph k.(2)), according to the processes and timeline detailed in VHA Notice 2022-01, Waivers to VHA National Policy, dated February 10, 2022, or subsequent policy.

NOTE: *The Mohs Surgery FAB charter can be found at <https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

h. **National Executive Director, Pathology and Laboratory Medicine Service.** The National Executive Director, Pathology and Laboratory Medicine Service (PLMS) is responsible for communicating and ensuring compliance with this directive and communicating this information to the local PLMS (i.e., Chief of PLMS), including appropriate accreditation (e.g., The Joint Commission).

i. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive.

(2) Submitting the list of current non-fellowship-trained surgeons (see paragraph k.(2)) performing MMS at least every three years by uploading it to the Dermatology SharePoint site found at

<https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Submitting the list of any new non-fellowship-trained surgeons performing MMS between reporting cycles annually, as needed.

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Providing oversight of VA medical facility staff compliance with this directive.

(2) Ensuring sufficient resources are available for appropriate skin cancer care.

(3) Submitting the list of non-fellowship-trained surgeons performing Mohs surgery to the VISN Director.

NOTE: *Mohs fellowship training includes completing a minimum one-year fellowship through an Accreditation Council for Graduate Medical Education or American College of Mohs Surgery approved fellowship.*

(4) Reviewing and submitting new MMS site activation or clinical restructuring requests in compliance with VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.

k. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff is responsible for:

(1) Deferring to the Chief of Dermatology Service (or Section) on decisions regarding the management of skin cancer treatment and MMS.

(2) Preparing a list of non-fellowship-trained surgeons for the VA medical facility Director. **NOTE:** *In order to provide MMS, the Mohs micrographic surgeon must have completed a minimum one-year fellowship through an Accreditation Council for Graduate Medical Education or an American College of Mohs Surgery approved fellowship. Effective April 30, 2021, VA medical facilities Chief of Staff must identify any non-fellowship-trained surgeons coding for Mohs surgery. By December 31, 2023, non-fellowship-trained surgeons will be required to have passed the Micrographic Dermatologic Surgery subspecialty board exam. In order for non-fellowship-trained surgeons to start or to continue performing and coding for MMS, the Mohs Surgery FAB must make a recommendation to the NPED, Dermatology to individually grant the facility in which the surgeon is performing MMS a waiver according to VHA Notice 2022-01, or subsequent policy.*

(3) Reviewing and approving the VA medical facility MMS new site activation plan submitted by the VA medical facility Chief of Dermatology Service (or Section) with approval from the VA medical facility Chief of Pathology. This must be done in collaboration with the VA Medical Facility ADPCS.

(4) Ensuring the proper credentialing and privileging of the VA medical facility Mohs micrographic surgeon in accordance with the requirements of VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012, VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021, and VHA Handbook 1106.01, Pathology and Laboratory Medical Service (P&LMS) Procedures, dated January 29, 2016.

I. VA Medical Facility Associate Director for Patient Care Services: The VA Medical Facility Associate Director for Patient Care Services (ADPCS) is responsible for:

(1) Collaborating with the VA Medical Facility Chief of Staff in reviewing the VA medical facility MMS new site activation plan submitted by the VA medical facility Chief of Dermatology Service (or Section) with approval from the VA medical facility Chief of Pathology.

(2) Providing input on resources (physical, material, and personnel) needed to support the site activation plan.

m. VA Medical Facility Chief of Dermatology Service (or Section): The VA medical facility Chief of Dermatology Service (or Section) is responsible for:

(1) Reviewing the local management of skin disease to include skin cancer.

(2) Ensuring that the dermatology service or section has a process for providing plan for the treatment of skin cancer and access to MMS for Veterans diagnosed with skin cancer, to include Veterans being referred to Community Care. **NOTE:** *The process should be consistent with the standards and criteria which can be found at <https://www.ncbi.nlm.nih.gov/pubmed/22959232>.*

(3) Working with the VA medical facility Chief of Pathology in submitting the necessary information for the MMS new site activation or clinical restructuring request in accordance with VHA Directive 1043, Appendix A to the VA medical facility Chief of Staff. Additional resources to assist in completing this site activation request are available on the Dermatology SharePoint: **NOTE:** *See “General Information about the Mohs Micrographic Surgery Site Activation Plan” and “Mohs Surgery Site Activation Checklist” documents on the Dermatology SharePoint to assist in the completion of a clinical restructuring request, per VHA Directive 1043. Please also refer to “Resources Needed for Mohs Operative Suite” for a list of resources needed in the MMS operating suite, available here: <https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

(4) Collaborating with the VA medical facility Chief of Pathology to ensure that a 10% random retrospective second review of all Mohs surgeries is performed as a quality management review, according to VHA Handbook 1106.01.

(5) Notifying the NPED, Dermatology and the Mohs Surgery FAB if a site that was previously approved for MMS no longer has the infrastructure to support performing MMS.

n. **VA Medical Facility Chief of Pathology.** The VA medical facility Chief of Pathology is responsible for:

(1) Maintaining the MMS laboratory as a satellite of the main pathology laboratory, including oversight of compliance to maintain the MMS laboratory under the main laboratory accreditation and CLIA licensure (main pathology laboratory or a separate CLIA licensure if at a satellite facility such as a CBOC).

(2) Provide oversight of the MMS laboratory manual and storage of slides, in accordance with VHA Handbook 1106.01 and as described on the Dermatology SharePoint. **NOTE: More details are available at <https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.**

(3) Collaborating with the VA medical facility Chief of Dermatology to ensure that a 10% random retrospective second review of all Mohs surgeries is performed as a quality management review.

(4) Participating in the review of new MMS site activation or clinical restructuring requests at the location, submitted by the VA medical facility Chief of Dermatology Service (or Section).

(5) Assisting the VA medical facility Chief of Staff and VA medical facility Chief of Dermatology Service as needed for credentialing of the Mohs micrographic surgeon.

(6) Ensure that the activity menu is updated with the National Enforcement Office to include MMS diagnostic activities.

o. **VA Medical Facility Mohs Micrographic Surgeon.** The VA medical facility Mohs micrographic surgeon is responsible for:

(1) Determining whether MMS is appropriate by review of patient history, physical exam and tumor pathology.

(2) For any Veterans requiring Mohs surgery in VHA for which a tissue diagnosis was performed at another VA medical facility or outside VHA, attempting to obtain the slides and report for pathology review before the surgery in accordance with VHA Handbook 1106.01.

(3) Performing MMS in accordance with evidence-based practice. The Mohs micrographic surgeon acts in two integrated but separate and distinct capacities:

(a) Completing excision of tissue, mapping and orientation of the specimen, direct supervision of frozen section preparation by the Mohs histopathology technologist or technician in the Mohs laboratory.

(b) Completing microscopic examination of the excised tissue by systematic use of horizontal frozen sections.

(4) Interpreting and reporting of Mohs histopathology results.

(5) Completing operative documentation as described in the “Resources Needed for Mohs Operative Suite” on the Dermatology SharePoint, which provides a minimum list of resources needed in the MMS operating suite. **NOTE:** *The minimum list of resources needed is available here:*

<https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. *This is an internal VA website that is not available to the public.*

(6) Supervising the MMS histopathology technologist or technician with the assistance of the VA medical facility Chief of Pathology.

(7) Maintaining the MMS laboratory with assistance from the VA medical facility Chief of Pathology and oversight of all quality assurance documentation. **NOTE:** *For further details, see “Mohs Lab Slide Quality Control” on the Dermatology SharePoint: <https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. This is an internal VA website that is not available to the public.*

p. **VA Medical Facility Mohs Histopathology Technologist or Technician.** The VA medical facility Mohs histopathology technologist or technician is responsible for:

(1) Processing the tissue specimen, including embedding and mounting, freezing, sectioning and staining the slides according to the VA medical facility MMS laboratory manual.

(2) Under the direct supervision of the Mohs micrographic surgeon, ensuring precise orientation and a complete peripheral and deep margin for inspection.

(3) Maintaining the Mohs laboratory, with assistance from the Mohs micrographic surgeon and the Chief of Pathology, including slide management, quality assurance, and maintenance of equipment and slides. **NOTE:** *See “Daily Tissue Staining Quality Control Form” and “Quarterly Proficiency Quality Control Form Cover Sheet” in addition to those listed above on the Dermatology SharePoint for a list of resources needed in the MMS operating suite, available here:*

<https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

3. TRAINING

There are no formal training requirements associated with this directive.

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), skin cancer is the most common cancer in the United States and one of the most prevalent health conditions affecting Veterans receiving VA health care. VHA recognizes the high priority of treatment of skin cancer and is committed to providing accessible and appropriate skin cancer treatment for Veterans, including access to skin cancer surgery that is prompt, safe and appropriate. Prompt access to appropriate care is crucial to limiting morbidity and mortality from skin cancer. MMS is an essential component of comprehensive skin cancer care and requires complex coordination with skin cancer providers.

6. DEFINITIONS

a. **Mohs Micrographic Surgery.** MMS is a specific surgical technique for tumor extirpation, with narrow beveled margins and complete margin assessment by frozen section. To be considered MMS, the Mohs micrographic surgeon must act as both the surgeon and the pathologist by performing the microscopic evaluation of the specimens removed for diagnostic purposes. MMS is used for the removal of complex, aggressive or ill-defined skin cancer, and in cosmetically sensitive areas, including but not limited to:

(1) Mohs surgery on any cutaneous or mucosal surface on the body, such as the face, eyelids (including involvement of canthus, tarsal plate), nose, intranasal lining, lips, intraoral, external auditory canals, hands or feet (including nail unit), neck, and anogenital region (including penis, scrotum, vulva, perineum, perianal).

(2) Mohs surgery on large or recurrent tumors, and tumors in sites of previous radiation therapy.

(3) Mohs surgery on tumors invading deeper tissues such as muscle, cartilage, and bone.

(4) Mohs surgery on histologically aggressive or rare tumors such as melanoma, dermatofibrosarcoma protuberans, leiomyosarcoma, atypical fibroxanthoma, pleomorphic dermal sarcoma, microcystic adnexal carcinoma, sebaceous carcinoma, and extramammary Paget disease.

b. **Mohs Micrographic Surgery Fellowship.** A MMS fellowship requires a minimum one-year training program accredited through Accreditation Council for Graduate

Medical Education or American College of Mohs Surgery. The fellowship program provides comprehensive training that allows the Mohs surgeon to provide a wide range of skin cancer management using Mohs surgery and wound reconstruction. These reconstructive techniques include, but not are limited to:

(1) Complex or advanced wound reconstructions, such as with local flaps, interpolated flaps, split or full-thickness skin grafts, cartilage grafts, composite grafts, allografts, and xenografts, including of large or difficult anatomic sites such as the head and neck or anogenital regions.

(2) Surgeries involving interdisciplinary collaboration.

c. **Mohs Micrographic Surgery Laboratory.** The MMS laboratory is the site for processing tissue for intraoperative pathology. The VA medical facility's PLMS oversees the MMS laboratory. The MMS laboratory is a satellite of the main pathology laboratory and falls under anatomic pathology and is regulated by Clinical Laboratory Improvement Amendments (CLIA). The MMS laboratory should be contiguous with, or in close proximity to, the MMS operating suite. **NOTE:** See "Required Resources for Mohs Laboratory" on the Dermatology SharePoint for a list of resources needed in the MMS operating suite, available here:

<https://dva.gov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

d. **Mohs Micrographic Surgery Operating Suite.** The MMS operating suite is the location where MMS is performed. Mohs surgery is typically performed in outpatient clinic treatment rooms. **NOTE:** See "Resources Needed for Mohs Operative Suite" on the Dermatology SharePoint, which provides a minimum list of resources needed in the MMS operating suite, available here:

<https://dva.gov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

7. REFERENCES

- a. 38 U.S.C. 7301(b).
- b. VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016.
- c. VHA Directive 1106, Pathology and Laboratory Medicine Service, dated July 27, 2018.
- d. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.
- e. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- f. VHA Handbook 1106.01 Pathology and Laboratory Medicine Service (P&LMS) Procedures dated January 29, 2016.

g. VHA Notice 2022-01, Waivers to VHA National Policy, dated February 10, 2022.

h. Guy GP, Thomas CC, Thompson T, Watson M, Massetti GM, Richardson LC. Vital signs: Melanoma incidence and mortality trends and projections—United States, 1982–2030. *MMWR Morb Mortal Wkly Rep.* 2015;64(21):591-596.

i. Accreditation Council for Graduate Medical Education. *ACGME Program Requirements for Graduate Medical Education in Micrographic Surgery and Dermatologic Oncology.* https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/081_MSDO_2020_July.pdf?ver=2020-06-30-092040-887&ver=2020-06-30-092040-887. **NOTE:** This is a linked document outside the control of VA and may not conform to Section 508 of the Rehabilitation Act of 1973.

j. Ad Hoc Task Force, Connolly, S.M., Baker, D.R., 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.* *American Academy of Dermatology.* 2012 Oct;67(4):531-50. doi: 10.1016/j.jaad.2012.06.009. Epub 2012 Sep 5: <https://www.ncbi.nlm.nih.gov/pubmed/22959232>.

k. Fish, FS. *Manual of Frozen Section Processing for Mohs Micrographic Surgery.* Milwaukee: American College of Mohs Surgery, 2017.

l. MMS SharePoint: <https://dvagov.sharepoint.com/sites/VhaSCCO/Derm/SitePages/Home.aspx> **NOTE:** This is an internal VA website that is not available to the public.