# 1 PATIENT INFORMATION

## 1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: MOHS SURGERY CONSULTATION / MOHS PROCEDURE VISIT / POST-OPERATIVE FOLLOW-UP / WOUND CHECK / SUTURE REMOVAL / TELEHEALTH

CARE SETTING: OUTPATIENT / MOHS SURGERY CLINIC / DERMATOLOGIC SURGERY CLINIC / DERMATOLOGY CLINIC / TELEHEALTH

PRIMARY DERMATOLOGIST, IF APPLICABLE

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

# CC CHIEF COMPLAINT

## 2 PRIMARY MOHS CONCERN

*Document the primary Mohs surgery-related reason for the visit in the patient's own words when possible, including biopsy-proven basal cell carcinoma, squamous cell carcinoma, melanoma in situ when appropriate, recurrent skin cancer, high-risk skin cancer, lesion requiring Mohs surgery, surgical consultation, same-day Mohs procedure, post-operative wound check, bleeding concern, infection concern, or suture removal.*

# S SUBJECTIVE

## 3 PATIENT-REPORTED HISTORY

*Document patient-reported skin cancer history, lesion history, biopsy results, prior treatment, surgical risk factors, medications,*

*and post-operative symptoms.*

## 3a TUMOR & PATHOLOGY HISTORY

**Reason for Mohs Surgery Evaluation:**

*Document whether the visit is for Mohs consultation, biopsy-proven skin cancer treatment, recurrent tumor, high-risk tumor location, aggressive histology, tissue-sparing surgery, procedure planning, same-day Mohs surgery, reconstruction planning, wound check, or suture removal.*

**Lesion / Tumor History:**

*Document lesion location, duration, growth, change in size/color/shape, bleeding, crusting, ulceration, pain, itching, prior trauma, prior treatment, recurrence, and patient concern.*

**Biopsy / Pathology History:**

*Document biopsy date, biopsy type, diagnosis, histologic subtype, tumor depth or invasion if provided, perineural invasion if reported, margins if known, and whether pathology slides or report were reviewed.*

**Skin Cancer History:**

*Document prior basal cell carcinoma, squamous cell carcinoma, melanoma, melanoma in situ, atypical nevi, actinic keratoses, prior Mohs surgery, excisions, radiation treatment, field therapy, or recurrence history.*

**High-Risk Tumor Features:**

*Document tumor location, size, recurrent status, aggressive histology, poorly defined clinical borders, immunosuppression, prior radiation site, perineural symptoms, rapid growth, pain, numbness, fixation, or functional/cosmetic concern.*

**Surgical Site Symptoms:**

*Document pain, tenderness, drainage, bleeding, scabbing, crusting, ulceration, infection symptoms, numbness, tingling, impaired function, or nearby anatomic structure involvement.*

## 3b SURGICAL RISK REVIEW

**Medication and Anticoagulation History:**

*Document anticoagulants, antiplatelet agents, NSAIDs, supplements affecting bleeding risk, immunosuppressive medications, chemotherapy, biologics, corticosteroids, diabetes medications, and perioperative medication instructions if discussed.*

**Medical Risk Factors:**

*Include diabetes, hypertension, cardiovascular disease, pacemaker/defibrillator, prosthetic heart valve, joint replacement, bleeding disorder, immunosuppression, transplant history, HIV, chronic kidney disease, liver disease, smoking/nicotine use, keloid tendency, poor wound healing, or history of surgical complications.*

**Allergy History:**

*Document allergy to local anesthetics, lidocaine, epinephrine, antibiotics, adhesives, chlorhexidine, iodine, latex, sutures, or prior surgical prep reactions.*

**Infection / Prophylaxis Considerations:**

*Document history of endocarditis risk, prosthetic valves, cardiac devices, joint replacement, prior surgical site infections, MRSA history, immunosuppression, and whether antibiotic prophylaxis is indicated or discussed.*

**Functional and Cosmetic Concerns:**

*Document concern about scar appearance, eyelid/lip/nose/ear function, wound healing, work restrictions, physical activity limitations, upcoming events, caregiving responsibilities, and patient reconstruction preferences.*

**Reconstruction History and Preferences:**

*Document prior reconstructive procedures, preference for primary closure, flap, graft, second-intention healing, referral reconstruction, staged repair, or desire to discuss options before surgery.*

**Post-Operative Symptoms, if applicable:**

*Document bleeding, pain, swelling, bruising, drainage, redness, warmth, fever, wound separation, numbness, tingling, impaired movement, medication use, dressing changes, and adherence to wound care instructions.*

## 3c PREVENTION & BACKGROUND

**Sun Exposure and Prevention History:**

*Document sunscreen use, protective clothing, tanning bed use, outdoor work, prior sunburns, self-skin exams, dermatology surveillance interval, and prevention counseling needs.*

**Family History:**

*Document family history of melanoma, basal cell carcinoma, squamous cell carcinoma, genetic skin cancer syndromes, or unusual early-onset skin cancers.*

**Social / Occupational History:**

*Document occupation, outdoor exposure, smoking/nicotine use, ability to perform wound care, transportation, support at home, and ability to follow activity restrictions.*

**Pertinent Negatives:**

*Document denial of red-flag symptoms when clinically relevant, including rapidly enlarging lesion, severe pain, numbness, facial weakness, uncontrolled bleeding, fever, spreading redness, purulent drainage, wound dehiscence, chest pain, dyspnea, syncope, or anticoagulation-related bleeding concerns.*

## ROS MOHS SURGERY REVIEW OF SYSTEMS

### 4 PERTINENT POSITIVES & NEGATIVES

*Document pertinent positives and negatives:*

New, changing, bleeding, painful, crusting, ulcerated, or non-healing skin lesion

Surgical site pain, tenderness, drainage, bleeding, swelling, redness, or wound separation

Numbness, tingling, weakness, facial movement changes, or functional impairment near tumor site

Fever, chills, infection symptoms, or systemic symptoms

Easy bruising, bleeding tendency, anticoagulant use, or prior surgical bleeding complications

Poor wound healing, keloid tendency, diabetes-related healing concerns, or immunosuppression

Anxiety, cosmetic concern, functional concern, or distress related to skin cancer or surgery

## O OBJECTIVE

### 5 OBSERVED FINDINGS

*Document observed Mohs surgery-relevant findings and focused examination details.*

### 5a VITALS, IF OBTAINED

| | | |
|---|---|---|
| TEMPERATURE | BLOOD PRESSURE | HEART RATE |
| RESPIRATORY RATE | OXYGEN SATURATION | HEIGHT |
| WEIGHT | BMI | PAIN SCORE, IF APPLICABLE |

### 5b EXAMINATION

**General Appearance:**

*Document alertness, distress level, comfort level, anxiety level, ability to tolerate procedure, and overall clinical condition.*

**Tumor / Lesion Examination:**

*Document tumor location, size, morphology, borders, color, induration, ulceration, crusting, bleeding, tenderness, fixation, scar from biopsy, residual lesion, surrounding actinic damage, and relationship to nearby functional or cosmetic structures.*

**Anatomic Site Assessment:**

*Document involvement or proximity to eyelid, nose, lip, ear, scalp, temple, genital skin, hands, feet, nail unit, scar tissue, prior radiation site, or other high-risk area.*

**Regional Lymph Node Examination, if relevant:**

*Document cervical, preauricular, postauricular, submandibular, supraclavicular, axillary, epitrochlear, or inguinal lymphadenopathy when indicated by tumor type, depth, size, or symptoms.*

**Neurologic / Functional Assessment, if relevant:**

*Document sensation, facial nerve function, eyelid closure, oral competence, nasal airflow, ear contour/function, hand function, or other site-specific functional findings.*

**Surgical Site / Wound Examination, if post-operative:**

*Document incision approximation, erythema, edema, ecchymosis, drainage, bleeding, dehiscence, necrosis, infection signs, flap/graft viability, sutures/staples, crusting, tenderness, and dressing condition.*

**Full or Focused Skin Examination, if performed:**

*Document additional suspicious lesions, actinic keratoses, scars, prior skin cancer sites, areas examined, areas deferred, and need for follow-up dermatology surveillance.*

## PT PATHOLOGY / TUMOR ASSESSMENT

### 6 PATHOLOGY FOR SURGICAL PLANNING

*Document pathology details relevant to Mohs surgical planning. Include:*

DIAGNOSIS

HISTOLOGIC SUBTYPE

BIOPSY SITE AND DATE

TUMOR SIZE CLINICALLY AND PATHOLOGICALLY IF AVAILABLE

DEPTH OR LEVEL OF INVASION IF AVAILABLE

DIFFERENTIATION FOR SQUAMOUS CELL CARCINOMA IF AVAILABLE

PERINEURAL INVASION IF REPORTED

LYMPHOVASCULAR INVASION IF REPORTED

MARGINS IF AVAILABLE

RECURRENT VERSUS PRIMARY TUMOR

PRIOR TREATMENT STATUS

PATHOLOGY REPORT OR SLIDES REVIEWED

NEED FOR SLIDE CONSULTATION OR DERMATOPATHOLOGY REVIEW

## MA MOHS APPROPRIATENESS / RISK ASSESSMENT

### 7 RATIONALE FOR MOHS

*Document rationale for Mohs surgery. Include:*

TUMOR TYPE

TUMOR LOCATION

TUMOR SIZE

RECURRENT TUMOR STATUS

AGGRESSIVE HISTOLOGY

POORLY DEFINED BORDERS

TISSUE-SPARING NEED

IMMUNOSUPPRESSION OR HIGH-RISK HOST FACTORS

PRIOR RADIATION OR SCAR SITE

FUNCTIONAL OR COSMETIC IMPORTANCE OF SITE

ALTERNATIVE TREATMENTS DISCUSSED

PATIENT PREFERENCE AND SHARED DECISION-MAKING

## MP PROCEDURE PERFORMED: MOHS MICROGRAPHIC SURGERY, IF APPLICABLE

### 8 MOHS PROCEDURE DETAILS

*Document Mohs procedure details thoroughly. Include:*

PRE-OPERATIVE DIAGNOSIS

INDICATION FOR MOHS SURGERY

ANATOMIC LOCATION

PRE-OPERATIVE LESION SIZE

CONSENT OBTAINED

TIMEOUT / SITE VERIFICATION

LOCAL ANESTHESIA USED

SKIN PREPARATION

DEBULKING IF PERFORMED

NUMBER OF MOHS STAGES

TISSUE BLOCKS PER STAGE

HISTOLOGIC FINDINGS PER STAGE

MARGINS CLEARED OR RESIDUAL TUMOR STATUS

FINAL DEFECT SIZE

HEMOSTASIS METHOD

PATIENT TOLERANCE

COMPLICATIONS IF ANY

POST-OPERATIVE DIAGNOSIS

WOUND MANAGEMENT / RECONSTRUCTION PLAN

SPECIMEN HANDLING AND MAP DOCUMENTATION

## MS MOHS STAGE DOCUMENTATION, IF APPLICABLE

### 9 STAGE-BY-STAGE FINDINGS

*Document stage-by-stage findings. Include:*

**Stage 1:**

*Number of sections/blocks, tumor present or absent, histologic pattern, involved margin location, and map correlation.*

**Stage 2:**

*Number of sections/blocks, tumor present or absent, histologic pattern, involved margin location, and map correlation.*

**Additional Stages:**

*Document each additional stage with sections/blocks, tumor status, histology, margin location, and map correlation.*

**Final Stage:**

*Document complete margin clearance and final defect dimensions.*

## RR RECONSTRUCTION / REPAIR DOCUMENTATION, IF APPLICABLE

### 10 REPAIR DETAILS

*Document repair details. Include:*

RECONSTRUCTION TYPE: SECOND INTENTION / PRIMARY LINEAR CLOSURE / COMPLEX CLOSURE / FLAP / GRAFT / STAGED REPAIR / REFERRAL REPAIR

INDICATION FOR SELECTED REPAIR

FINAL DEFECT SIZE

UNDERMINING PERFORMED

DEEP AND SUPERFICIAL SUTURE MATERIALS

CLOSURE LENGTH

FLAP OR GRAFT TYPE AND DIMENSIONS

DONOR SITE IF APPLICABLE

HEMOSTASIS

DRESSING APPLIED

PATIENT TOLERANCE

COMPLICATIONS IF ANY

FUNCTIONAL/COSMETIC OUTCOME IMMEDIATELY AFTER REPAIR

WOUND CARE INSTRUCTIONS

FOLLOW-UP PLAN

## OP OTHER PROCEDURES PERFORMED, IF APPLICABLE

### 11 ADDITIONAL DERMATOLOGIC SURGERY

*Document any additional dermatologic surgery procedures. Include procedure name, indication, site, consent, anesthesia, technique, specimen details, hemostasis, dressing, patient tolerance, complications, aftercare, and pathology follow-up. Examples may include: Excision · Shave biopsy · Punch biopsy · Debulking specimen · Curettage and electrodessication · Cryotherapy · Intralesional injection · Wound culture · Suture removal · Wound debridement · Dressing change · Flap/graft check · Hemostasis procedure for post-operative bleeding.*

## PO POST-OPERATIVE / WOUND ASSESSMENT, IF APPLICABLE

### 12 WOUND HEALING STATUS

*Document wound healing status. Include:*

SURGERY DATE AND PROCEDURE PERFORMED

REPAIR TYPE

PAIN LEVEL AND ANALGESIC USE

BLEEDING, DRAINAGE, SWELLING, BRUISING, OR INFECTION SYMPTOMS

WOUND CARE ADHERENCE

ACTIVITY RESTRICTION ADHERENCE

INCISION APPROXIMATION

FLAP/GRAFT VIABILITY

SUTURE/STAPLE STATUS

DEHISCENCE, NECROSIS, HEMATOMA, SEROMA, OR INFECTION SIGNS

SCAR MATURATION AND PATIENT CONCERNS

NEED FOR SUTURE REMOVAL, WOUND CARE CHANGE, CULTURE, ANTIBIOTICS, REVISION, OR ADDITIONAL FOLLOW-UP

## L LABORATORY AND DIAGNOSTIC RESULTS

### 13 REVIEWED & ORDERED

*Document Mohs surgery-relevant results reviewed or ordered. Include:*

**Dermatopathology:**

*Biopsy report, Mohs frozen section findings, permanent section review, debulking specimen pathology, margin status, histologic subtype, perineural invasion, and high-risk features.*

**Imaging:**

*Ultrasound, CT, MRI, PET/CT, or other imaging for high-risk tumors, perineural symptoms, deep invasion, lymph node concern, or advanced disease.*

**Microbiology:**

*Wound culture, sensitivities, MRSA history, or infection-related testing when relevant.*

**Medication / Safety Labs:**

*INR, platelet count, CBC, renal function, or other perioperative labs when clinically indicated.*

**Prior Records Reviewed:**

*Dermatology notes, biopsy reports, pathology slides/report, prior Mohs or excision records, operative reports, oncology records, radiation history, medication list, anticoagulation records, and outside records.*

## A ASSESSMENT

### 14 MOHS CLINICAL INTERPRETATION

*Provide Mohs surgery-specific clinical interpretation: Primary skin cancer diagnosis or working diagnosis · Tumor location, size, histology, and high-risk features · Appropriateness of Mohs surgery and rationale · Surgical risk factors, bleeding risk, infection risk, and wound healing considerations · Functional and cosmetic considerations for planned repair · Pathology correlation with clinical findings · Margin status if Mohs performed · Reconstruction status and wound healing status if post-operative · Need for additional Mohs stage, reconstruction, pathology review, imaging, oncology referral, radiation oncology referral, antibiotics, wound care, or urgent escalation · Patient understanding, expectations, and shared decision-making.*

## P PLAN

### 15 MOHS MANAGEMENT BY PROBLEM & STAGE

*Outline Mohs surgery management by problem and surgical stage. Include:*

**Mohs surgery plan**

*including indication, site, expected steps, risks/benefits, alternatives, anesthesia, same-day expectations, and possible need for multiple stages.*

**Reconstruction plan**

*including repair options, second intention, linear closure, flap, graft, staged repair, outside reconstruction referral, functional/cosmetic expectations, and scar counseling.*

**Medication management plan**

*including anticoagulant/antiplatelet guidance, antibiotic prophylaxis if indicated, pain control, avoidance of unnecessary bleeding-risk supplements when appropriate, and coordination with prescribing clinicians when needed.*

**Pre-operative plan**

*including site verification, pathology confirmation, photographs, consent, transportation/support needs, pacemaker/defibrillator considerations, allergy review, and perioperative instructions.*

**Post-operative wound care plan**

*including dressing care, cleaning instructions, petrolatum use, activity restrictions, bleeding management, ice/elevation, pain control, and infection precautions.*

**Follow-up plan**

*including wound check, suture removal, flap/graft monitoring, pathology review, scar assessment, and long-term skin cancer surveillance.*

**Skin cancer prevention plan**

*including sunscreen, protective clothing, sun avoidance, tanning bed avoidance, self-skin exams, ABCDE education, and dermatology follow-up interval.*

**High-risk tumor plan**

*including imaging, lymph node assessment, multidisciplinary tumor board, oncology referral, radiation oncology referral, sentinel lymph node discussion when applicable, or closer surveillance.*

**Complication management plan**

*including bleeding control, hematoma evaluation, infection treatment, wound culture, dehiscence care, necrosis monitoring, scar revision discussion, and urgent return precautions.*

**Patient education**

*regarding diagnosis, procedure, expected scar, wound healing timeline, activity restrictions, warning signs, and when to seek urgent or emergency care.*

## F FOLLOW-UP

### 16 REASSESSMENT PLAN

*Specify follow-up timeframe and purpose, including Mohs procedure scheduling, wound check, suture removal, flap/graft check, bleeding or infection reassessment, pathology review, scar evaluation, additional reconstruction, or long-term skin cancer surveillance.*

## TB TIME DOCUMENTATION & BILLING

### 17 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

MOHS COUNSELING TIME

PROCEDURE TIME

RECONSTRUCTION / REPAIR TIME, IF APPLICABLE

WOUND CARE COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS / PATHOLOGY REVIEW TIME, IF APPLICABLE

### 17a BILLING CONSIDERATIONS — MOHS SURGERY / DERMATOLOGIC SURGERY CODING

MOHS SURGERY CODE(S)

NUMBER OF STAGES

NUMBER OF TISSUE BLOCKS

REPAIR CODE(S), IF APPLICABLE

BIOPSY / EXCISION CODE(S), IF APPLICABLE

WOUND CARE / SUTURE REMOVAL CODE(S), IF APPLICABLE

E/M LEVEL, IF SEPARATELY APPLICABLE: [E.G., 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215]

BASIS FOR BILLING: [MOHS PROCEDURE / RECONSTRUCTION / TIME-BASED / MEDICAL DECISION MAKING / POST-OPERATIVE CARE / SEPARATE E/M WHEN APPLICABLE]

ICD-10 DIAGNOSIS CODES: [PRIMARY SKIN CANCER DIAGNOSIS CODE + DESCRIPTION]

[TUMOR SITE / HISTORY / COMPLICATION DIAGNOSIS CODE(S), IF APPLICABLE]

## SO SIGNATURE

### 18 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: MOHS MICROGRAPHIC SURGERY / DERMATOLOGIC SURGERY

DATE

TIME