



CLEARVIEW
DERMATOLOGY
The Clear Path to Healthy Skin

PRE-Mohs COVERAGE DETERMINATION

Please use this form to determine your possible out of pocket expenses related to Mohs surgery:

1. Call the customer service number on your health insurance identification card.
2. Ask if you have coverage for Mohs surgery for a diagnosis of: _____ *and*
CPT's
 - 17311-17315 *Mohs procedure*
 - 12001-12021, 12031-12057, 13100-13160 *repair codes*
 - 14000-14350, 15570-15738 *flap codes*
 - 15002-15278 *graft codes*
 - 15740-15778- *Other flaps & grafts*
3. If it's covered ask them if a deductible or co-insurance may apply. If yes, ask them the amount.
 - a. Deductible \$ _____ Deductible Remaining\$ _____
 - b. Coinsurance % _____
4. Ask if you have a co-payment for this service.

Date called: _____

Name of Representative: _____

Call reference #: (if applicable) _____

(Record the above information before hanging up).

Our billing department is available to answer any additional questions you may have. They can be reached at 978-534-0582 option 2.