Medical Coverage Policy



Whole Body Photography with or without Dermatoscopy

Device/Equip	ment 🗌 Drug 🗌 🛛	Medical 🗌 Surgery	Test Other
Effective Date:	6/1/2009	Policy Last Updated:	2/21/2011

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

⊠ Prospective review is not required.

Description:

Whole body photography and dermatoscopy are techniques used for detecting and monitoring malignant pigmented lesions. Whole body photography may be used without dermatoscopy to document pigmentated lesions and facilitate recognition of new or changing lesions.

Dermatoscopy may also be called dermoscopy, skin surface microscopy, incidence light microscopy, or epiluminescence microscopy. Dermotoscopy describes a family of noninvasive techniques that allow skin surface microscopic examination of skin lesions, and is intended to help distinguish between benign and malignant pigmented skin lesions. The technique involves application of immersion oil to the skin, which eliminates light reflection from the skin surface and renders the stratum corneum transparent. Using a magnifying lens, the structures of the epidermis and epidermal-dermal junction can then be visualized. A handheld or stereomicroscope may be used for direct visual examination. Digitization of images, typically after initial visual assessment, permits storage and facilitates their retrieval, often used for comparison purposes if a lesion is being followed up over time.

Dermatoscopic images may be assessed by direct visual examination or by review of standard or digitized photographs. The evaluation may be marketed as a "melanomagram." The MoleMax II[™] is a dermatoscopy device that includes a microscopic camera, image digitizer, storage and retrieval of images, and computer-aided diagnostic tools.

Documentation regarding the clinical value of dermatoscopy is inadequate in various clinical situations, therefore its use in conjunction with clinical assessment is considered not medically necessary.

Medical Criteria:

Not applicable.

Policy:

Whole body photography with or without dermatoscopy is considered **not medically necessary** as a technique to evaluate or serially monitor pigmented skin lesions as there are inadequate peer reviewed data to support its use.

Note: Limited photography for documentation is considered part of record keeping and not separately reimbursed.

Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage.

Coding:

There is no specific code describing dermatoscopy.

The following code with or without dermatoscopy is considered not medically necessary: 96904

Also known as:

Dermoscopy Epiluminescence Microscopy Incidence Light Microscopy Skin Surface Microscopy The MoleMax II™

Published:

Provider Update, August 2009 Provider Update, May 2010 Provider Update, May 2011 Provider Update, May 2012

References:

American Academy of Dermatology; SkinCancerNet. A comprehensive online skin cancer source. Retrieved 1/11/10 from: <u>http://www.skincarephysicians.com/skincancernet/melanoma_biopsy.html</u>.

American Cancer Society, Inc (ACS). *Detailed Guide: Skin Cancer – Melanoma. Skin Cancer-Melanoma.* Retrieved 1/11/10 from: <u>http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=39</u>.

Bafounta, M, et al. Is *Dermoscopy (Epiluminescence Microscopy)* Useful for the Diagnosis of Melanoma? Results of a Meta-analysis Using Techniques Adapted to the Evaluation of Diagnostic Tests. Archives of Dermatology;2001;137:1343-1350. Retrieved on 1/13/10 from: <u>http://archderm.ama-assn.org/cgi/content/full/137/10/1343</u>.

Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.42 Dermatoscopy. Retrieved on 1/11/10 from:

http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=2_0142.

Bristow IR, Bowling J. *Dermoscopy as a technique for the early identification of foot melanoma.* Journal of Foot and Ankle Research; 12 May 2009;2:14. Retrieved 1/11/10 from: http://www.jfootankleres.com/content/pdf/1757-1146-2-14.pdf.

Giuseppe A., et al. *Dermoscopy Improves Accuracy of Primary Care Physicians to Triage Lesions Suggestive of Skin Cancer.* Journal of Clinical Oncology;24(12);20April2006:1877-1882. Retrieved on 1/13/10: <u>http://jco.ascopubs.org/cgi/content/full/24/12/1877</u>.

Risser, J, et al. *The impact of total body photography on biopsy rate in patients from a pigmented lesion clinic.* Journal of the American Academy of Dermatology;September 2007;57(3):428-434. Retrieved on 1/13/10 from: <u>http://www.eblue.org/article/S0190-9622(07)00782-7/abstract</u>.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical

policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.