

# Medical Coverage Policy



## Whole Body Photography with or without Dermatoscopy

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	6/1/2009	Policy Last Updated:	7/16/2013
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**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 pigmented lesions and facilitate recognition of new or changing lesions.

Dermatoscopy may also be called dermoscopy, skin surface microscopy, incidence light microscopy, or epiluminescence microscopy. Dermatoscopy 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 "melanogram." 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:

None

**Policy:**

BlueCHIP for Medicare and Commercial products

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, September 2013  
Provider Update, May 2012  
Provider Update, May 2011  
Provider Update, May 2010  
Provider Update, August 2009

**References:**

American Academy of Dermatology; SkinCancerNet. A comprehensive online skin cancer source. Retrieved 1/11/10 from:

[http://www.skincarephysicians.com/skincancernet/melanoma\\_biopsy.html](http://www.skincarephysicians.com/skincancernet/melanoma_biopsy.html).

American Cancer Society, Inc (ACS). *Detailed Guide: Skin Cancer – Melanoma. Skin Cancer-Melanoma*. Retrieved 1/11/10 from: [http://www.cancer.org/docroot/CRI/CRI\\_2\\_3x.asp?dt=39](http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=39).

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: <http://archderm.ama-assn.org/cgi/content/full/137/10/1343>.

Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.42 Dermoscopy. Retrieved on 1/11/10 from: [http://blueweb.bcbs.com/global\\_assets/special\\_content/medical\\_policy/policymanual/policy.html?pnum=20142](http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=20142).

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: <http://jco.ascopubs.org/cgi/content/full/24/12/1877>.

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: [http://www.eblue.org/article/S0190-9622\(07\)00782-7/abstract](http://www.eblue.org/article/S0190-9622(07)00782-7/abstract).

#### History:

7/16/2013: Annual review.

2/21/12: Annual review

3/15/11: Annual review

3/16/10: Annual review; "Limited photography for documentation is considered part of record keeping and not separately reimbursed." added

2/3/09: New policy approved.

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