Medical Coverage Policy | Whole Body Photography with or without Dermatoscopy

EFFECTIVE DATE: 06|01|2009
POLICY LAST UPDATED: 07|15|2014

OVERVIEW
There is interest in noninvasive devices that will improve the diagnosis of malignant skin lesions. One technique is dermatoscopy (dermoscopy, epiluminescence microscopy, in vivo cutaneous microscopy), which enables the clinician to perform direct microscopic examination of diagnostic features in pigmented skin lesions.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Blue CHiP for Medicare and Commercial
Whole body photography with or without dermatoscopy is considered not medically necessary as a technique to evaluate or serially monitor pigmented skin lesions or for defining peripheral margins of skin lesions suspected of malignancy prior to surgical excision as there are inadequate peer reviewed data to support its use.

MEDICAL CRITERIA
Not applicable.

BACKGROUND
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, also known as dermoscopy, describes a family of noninvasive techniques that allow in vivo 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.

A variety of dermatoscopic features have been identified that are suggestive of malignancy, including pseudopods, radial streaming, the pattern of the pigment network, and black dots. These features in combination with other standard assessment criteria of pigmented lesions, such as asymmetry; borders; and color, have been organized into algorithms to enhance the differential diagnosis of pigmented skin lesions. Dermatoscopic images may be assessed by direct visual examination or by review of standard or digitized photographs. Digitization of images, either surface or dermatoscopic images, may permit qualitative image enhancement for better visual perception and discrimination of certain features, or actual computer-assisted diagnosis.

Dermatoscopy is also proposed in the serial assessment of lesions over time and for defining peripheral margins prior to surgical excision of skin tumors.

Dermatoscopic devices cleared by the U.S. Food and Drug Administration (FDA) include:

- Episcope™ (Welch Allyn, Inc., Skaneateles Falls, NY) approved in 1995; intended use is to illuminate body surfaces and cavities during medical examination.
- Nevoscope™ (TRANSLITE, Sugar Land, TX) approved in 1996; intended use is to view skin lesions by either illumination or transillumination.
- Dermascope™ (American Diagnostic Corp., Hauppauge, NY) approved in 1999; intended use is to enlarge images for medical purposes.
- MoleMax™ (Derma Instruments, Austria) approved in 1999; intended use is to enlarge images for medical purposes.

Although the literature regarding dermatoscopy is extensive, it is insufficient for determining whether use of the technique i.e., for selecting or deselecting lesions for excision leads to improvements in patient management or improved health outcomes. Thus, dermatoscopy is considered not medically necessary for evaluating pigmented skin lesions suspected of
malignancy and for serially monitoring pigmented skin lesions. There are insufficient data on the added value of using dermatoscopy for defining peripheral margins of basal cell carcinomas or squamous cell carcinomas to guide surgical excision using dermatoscopic devices available in the United States. Thus, this application of dermatoscopy is considered not medically necessary.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHiP for Medicare and Commercial

There is no specific CPT or HCPCS code for dermatoscopy, therefore providers should report this service with an unlisted procedure code.

96999

The following code, when performed with or without dermatoscopy, is considered **not medically necessary:**

96904

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Sep 2014
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Provider Update	May 2012
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