Medical Policy

Whole Body Integumentary Photography and Dermatoscopy

Policy Number: OCA 3.702
Version Number: 10
Version Effective Date: 01/01/17

Product Applicability □ All Plan† Products

Well Sense Health Plan
☒ New Hampshire Medicaid
☒ NH Health Protection Program

Boston Medical Center HealthNet Plan
☒ MassHealth
☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☒ Senior Care Options ◊

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers whole body integumentary photography (with or without dermatoscopy) to be experimental and investigational for the monitoring and screening of patients with dysplastic nevus syndrome, a history of dysplastic nevi, a personal or family history of melanoma, or any other indication. The Plan considers dermatoscopy for whole body photography or for a targeted body region to be experimental and investigational for any indication, including but not limited to the evaluation of patients with dysplastic nevus syndrome, a history of dysplastic nevi, and/or a personal or family history of melanoma. It will be determined during the Plan’s standard prior authorization process if the service is considered experimental and investigational for the requested indication. See Whole Body Integumentary Photography and Dermatoscopy

† Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
the Plan’s policy, *Experimental and Investigational Treatment* (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment.

**Description of Item or Service**

**Whole Body Photography:** Also known as total body photography, whole body integumentary photography is a procedure where the entire surface of a patient is photographed for the purpose of providing a reference source of skin lesions over time. The pictures may be taken with a traditional or digital camera or with a computer-based optical imagining device or dermoscope. The purpose of this procedure is to obtain a visual record of the patient’s skin with the hope of being able to compare with future examinations to assist in the identification of new or changed skin lesions. Digital images may be stored electronically. This technique has been proposed as a tool in the management of patients at high risk for skin cancer.

**Dermatoscopy:** Also known dermascopy, dermoscopy, skin surface microscopy, and DS, dermatoscopy is a family of non-invasive techniques to analyze morphological structures of the epidermis and epidermal-dermal junction using a device that both magnifies and illuminates the skin surface (either the whole body or a targeted body region). Dermoscopy is usually used following unaided-eye examination of suspect skin lesions to help distinguish between benign and malignant lesions. Types of dermatoscopy include but are not limited to epiluminescence microscopy (ELM), digital epiluminescence microscopy (DELM), skin videomicroscopy, incidence light microscopy, in vitro cutaneous surface microscopy, magnified oil immersion diascopy, mole mapping, and melanomography. A dermoscope is a handheld magnification tool using high-intensity light source and may include the application of a liquid surface of the skin to change the refraction and/or translucence of the epidermis and make underlying structures visible. The device allows the viewing of skin lesions that are not perceptible to the naked eye by providing greater magnification than un-aided visual inspection (from 6 to 100 times magnification based on the type of demoscopic technique/device). Dermatoscope may be used with direct inspection, digitization of images (when dermoscopes are combined with cameras), or computer-assisted analysis. Digitization of images, typically after the initial visual assessment, permits the storage of images and facilitates the retrieval of the stored images for comparison purposes if a lesion is being followed up over time.

**Medical Policy Statement**

The Plan considers whole body integumentary photography (with or without dermatoscopy) to be experimental and investigational for any indication.

The Plan considers dermatoscopy for whole body photography or for a targeted body region to be experimental and investigational for any indication.
Limitations

1. The Plan considers whole body integumentary photography (with or without dermatoscopy) to be experimental and investigational for any indication.

2. The Plan considers dermatoscopy for whole body photography or for a targeted body region to be experimental and investigational for any indication.

Plan Medical Director review is required for all requests for whole body integumentary photography and/or dermatoscopy, including the monitoring and screening of patients with dysplastic nevus syndrome, a history of dysplastic nevi, a personal or family history of melanoma, or any other indication. Applicable clinical information must be submitted to the Plan by the treating provider and will be used by the Plan Medical Director to determine the medical necessity of the service for a targeted body region. Medical record documentation must include the member’s medical history (including results from prior dermatoscopy or whole body integumentary photography, when applicable), relevant family medical history (including relationship to member such as first-, second- and third-degree relatives), clinical indications for this technology as the most appropriate diagnostic technology for the member’s condition, and documentation that the device is FDA approved for the specified indication. It will be determined during the Plan’s standard prior authorization process if the service is considered experimental and investigational for the requested indication. See the Plan’s policy, Experimental and Investigational Treatment (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment.

Definitions

**Dysplastic Nevi:** Dysplastic nevi are atypical moles whose appearance is different from that of common moles. Dysplastic nevi are generally larger than ordinary moles and have irregular and indistinct borders. Their color frequently is not consistent and may range from pink to dark brown. These nevi are usually flat, but parts may be raised above the skin surface. Dysplastic nevi can be found anywhere, but are most common on the trunk in men and on the calves in women.

**Dysplastic Nevus Syndrome:** Also called atypical mole syndrome, dysplastic nevus syndrome is an autosomal dominant hereditary disorder of the skin characterized by the presence of many mole-like tumors (nevi). People with this syndrome often have more than 100 moles, at least some of which are atypical in size, color, and structure.

**Melanoma:** Melanoma is a malignant tumor of the skin that originates in melanocytes, the cells which produce the pigment melanin that colors the skin, hair, and eyes.
Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United State by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the prior authorization request or the date of service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description: Codes Considered Experimental and Investigational</th>
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<tbody>
<tr>
<td>96904</td>
<td>Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma</td>
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Plan note: This code is NOT covered (with whole body integumentary photography listed as a benefit exclusion) for the Well Sense Health Plan products (i.e., New Hampshire Medicaid and NH Health Protection Program). When whole body photography is a covered service for the Plan member (as specified in the member’s benefit documents in effect at the time of the prior authorization request and the date of service), the Plan considers the service experimental and investigational and therefore requires Plan Medical Director review.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</table>
| 0400T | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions  

Plan note: Code used for a dermatoscopy techniques such as epiluminescence microscopy, or digital epiluminescence microscopy, skin surface microscopy, skin videomicroscopy, or incidence light microscopy. Dematoscopy is a covered service for a Plan member (as specified in the member’s benefit documents in effect at the time of the prior authorization request and the date of service), but the Plan considers the service experimental and investigational and therefore requires Plan Medical Director review. |
| 0401T | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions  

Plan note: Code used for a dermatoscopy techniques such as epiluminescence microscopy, or digital epiluminescence microscopy, skin surface microscopy, skin videomicroscopy, or incidence light microscopy. Dematoscopy is a covered service for a Plan member (as specified in the member’s benefit documents in effect at the time of the prior authorization request and the date of service), but the Plan considers the service experimental and investigational and therefore requires Plan Medical Director review. |

**Clinical Background Information**

Melanoma is the most aggressive of the three types of skin cancer and accounts for the majority of all skin cancer related deaths. The treatment of melanoma is highly successful if it is diagnosed early. Excision of suspected lesions with examination under a microscope for diagnosis is the gold standard for the evaluation of pigmented skin lesions because the sensitivity and specificity of this method is nearly 100%. The early phase of malignant melanoma may be difficult to diagnose because malignant melanomas of the skin can share many clinical features with atypical birthmarks, moles, or other benign skin lesions. Individuals with atypical mole syndrome (i.e., dysplastic nevus syndrome) are at greater risk for the development of cancer of the skin in the form of malignant melanoma.

Currently, there is limited available published evidence in the peer reviewed medical literature indicating that photographic imaging (using whole body photography and/or dermatoscopy) improves patient outcomes by reducing the frequency of unnecessary biopsies or improving early detection of malignant melanoma. Additional studies are needed to establish patient selection criteria and long-term efficacy and safety. Therefore, based on the available evidence in the peer-reviewed literature, whole body photography (with or without dermatoscopy) and/or dermatoscopy (for whole body photography or for a targeted body region) are each considered investigational and experimental for the monitoring and screening of patients with dysplastic nevus syndrome, a history of dysplastic nevi,
patients with a personal or family history of melanoma, or any other indication. To date, traditional or digital cameras used for photographic surveillance of melanoma or other dermatological conditions have not been considered medical devices, and therefore are not subject to FDA regulation. Dermatoscopic devices cleared by the U.S. Food and Drug Administration (FDA) include Dermascope™, DermLite®, DermoGenius®, Episcope™, MoleMax™, and Nevoscope™. Computer-assisted dermatoscopic devices cleared by the FDA include but are not limited to MoleMax II™ and SolarScan® Skin Cancer Detection System.

At the time of the Plan’s most recent policy review, no clinical guidelines were found from the Centers for Medicare & Medicaid Services (CMS) for photographic surveillance for the detection of malignant melanoma or other dermatological condition, whole body integumentary photography for any indication, and/or dermatoscopy for the diagnosis of skin cancer or any other indication. Determine if applicable CMS criteria are in effect for the specified service and the indication for treatment in a national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request for a Senior Care Options member.

References


Whole Body Integumentary Photography and Dermatoscopy

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*Effective Date for the BMC HealthNet Plan Commercial Products: 01/01/12
*Effective Date for Well Sense Health Plan Products: 01/01/17

Note: Policy title was Whole Body Integumentary Photography until 12/31/16; effective 01/01/17 the policy title has been changed to Whole Body Integumentary Photography and Dermatoscopy.

### Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>11/01/10</td>
<td>Updated references.</td>
<td>Version 3</td>
<td>11/23/10: MPCTAC 12/22/10: QIC</td>
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<tr>
<td>11/01/11</td>
<td>Updated references.</td>
<td>Version 4</td>
<td>11/16/11: MPCTAC 12/20/11: QIC</td>
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<tr>
<td>08/01/12</td>
<td>No changes to applicable code list. Updated references and removed duplicate text in Clinical Background Information section. Revised language in the following sections: Summary, Clinical Guideline Statement, and Applicable Coding. Included language that states service is experimental and investigation for all indications.</td>
<td>Version 5</td>
<td>08/15/12: MPCTAC 09/26/12: QIC</td>
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<td>08/01/13</td>
<td>Review for effective date 10/01/13. Updated references.</td>
<td>Version 6</td>
<td>10/01/13: MPCTAC 09/19/13: QIC</td>
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<td>09/01/14</td>
<td>Review for effective date 11/01/14. Updated references. No change made to Plan criteria or applicable code list.</td>
<td>Version 7</td>
<td>11/01/14: MPCTAC 10/08/14: QIC</td>
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<td>09/01/15</td>
<td>Review for effective date 11/01/15. Updated list of applicable products,</td>
<td>Version 8</td>
<td>11/01/15: MPCTAC 10/14/15: QIC</td>
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### Policy Revisions History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<th>Reviewing Body</th>
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<tr>
<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated language in the Applicable Coding section.</td>
<td>01/01/16</td>
<td>MPCTAC (electronic vote) 12/09/15: QIC</td>
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<tr>
<td>09/01/16</td>
<td>Review for effective date 01/01/17. Revised policy title. Updated the Summary, Description of Item or Service, Clinical Background Information, References, and References to Applicable Laws and Regulations sections. Revised criteria in the Medical Policy Statement and Limitations sections to include dermatoscopy used for regions of the body and/or for whole body integumentary photography. Revised the applicable code list and added Plan notes to codes. Added Well Sense Health Plan as applicable products for this policy because criteria and coding were added for dermatoscopy.</td>
<td>01/01/17</td>
<td>MPCTAC 10/12/16: QIC</td>
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### Last Review Date

09/01/16

### Next Review Date

09/01/17

### Authorizing Entity

QIC

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Other Applicable Policies

Medical Policy – *Experimental and Investigational Treatment*, policy number OCA 3.12

Reference to Applicable Laws and Regulations


Disclaimer Information:

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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