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Area **Medical Policy**
Lines Of Business **All Lines of Business**

Skin Lesion Surveillance Technologies

PURPOSE:

This policy is intended to discuss medical necessity criteria for surveillance of skin cancer and/or lesions in individuals at a higher risk for developing melanoma.

PROCEDURE DESCRIPTION:

TBP, also known as whole body photography, surveillance photography, total body mapping, has been proposed for screening and monitoring for the early detection of skin cancers, especially for people at high risk for melanoma. TBP involves a series of multiple photographs (25–40) of head-to-toe images of the patient’s entire cutaneous (skin) surface and is proposed for high-risk patients with multiple lesions. The photographs may be enlarged to show the details of lesions. New photographs can be compared with previous photographs to determine if a lesion has changed. Photographs are generally useful for 5–8 years. Examples of this software are the Fotofinder™, bodystudio LITE, and MIRROR™ Body Mapping Module.

PROCEDURE:

1. Total body photography (TBP) may be considered medically necessary for individuals with a personal or close family history of any of the following:
 - a. Atypical nevi; or
 - b. Dysplastic nevi; or
 - c. Melanoma; or
 - d. Non-melanoma skin cancers.
2. The use of TBP for any indication not listed above, including skin cancer surveillance for individuals not considered high-risk, is considered not medically necessary.

3. The use of any of the following is considered experimental and investigational in the evaluation of skin lesions and melanoma screening as safety and efficacy has not been established by peer reviewed literature and/or societal guidelines:
 - a. Computerized TBP systems (e.g., MelaFind, MoleMapCD, MoleMate)
 - b. Confocal scanning laser microscopy
 - c. Electrical impedance devices
 - d. High-resolution (high-frequency) ultrasonography
 - e. Multi-photon laser scanning microscopy (also known as multi-photon fluorescence microscopy or multi-photon excitation microscopy)
 - f. Multi-spectral image analysis
 - g. Non-invasive gene expression "patch biopsy" (e.g., DermTech Pigmented Lesion Assay (PLA))
Optical coherence tomography
 - h. Reflectance confocal microscopy (RCM)
 - i. Spectroscopy (electrical impedance and optical, e.g., Dermasensor)

CODING:

CPT Code	Description
96904	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 family history of melanoma

Experimental/Investigational Codes:

Procedure Code	Description
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)

96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)
96999	Unlisted special dermatological service or procedure

0658t, 0700t, 0701t and 96999 – not in CPT tool

ICD-10 Code	Description
C43.0 - C43.9	Malignant melanoma of the skin
D22.0 - D23.9	Melanocytic nevi and other benign neoplasms of the skin
Z80.8	Family history of malignant neoplasm of other organs or systems [close family history of non-hyphenmelanoma skin cancers]
Z85.820	Personal history of malignant melanoma of skin
Z85.828	Personal history of other malignant neoplasm of skin
Z86.018	Personal history of other benign neoplasm [dysplastic nevus]
Z87.2	Personal history of diseases of the skin and subcutaneous tissue [atypical and dysplastic nevus]

REFERENCES:

National Comprehensive Cancer Network (NCCN) Guidelines. Melanoma: Cutaneous Version 3.2022. April 11, 2022. Accessed April 18, 2022.

United States Preventative Task Force (USPTF). Skin Cancer: Screening. July 26, 2016. Accessed April 18, 2022. (Currently being updated).

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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