Medical Policy

Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy

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Policy Number: 519
BCBSA Reference Number: 2.01.42
NCD/LCD: N/A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Dermatoscopy using direct inspection, digitization of images, or computer-assisted analysis as a technique to evaluate or serially monitor pigmented skin lesions is INVESTIGATIONAL.

Computer-based optical imaging devices e.g., multispectral digital skin lesion analysis, as a technique to evaluate or serially monitor pigmented skin lesions are INVESTIGATIONAL.

Dermatoscopy and computer-based optical imaging devices as a technique to define peripheral margins of skin lesions suspected of malignancy prior to surgical excision are INVESTIGATIONAL.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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</tbody>
</table>
Medicare HMO Blue℠ This is not a covered service.
Medicare PPO Blue℠ This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>0400T</td>
<td>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</td>
</tr>
<tr>
<td>0401T</td>
<td>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</td>
</tr>
</tbody>
</table>

Description
Dermatoscopy (dermoscopy, epiluminescence microscopy, in vivo cutaneous microscopy) is a noninvasive technique that allows in vivo microscopic examination of skin lesions and helps distinguish between benign and malignant pigmented skin lesions.

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.

Dermatoscopy has also been used to assess other conditions, including vascular structures and chronic psoriasis (to monitor effects of long-term topical corticosteroid therapy) and nail pigmentation. Examples of dermatoscopic devices include the Episcope™ from Welch Allyn, Inc., the Nevoscope™ from TRANSLITE and the Dermascope™ from American Diagnostic Corp. All dermatoscopic devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
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. In simulated exercises, the accuracy of dermatoscopy has been reported as superior to clinician examination, but there are no prospective studies that demonstrate improvements in actual clinical care. There is less evidence on computer-based optical diagnostic devices for selecting or deselecting lesions for excision. There is only one published study on diagnostic accuracy and no studies comparing patient management decisions and health outcomes with and without
these devices. In addition, there is insufficient evidence on the impact of serial dermatoscopic monitoring on health outcomes compared to serial clinical monitoring and an absence of published studies evaluating computer-based optical devices for serial monitoring of lesions. Thus, dermatoscopy and computer-based optical diagnostic devices are considered investigational 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 investigational. Due to the absence of evidence on computer-based optical devices for defining peripheral margins of lesions suspected of malignancy, the technology is considered investigational for this purpose.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2018</td>
<td>Literature review. Policy statements unchanged.</td>
</tr>
<tr>
<td>1/2016</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>1/2016</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>1/2014</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>4/2013</td>
<td>BCBSA National medical policy review.</td>
</tr>
<tr>
<td></td>
<td>New investigational indications described; policy title changed.</td>
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<tr>
<td></td>
<td>Effective 4/2013.</td>
</tr>
<tr>
<td>4/2012</td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>1/1/2011</td>
<td>New policy describing ongoing non-coverage.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


