

Corporate Medical Policy

Dermatoscopy

File Name:	dermatoscopy
Origination:	5/2009
Last CAP Review:	1/2012
Next CAP Review:	1/2013
Last Review:	1/2012

Description of Procedure or Service

Dermatoscopy (dermoscopy, epiluminescence microscopy, in vivo cutaneous microscopy) is a noninvasive technique that enables the clinician to perform direct microscopic examination of diagnostic features in pigmented skin lesions.

Background:

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 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.

Specialized clinics have been developed specifically to offer dermatoscopy. The evaluation may be marketed as a “melanogram.” Dermatoscopy has been more widely investigated and adopted in Western Europe. It has also been used to assess other conditions including vascular structures and chronic psoriasis (to monitor effects of long-term topical steroid therapy) and nail pigmentation.

Regulatory Status:

Dermatoscopic devices cleared by the FDA include:

- Episcopy™ (Welch Allyn, Inc.) approved in 1995, intended use is to illuminate body surfaces and cavities during medical examination.
- Nevoscope™ (TRANSLITE) approved in 1996, intended use is to view skin lesions by either illumination or transillumination.

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- Dermascope™ (American Diagnostic Corp.) approved in 1999, intended use is to enlarge images for medical purposes.
- MoleMax™ (Derma Instruments) approved in 1999, intended use is to enlarge images for medical purposes.
- VivaScope® (Lucid) approved in 2008, intended use is to provide non-invasive imaging that is stored, encrypted and then transferred to medical specialists to provide collaboration and diagnostic opinions.

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will not provide coverage for Dermatoscopy because it is considered investigational as a technique to evaluate or serially monitor pigmented skin lesions or as a technique to define peripheral margins of basal cell carcinomas. BCBSNC does not cover investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Dermatoscopy is covered

Not Applicable

When Dermatoscopy is not covered

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

Dermatoscopy as a technique to define peripheral margins of basal cell carcinomas is investigational.

Policy Guidelines

A literature search through December 2011, was performed using PubMed. 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 improved health outcomes. Moreover, there are insufficient data regarding the impact of serial dermatoscopic monitoring on health outcomes compared to serial clinical monitoring.

There are insufficient data on the added value of using dermatoscopy for defining peripheral margins of basal cell carcinomas to guide surgical excision. The National Comprehensive Cancer Network (NCCN) melanoma guideline does not mention dermatoscopy. Biopsy is recommended for suspicious pigmented lesions.

Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: There is no specific code describing Dermatoscopy. Providers should bill the most appropriate unlisted code, such as 96999

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

From Policy Entitled: Whole Body Photography, Dermatoscopy

BCBSA Medical Policy Reference Manual. 2.01.42, 8/15/01

BCBSA Medical Policy Reference Manual. 2.01.42, 4/29/03

ECRI Windows on Medical Technology™ - Dermoscopy for Diagnosis of Melanoma and Other Forms of Malignancy, (203, June) Issue No. 109 retrieved on 11/19/04 at http://www.ta.ecri.org/Med_Tech/Prod/summary/detail.aspx?doc_id=7860&q=dermatoscopy&anm
ECRI Hotline Response - Whole Body Photography for Diagnosis of Skin Cancer (05/19/2004) retrieved on 2/18/05 from http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?doc_id=7844&q=photography&anm

National Cancer Institute. U.S. National Institutes of Health. What You Need to Know About Melanoma™ Retrieved 3/9/05 from <http://www.cancer.gov/cancertopics/wyntk/melanoma>

Specialty Matched Consultant Advisory Panel - 2/11/05.

Policy retitled: Dermatoscopy

BCBSA Medical Policy Reference Manual. 2.01.42, 3/7/05.

BCBSA Medical Policy Reference Manual. 2.01.42, 9/27/05.

BCBSA Medical Policy Reference Manual. 2.01.42, 7/20/06.

BCBSA Medical Policy Reference Manual. 2.01.42, 12/12/06.

Specialty Matched Consultant Advisory Panel - 4/27/07

BCBSA Medical Policy Reference Manual. 2.01.42, 12/13/07.

Specialty Matched Consultant Advisory Panel - 5/2009

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.42, 9/16/10

Menzies SW , Emery J, Staples M et al. Impact of dermoscopy and short-term sequential digital dermoscopy imaging for the management of pigmented lesions in primary care: a sequential intervention trial. Br J Dermatol 2009; 161(6):1270-7.

Rajpara SM, Botello AP, Townend J et al. Systematic review of dermoscopy and digital

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dermoscopy/artificial intelligence for the diagnosis of melanoma. Br J Dermatol 2009; 161(3):591-604.

National Comprehensive Cancer Network. (NCCN). Melanoma. Clinical practice guidelines in oncology, v2.2010. Retrieved on November 3, 2010 from http://www.nccn.org/professionals/physician_gls/PDF/melanoma.pdf

Senior Medical Director review

Specialty Matched Consultant Advisory Panel review 1/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.42, 9/1/11

Parsons SK, Chan JA, Yu WW, Obadan N, Ratichek SJ, Lee J, Sen S, Ip S. Noninvasive Diagnostic Techniques for the Detection of Skin Cancers. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011 Sep. Report No.: 11-EHC085-EF. AHRQ Comparative Effectiveness Reviews. Retrieved on December 27, 2011 from <http://www.ncbi.nlm.nih.gov/books/NBK82493>

Medical Director review 1/2012

Specialty Matched Consultant Advisory Panel review 1/2012

Policy Implementation/Update Information

From Policy Entitled: Whole Body Photography, Dermatoscopy

- 11/03 Original policy issued.
- 3/17/05 Specialty Matched Consultant Advisory Panel review - 2/11/05. No changes to criteria. Description section revised to include information regarding whole body integumentary photography. Added Whole Body Integumentary Photography to Policy section and to header for When Covered and When not Covered. Policy Guidelines, key words, medical terms and reference sources added.
- 1/17/07 CPT code 96904 effective January 1, 2007 added to Billing/Coding section. Removed deleted CPT codes 0044T and 0045T. No changes in policy criteria. (pmo)

Policy retitled: Dermatoscopy

- 5/21/07 Policy titled "Whole Body Photography, Dermatoscopy" renamed "Dermatoscopy". CPT code 96904 removed from Billing/Coding section. There is no specific code for Dermatoscopy. Reference sources added. No changes in policy criteria. (pmo)
- 6/22/09 Reference sources added. No changes in policy criteria. (pmo)
- 6/22/10 Policy Number(s) removed (amw)
- 12/7/10 Senior Medical Director review. Description section and Policy Guidelines section extensively revised. References updated. Policy Statement changed to state "BCBSNC will not provide coverage for Dermatoscopy because it is considered investigational as a technique to evaluate or serially monitor pigmented skin lesions or as a technique to define peripheral margins of basal cell carcinomas. BCBSNC does not cover investigational services or procedures." Under section "When Dermatoscopy is not covered", the not medically necessary statement was removed and the following statements were added: "Dermatoscopy, using either direct inspection, digitization of

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images, or computer-assisted analysis, is considered investigational as a technique to evaluate or serially monitor pigmented skin lesions. Dermatoscopy as a technique to define peripheral margins of basal cell carcinomas is investigational.” (mco)

- 2/15/11 Specialty Matched Consultant Advisory Panel review 1/2011. (mco)
- 11/8/11 References updated. No changes to Policy Statements. (mco)
- 2/7/12 Specialty Matched Consultant Advisory Panel review 1/2012. Description section updated. References updated. Medical Director review 1/2012. (mco)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.