

Evidence Based Guideline

Total Body Photography

File Name: total_body_photography
Origination: 6/2007
Last CAP Review: 1/2012
Next CAP Review: 1/2013
Last Review: 1/2012

Description of Procedure or Service

Moles are usually harmless collections of pigmented cells called melanocytes on the skin. They can appear alone or in multiples. Moles are also called nevi; a single mole is a nevus. It is especially important for patients to become familiar with the moles on their skin because, in rare cases, moles can become cancerous. Monitoring moles and other pigmented patches is an important first step in reducing risk of skin cancer-especially malignant melanoma, which may begin in or near a mole or other dark spot on the skin. Melanoma also can arise in areas of normal pigmentation.

Melanoma is one of the most common forms of cancer: annual incidence in the United States is estimated to be 55,000 cases per year. When the disease is diagnosed at an early stage, surgical excision of the tumor is usually curative, but once the disease has spread, the patient's prognosis is poor. Annual melanoma mortality in the United States is 8,000 to 10,000.

In following moles, physicians invariably ask patients whether a mole has grown or changed. Patients are often unaware of such changes or uncertain whether they have occurred. Also when relying on written records, it may be impossible to describe the clinical appearance and location of all moles in complete detail on a medical chart. This is particularly true for patients with numerous moles.

The gold standard for evaluation of pigmented skin lesions is excision with examination of the lesion under a microscope for diagnosis. The sensitivity and specificity is nearly 100% for a skilled pathologist. The early phase of malignant melanoma can be particularly difficult to identify since malignant melanomas of skin can share many clinical features with atypical birthmarks or moles. Because of this diagnostic difficulty, multiple tools have been proposed in order to improve the accuracy of diagnosis of malignancies in pigmented skin lesions and therefore improve health outcomes, without necessarily requiring biopsy or excision of lesions for testing. Total-body photography and single-lesion photography can be useful in detecting and monitoring these lesions.

Total-body photography is most often used for high-risk patients, while single-lesion photography might be used for patients in the more general population who have a single lesion that warrants monitoring but where the level of suspicion is not high enough to require biopsy. High-risk patients include those with multiple ordinary moles (over 50), dysplastic nevi (moles that look different, e.g., due to irregular shape or color), or a personal or family history of melanoma. The goal of using photography as an adjunct to visual inspection for surveillance for malignant melanoma is to reduce the number of unnecessary biopsies and to facilitate the early detection of malignant lesions.

Total body photography is a series of multiple photographs (at least 20) which provide accurate and useful head-to-toe images of the patient's entire cutaneous (skin) surface at a particular time. These images establish a baseline for each individual and can be used as a comparison during physical examinations. Single lesion or total-body photography for early detection of malignant melanoma is typically performed on an outpatient basis in a dermatology clinic or office setting.

Total Body Photography

To date, the cameras used for photographic surveillance of melanoma have not been considered medical devices, and therefore are not subject to FDA regulation.

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

Evidence Based Guideline for Total Body Photography

Total body photography may be appropriate in patients with any of the following indications:

- More than 10 dysplastic nevi. Dysplastic nevi are moles that have a different appearance from that of common moles. They are generally larger than ordinary moles, have irregular and indistinct borders, are non-uniform in color, and usually a flat appearance (although some may have raised areas above the surface of the skin);
- Personal history of melanoma;
- Family history of melanoma in parent, sibling, or child

Medical Evidence regarding Total Body Photography indicates it is not recommended in the following situations

Total body photography is not recommended for indications other than those listed above.

It is not recommended that total body photography be performed more than once in a five (5) year period.

Clinical photography for documentation/record-keeping purposes is considered to be an integral part of an evaluation and management (E&M) service or procedure and is, therefore, not eligible for separate reimbursement consideration.

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.

Billing/Coding/Physician Documentation Information

This guideline 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 codes: 96904

Code 96904 should not be billed for clinical photography for documentation/record-keeping purposes. Total body photography should not be billed unless a series of at least 20 head-to-toe photographs of the cutaneous surface are performed.

Scientific Background and Reference Sources

Independent Specialty Matched Consultant review (2) - 11/2006.

Total Body Photography

Specialty Matched Consultant Advisory Panel - 4/27/07.

Specialty Matched Consultant Advisory Panel - 5/2009.

U.S. Preventive Services Task Force. Screening for Skin Cancer Recommendation Statement. February 2009. Retrieved on December 29, 2010 from <http://www.uspreventiveservicestaskforce.org/uspstf09/skincancer/skincanrs.htm>

Specialty Matched Consultant Advisory Panel review 1/2012

Policy Implementation/Update Information

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| 6/18/07 | New Evidence Based Guideline issued for Total Body Photography. (pmo) |
| 6/22/09 | Under When Not Recommended, clarified that clinical photography for documentation/record-keeping purposes is considered to be an integral part of an evaluation and management (E&M) service or procedure and is, therefore, not eligible for separate reimbursement consideration. Under Billing/Coding, added "Code 96904 should not be billed for clinical photography for documentation/record-keeping purposes." Also moved statement following "Note:" that was previously under When Not Recommended to Billing/Coding section. Reference sources added. (pmo) |
| 6/22/10 | Policy Number(s) removed (amw) |
| 2/15/11 | Specialty Matched Consultant Advisory Panel review 1/2011. References updated. (mco) |
| 2/7/12 | Specialty Matched Consultant Advisory Panel review 1/2012. No changes to Guideline Statements. (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.