

## Corporate Medical Policy

### Ultrasonographic Evaluation of Skin Lesions

<b>File Name:</b>	ultrasonographic_evaluation_of_skin_lesions
<b>Origination:</b>	3/2005
<b>Last CAP Review:</b>	1/2012
<b>Next CAP Review:</b>	1/2013
<b>Last Review:</b>	1/2012

#### Description of Procedure or Service

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Ultrasonographic evaluation of skin lesions refers to the use of ultrasound to provide information about the margins and depth of surface tumors or inflammatory skin conditions. Several ultrasound systems using transducers of at least 20 MHz have been approved by the Food and Drug Administration (FDA) for visualizing skin; lower frequency ultrasound transducers (12-15 MHz) have also been used.

High-frequency ultrasound transducers (20–100 MHz), which have limited penetration but high resolution, have been extensively used in ophthalmology and as a component of endoscopic ultrasound. These same parameters make high-frequency ultrasound suitable for evaluating skin lesions, where ultrasound can distinguish between the epidermis, dermis, and underlying connective tissue. Lower frequency ultrasound transducers (12-15 MHz) have also been used to evaluate skin layers. Although used extensively in Europe, ultrasonographic evaluation of skin lesions has not been widely used in the United States.

The following applications of ultrasonic evaluation of skin lesions have been proposed:

- To assess the margins and depth of melanoma and non-melanoma skin cancers to aid in surgical planning
- To assess actinic keratoses to determine if cryosurgery is an appropriate therapeutic option
- To follow the course of connective diseases of the skin, i.e., scleroderma, by evaluating the amount and location of collagen in the dermis
- To assess inflammatory skin diseases, such as allergic reactions or psoriasis

#### Regulatory Status

The FDA has cleared numerous ultrasound systems that include skin ultrasound as one of many indications. In addition, several ultrasonic systems that specialize in imaging skin have been cleared for marketing by the FDA through the 510(k) process. The Episcan® I-200, Ultrasound System, which uses either a 20-MHz or 30-MHz transducer, was cleared for marketing in November 2006. Its intended use is medical/surgical dermatology assessment and diagnosis (aesthetic and therapeutic), plastic/reconstructive surgical planning, wound assessment and management, skin assessment for pressure ulcer detection and prevention, and superficial musculoskeletal diagnosis. Another specialized system, the DermaScan™ C Ultrasonic System was cleared in 1999. This 20-MHz transducer is intended to be used to visualize the layers of the skin to make approximate measurement of dimensions of skin layers and blood vessels.

**\*\*\*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.**

# Ultrasonographic Evaluation of Skin Lesions

## Policy

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**BCBSNC will not provide coverage for ultrasonographic evaluation of skin lesions. This service is considered investigational and BCBSNC does not cover investigational services.**

**Ultrasonographic evaluation as a technique to assess photoaging or skin rejuvenation techniques is considered cosmetic in nature and therefore not medically necessary.**

## Benefits Application

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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 Ultrasonographic Evaluation of Skin Lesions is covered

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Not Applicable

## When Ultrasonographic Evaluation of Skin Lesions is not covered

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Ultrasonographic evaluation of skin lesions is considered investigational. BCBSNC does not cover investigational services.

Ultrasonographic evaluation as a technique to assess photoaging or skin rejuvenation techniques is considered cosmetic in nature and therefore not medically necessary.

## Policy Guidelines

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This policy has been updated with literature review using PubMed with the most recent search in November 2011. The evidence is insufficient for determining whether the use of ultrasound leads to improved health outcomes in patients with skin lesions. No study identified examined whether the use of ultrasonography preoperatively resulted in improved health outcomes, such as lower rates of disease recurrence or increased survival. Given the lack of sufficient high-quality evidence on the impact of ultrasound skin imaging on patient management, this technology is considered investigational. In addition, due to the cosmetic nature of the application, ultrasound skin imaging is considered not medically necessary to assess photoaging or skin rejuvenation techniques.

The National Comprehensive Cancer Network (NCCN) melanoma guideline does not mention use of ultrasonography for evaluating known or suspected melanomas.

## 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](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: There is no specific CPT code describing ultrasonographic evaluation of skin lesions.*

# Ultrasonographic Evaluation of Skin Lesions

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

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- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 11/16/04.
- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 8/17/05.
- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 12/12/06.
- Specialty Matched Consultant Advisory Panel review - 4/27/2007.
- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 12/13/07.
- Specialty Matched Consultant Advisory Panel review - 5/2009
- National Comprehensive Cancer Network. Melanoma. Clinical practice guidelines in oncology, v2.2010. Retrieved on December 29, 2011 from [http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp)
- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 10/08/10
- BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.59, 10/4/11
- Specialty Matched Consultant Advisory Panel review 1/2012

## Policy Implementation/Update Information

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- 3/3/2005 Notification of new policy. BCBSNC will not provide coverage for Ultrasonographic evaluation of skin lesions. This service is considered investigational and BCBSNC does not cover investigational services. Ultrasonographic evaluation as a technique to assess photoaging or skin rejuvenation techniques is considered cosmetic in nature and therefore not medically necessary. Notification given 3/3/05. Effective date 5/5/05.
- 5/21/07 Reference sources added. No changes to criteria. (pmo)
- 6/22/09 Policy guidelines updated. Reference sources added. No changes to criteria. (pmo)
- 6/22/10 Policy Number(s) removed (amw)
- 2/15/11 Specialty Matched Consultant Advisory Panel review 1/2011. Policy Guidelines updated. References updated. (mco)
- 12/6/11 Description section revised. References updated. No changes to Policy Statements. (mco)
- 2/7/12 Specialty Matched Consultant Advisory Panel review 1/2012. References updated. No changes to Policy Statements. (mco)

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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.