UHA
HEALTH INSURANCE

Skin Cancer Screening

I. Policy

University Health Alliance (UHA) will reimburse for skin cancer screening when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

More than 3.5 million cases of skin cancer are diagnosed each year, making it the most common of all cancers in the United States. Although melanoma is not the most common type of skin cancer, it is the most deadly—responsible for about 75% of all deaths from skin cancer. While death rates from melanoma have been stable or falling because of advancements in treatment and diagnosis, the number of new cases of skin cancer has been rising steadily for decades. According to the National Cancer Institute, there will be an estimated 91,270 new cases of melanoma and 9,320 deaths from the disease nationwide in 2018, compared to 65,647 new cases and 9,128 deaths in 2011.

In Hawaii:

- Annual skin cancer diagnoses: 20.3 per 100,000 residents
- Annual skin cancer death rate: 1.6 per 100,000 residents

The National Cancer Institute and the US Preventative Services Task Force (USPSTF) has not recommended for or against routine skin cancer screening for adults at normal risk, citing insufficient evidence to assess the balance of benefits and harms of using a whole-body skin examination by a primary care clinician. However in consideration of the risk for skin cancer among the residents of Hawaii, UHA considers skin cancer screening by a clinician, subject to limitations and exclusions below, to be medically necessary.

III. Criteria/Guidelines

A. UHA considers skin cancer screening by a clinician (subject to Limitations / Exclusions and Administrative Guidelines) to be medically necessary within the following criteria:

1. Annual screening by a primary care provider for patients at normal risk for skin cancer. Screening to consist of examination of skin by a health care provider every year, preferably by the same clinician each time.
    a. Referral for dermatology annual surveillance, in lieu of primary care surveillance, should be considered for patients at high risk for melanoma (e.g., fair-skinned men and women older than 65 years, patients with atypical moles and those with more than 50 moles, patients with family history of skin cancer, and those with a considerable history of sun exposure and sunburns).
    b. Referral for dermatology annual surveillance, in lieu of primary care surveillance, should be considered for patients with a personal history of melanoma, basal cell carcinoma, squamous cell carcinoma or extensive actinic keratoses are recommended to have annual skin cancer monitoring with a dermatology practice.
2. Skin cancer behavioral counseling is considered a necessary part of annual skin cancer screening.

a. The USPSTF recommends counseling children, adolescents, and young adults who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.

b. UHA considers patient education about risk of sunburn to be medically necessary. Unprotected exposure to ultraviolet light is the most preventable risk factor for skin cancer. Patients should be reminded that taking simple steps as early in life as possible can reduce one's risk.

c. UHA considers instruction on self-skin examinations to be medically necessary, to include information about identification of skin lesions that may require medical attention.

B. UHA recommends that individuals identified during routine care who meet any of the following criteria be considered for skin cancer risk assessment by a dermatologist:

1. A family history of melanoma in two or more blood relatives
2. The presence of multiple atypical moles
3. The presence of numerous actinic keratoses (precancerous lesions)
4. Familial atypical mole and melanoma (FAM-M) syndrome

C. UHA considers total body photography (TBP) and dermoscopy (also known as digital epiluminescence microscopy (DELM), epiluminescence microscopy (ELM), incidence light microscopy, skin videomicroscopy, melanomography, in-vivo cutaneous surface microscopy, dermatoscopy, and magnified oil immersion diascopy) medically necessary when performed by a dermatologist and used for evaluation of members with a personal history or close family history of any of the following conditions:

1. Atypical nevi; or
2. Dysplastic nevi; or
3. Melanoma

IV. Limitations/Exclusions

A. Repeat total body photography (TBP) and dermoscopy studies are not typically required more frequently than every 24 months and coverage is therefore limited to once every 24 months.

B. UHA considers TBP and dermoscopy experimental and investigational for all indications other than the ones listed above because their effectiveness has not been established.

C. UHA considers computerized TBP systems (e.g., MelaFind, MoleMapCD, MoleMate) experimental and investigational because they have not been shown to provide better health outcomes than conventional TBP.

D. UHA considers the following approaches (not an all inclusive list) experimental and investigational for detecting and monitoring dysplastic and atypical nevi for early detection of malignant cutaneous melanomas because their clinical value for this indication has not been established.

1. Confocal scanning laser microscopy
2. Electrical impedance devices
3. High-resolution ultrasonography
4. Multi-photon laser scanning microscopy (also known as multi-photon fluorescence microscopy or multi-photon excitation microscopy)
5. Multi-spectral image analysis

6. Optical coherence tomography
7. Reflectance confocal microscopy [RCM]
8. Spectroscopy
9. Visual image analysis

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

V. Administrative Guidelines

A. Prior authorization is not required.

B. TBP and dermoscopy procedures must have documentation of medical necessity available if requested by UHA.

C. This policy may apply to the following codes. Inclusion of a code in the table below does not guarantee that it will be reimbursed.

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 familial history of melanoma

VI. Policy History

Policy Number: MPP-0108-140815

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