OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and “investigational” are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Description:

Dermatoscopy:
Dermatoscopy, also known as dermoscopy, describes noninvasive techniques that allow in vivo microscopic examination of skin lesions to 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. Handheld dermatoscopy may also be referred to as handheld dermoscopy, epiluminescence microscopy and magnified oil immersion diascopy.

Photography is a component of dermatoscopy. Specific lesions or whole body images may be taken. Computer-assisted dermatoscopy devices are tools that photograph and digitize images typically after initial visual assessment to permit storage and facilitate retrieval for subsequent monitoring. Computer-assisted dermatoscopy may also be referred to as computer-assisted dermoscopy, computer-assisted skin surface microscopy, computer-assisted direct skin microscopy or computer-assisted skin videomicroscopy.

Teledermatoscopy describes sending the images to other medical providers, such as dermatologists, for evaluation and management recommendations. May also be referred to as teledermoscopy.

Specialized clinics have been developed specifically to offer dermatoscopy. The evaluation may be marketed as a "melanomagram".

Dermatoscopy has been investigated as a noninvasive technique to improve the diagnosis of malignant skin lesions and in the serial assessment of lesions over time and for defining peripheral margins prior to surgical excision of skin tumors.
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Description: (cont.)

Dermatoscopy: (cont.)

Dermatoscopic devices cleared by the U.S. Food and Drug Administration (FDA) include:

- Dermascope™
- DermLite®
- DermoGenius®
- Episcope™
- MoleMax™
- Nevoscope™

Computer-assisted dermatoscopic devices cleared by the FDA include:

- MoleMax™ II
- SolarScan® Skin Cancer Detection System, also referred to as Solar Scan

Optical Coherence Tomography (OCT):
OCT has been investigated as a noninvasive technique using an imaging technology based on light and optics. OCT uses eye-safe infrared light to obtain a 3D block of image data at a higher resolution compared to other modalities. OCT is indicated for use in the two-dimensional, cross-sectional, real-time imaging of external tissues of the human body. This allows imaging of the tissue microstructure, including skin, to aid trained and competent clinicians in their assessment of clinical conditions. The VivoSight™ has received FDA-510(k) approval.

Reflectance Confocal Microscopy (RCM):
RCM, also known as confocal scanning laser microscopy, uses a near-infrared laser beam projected through a lens to obtain images of the top layers of the skin. The images are magnified and information regarding cell structure and the surrounding tissues is evaluated. The system is intended to acquire, store, retrieve, display and transfer in vivo images of tissue, including blood, collagen and pigment, in exposed unstained epithelium and the supporting stroma for review by physicians to assist in forming a clinical judgement.

Reflectance confocal laser scanning microscopy devices cleared by the FDA include:

- VivaScope®
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Criteria:

Dermatoscopy:

- Dermatoscopy, using either direct inspection, digitization of images, or computer-assisted analysis, for the following indications is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

  These indications included, but are not limited to:

  - As a technique to evaluate or serially monitor pigmented skin lesions
  - As a technique to define peripheral margins of skin lesions suspected of malignancy prior to surgical excision

Optical Coherence Tomography:

- Optical coherence tomography devices for the following indications are considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

  These indications included, but are not limited to:

  - As a technique to evaluate or serially monitor pigmented skin lesions
  - As a technique to define peripheral margins of skin lesions suspected of malignancy prior to surgical excision
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Criteria: (cont.)

Reflectance Confocal Microscopy:

- Reflectance confocal microscopy optical imaging devices (e.g. multilaser cellular) for the following indications are considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

  These indications included, but are not limited to:

  - As a technique to evaluate or serially monitor pigmented skin lesions
  - As a technique to define peripheral margins of skin lesions suspected of malignancy prior to surgical excision

Teledermatoscopy:

- Teledermatoscopy is considered an electronic consultation and is a benefit plan exclusion and not eligible for coverage.
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY  (cont.)

Resources:

Literature reviewed 02/20/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 03/05/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Resources: (cont.)


OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é ataah níilíígíí Blue Cross Blue Shield of Arizona haadí yít’éego bíná’ídílkídgo éí doodago Háída biíjí aniíyeedííí táádoo le’é yíná’ídílkídgo beezaah’áánii hóóló díí t’áá hazaadk’ehí háhá a’doowolgo bee haza’ doo báa’h ilíngóó. Atá’ halné’ígii kojí bíchí’í hódíilííín 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để đổi chuyển với một thợ ngôn ngữ, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو أدى شخص تساءله أسئلة بخصوص BCBSAZ الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
OPTICAL DIAGNOSTIC DEVICES FOR EVALUATING SKIN LESIONS SUSPECTED OF MALIGNANCY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang mga makakuha ng tulungan at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화해주시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dömetalcher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما یا کمیک بیماری شما به آرمک دیگری می‌گوید، سوال در مورد اطلاعات به‌طور خودرو به طور رایگان دریافت نمایید 877-475-4799.

Assyrian:

Blue Cross Blue Shield of Arizona مینهه، نینوکاره، نینوکه، نینوکه، مینهه، مینهه.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodioceom, nazovite 877-475-4799.

Thai: ถ้าคุณหรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona
คุณสามารถโทรสอบถามฟรีและไม่มีค่าใช้จ่าย ติดต่อตามที่ 877-475-4799