Subject: Whole Body Cutaneous Photography (WBCP)*

Effective Date: February 27, 2007

Department(s): Utilization Management

Policy: Whole body cutaneous photography (WBCP) in managing patients at risk for melanoma is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate circumstances under which a specific diagnostic modality is covered.

Procedure:

1. WBCP (CPT 96904) is covered in patients with a history of any of the following:
   - Dysplastic nevus or nevi (ICD-9 238.2)
   - Atypical nevus or nevi (ICD-9 238.2)
   - Melanoma (ICD-9 172.0 – 172.9; V10.82)

2. WBCP is covered in patients with a first- or second-degree relative with any of the diagnoses listed in #1 above.

3. All requests for WBCP must be accompanied by documentation of the history noted in #1 and #2 above.

4. If WBCP is repeated more frequently than every 24 months, the request must be accompanied by written documentation of medical necessity for medical review.
References


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Approved By/Date: QM Committee 02/27/07
Reviewed w/o Revision By/Date: M. McNeil MD 03/07/11
Approved By/Date: QM Committee 03/22/11
Reviewed without Revision By/Date: M. McNeil, MD 02/12/13
Approved By/Date: QM Committee 02/26/13

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.