

Policy is terminated because Medicaid does not cover these codes, and the codes are not utilized.

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1.0 Description of the Procedure, Product, or Service

Medical photography is considered to be visual aids such as slides, photographs, etc. Certain prior approval services require photographs, etc., before approval or denial can be determined.

Total body photography is a series of multiple (at least 20) photographs that provide accurate head-to-toe images of a recipient's entire skin surface at a particular time. These images establish a baseline for a recipient that can then be used as a comparison during future physical examinations. It may be useful as an adjunct to visual inspection for surveillance for malignant melanoma in recipients who are at high risk; the goal of total-body photography is to reduce the number of unnecessary biopsies and to facilitate early detection of malignant lesions.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Total body photography may be considered medically necessary and is eligible for coverage under the NC Health Choice Program once every five (5) years, when ordered by a physician, for recipients with any of the following indications:

- a. More than ten (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 have a flat appearance, although some may have raised areas above the surface of the skin.); **OR**
- b. Personal history of melanoma: **OR**
- c. Family history of melanoma in parent or sibling

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. No coverage for medical photography is provided under the NC Health Choice Program, except for total body photography as described in **Subsection 3.2**.
- b. Total body photography is not covered for any indication other than those listed in **Subsection 3.2**.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for total body photography.

Refer to **Subsection 4.2**.

5.2 Limitation

Coverage for total body photography under the NC Health Choice Program is limited to once per five (5) year period.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion; Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code
96904

Procedure Code
89.39

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.