

Full body skin examination

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Full body skin examination

A full body skin examination is performed by a trained health care professional, usually a dermatologist, to search for any unusual or suspicious lesions or conditions on the skin's surface. When examining people at risk for skin cancer, providers look for atypical or abnormal looking moles that could be melanoma or other less deadly forms of skin cancer.

During the procedure, the provider will examine the entire skin surface including the hands and arm, legs and feet, torso, scalp, inside of the mouth and the external genital area. Melanoma can arise on any part of the skin, even in places that have never been exposed to the sun.

Original Medicare

Original Medicare pays for services that are considered medically reasonable and necessary to the overall diagnosis and treatment of the patient's condition. Examinations performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury are considered routine physical examinations and are not covered under Original Medicare. Screening procedures which are performed for asymptomatic conditions are also not covered; therefore Original Medicare does not cover full body skin examination.

Skin examination provided as a follow-up to a previous biopsy of an area or diagnosis of a suspicious lesion is not considered routine, and therefore is covered under Original Medicare.

Medicare Plus Blue PPO Enhanced Benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for one full body skin examination is provided to members under Medicare Plus Blue plans. This enhanced benefit paper applies to all individual and group plans. The scope of the benefit, reimbursement methodology, maximum allowed payment amounts, member cost sharing and other coverage conditions are determined by Blue Cross for individual coverage and by the group for those with group-based coverage.

Blue Cross Blue Shield of Michigan

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Conditions for payment

The table below specifies payment conditions for full body skin examinations.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Office and outpatient hospital
Frequency	Once in a lifetime
CPT codes	<ul style="list-style-type: none">Evaluation and Management codes — 99202–99205, 99211–99215 (self-referred patient and referral from another physician)Documentation must be available upon request to support level of E&M service billed.
Diagnosis restrictions	Must be billed with Z12.83 (special screening for malignant neoplasms, skin).
Age restrictions	Consistent with Original Medicare

Reimbursement

Medicare Plus Blue plan's maximum payment amount for the full body skin examination benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Cost share amounts incurred by the member under this benefit do not count toward the plan deductible or the combined maximum out of pocket limit as listed in the Evidence of Coverage document (applies to all members with individual coverage).

To verify benefits and cost-share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for members

- Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
- Use the Medicare Advantage PPO unique billing requirements.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier number on all claims.
- Submit claims to your local BCBS plan.
- Use electronic billing:
 - Michigan providers
Copies of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the BCBSM website under the reference library section at [bcbsm.com/providers/help/edi/](https://www.bcbsm.com/providers/help/edi/).
 - Providers outside of Michigan should contact their local BCBS plan.

Revision history

Policy number: MAPPO 1013

Reviewed: 11/08/2024, 08/30/2023, 08/31/2022, 08/25/2021, 11/20/2020, 09/10/2019

Revised: 11/08/2024, 08/22/2016, 2014

11/08/2024: Removed CPT code 99201, as it is no longer an active code.

08/22/2016: Updated formatting and billing instructions, added revision history section, removed reference to CAREN, updated web links, added ICD-10 codes, added bullet indicating cost shares for this benefit do not apply to the combined maximum out of pocket amount for members with individual coverage.