Cutaneous Melanoma Diagnostic Algorithmic Tests

I. Cutaneous melanoma diagnostic algorithmic tests are considered **medically necessary** when:

   A. The member has a melanocytic neoplasm that is diagnostically uncertain or equivocal after histopathology.

II. Cutaneous melanoma diagnostic algorithmic tests are considered **investigational** for all other indications, including:

   A. A melanocytic neoplasm that has pathology definitive for melanoma, desmoplastic melanoma, or sclerosing nevus.

RATIONALE AND REFERENCES

Cutaneous Melanoma Diagnostic Algorithmic Tests

National Comprehensive Cancer Network (NCCN): Cutaneous Melanoma (2.2025)

This guideline recommends gene expression profiling (GEP) as an available test for diagnosing indeterminate melanocytic neoplasms by histopathology, along with several other ancillary tests (p. ME-C 1 of 8). NCCN recommends against the use of GEP testing during the initial workup of a stage 0 in situ, T1a, or T1b melanoma (p. ME-2 and ME-2A).

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Melanoma: Cutaneous 2.2025
https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf

American Academy of Dermatology

In 2019, the American Academy of Dermatology published an article titled “Guidelines of care for the management of primary cutaneous melanoma”. The guidelines consider diagnostic testing for cutaneous melanoma to be “largely investigative” and do not recommend them for routine use; however, it may be an appropriate ancillary test for equivocal melanocytic neoplasms. This includes gene expression profiling (GEP) as a routine diagnostic test for individuals with cutaneous melanoma (p. 219).

Swetter SM, Tsao H, Bichakjian CK, et al. Guidelines of care for the management of primary cutaneous melanoma. J Am Acad Dermatol. 2019;80(1):208-250. doi:10.1016/j.jaad.2018.08.055

American Society of Dermatopathology

The American Society of Dermatopathology (AUC Committee Members, 2022) published clinical scenarios where a 23 gene qRT-PCR test (MyPath Melanoma) was determined by a review of published evidence to be “majority usually appropriate”. The guideline also found that qRT-PCR testing for individuals with confirmed melanoma or nevus and adults with sclerosing (desmoplastic) nevus and desmoplastic melanoma were classified as “rarely inappropriate” clinical scenarios (p. 238 and Table 2, starting on p. 239).

AUC Committee Members, Fung MA, Vidal CI, et al. Appropriate use criteria for ancillary diagnostic testing in dermatopathology: New recommendations for 11 tests and 220 clinical scenarios from the American Society of Dermatopathology Appropriate Use Criteria Committee. J Cutan Pathol. 2022;49(3):231-245. doi:10.1111/cup.14135