

## Medical Coverage Policy | Hyperthermia for Cancer Treatment



**EFFECTIVE DATE:** 08|01|2008

**POLICY LAST UPDATED:** 03|03|2021

### OVERVIEW

Local hyperthermia for treatment of cancer consists of the use of heat to make tumors more susceptible to cancer therapy measures. Whole-body hyperthermia requires the patient to be placed under either general anesthesia or deep sedation.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans and Commercial Products

Local hyperthermia therapy may be considered medically necessary when used in combination with radiation therapy for the treatment of patients with primary or metastatic cutaneous or subcutaneous superficial tumors.

Local hyperthermia is not covered for Medicare Advantage Plans and not medically necessary for Commercial products when used alone or in combination with chemotherapy.

Whole-body hyperthermia therapy is not covered for Medicare Advantage Plans and not medically necessary for Commercial products as there is insufficient peer-reviewed literature that demonstrates that the procedure is effective.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for the applicable radiation therapy benefits/coverage.

### BACKGROUND

Hyperthermia is a type of cancer treatment in which body tissue is exposed to high temperatures (up to 113°F) to damage and kill cancer cells. Hyperthermia can be administered using local and whole-body techniques.

Local hyperthermia entails elevating the temperature of superficial or subcutaneous tumors while sparing surrounding normal tissue, using either external or interstitial modalities. Local hyperthermia therapy may be considered medically necessary when used in combination with radiation therapy for the treatment of patients with primary or metastatic cutaneous or subcutaneous superficial tumors. Local hyperthermia is considered not medically necessary when used alone or in combination with chemotherapy.

Whole-body hyperthermia requires the patient to be placed under either general anesthesia or deep sedation. The patient's body temperature is increased to 108°F by packing the patient in heated (hot water) blankets. The elevated body temperature is maintained for a period of 4 hours, while the essential body functions are closely monitored. Approximately 1 hour is required for a "cooling off" period, after which the patient is constantly observed for a minimum of 12 hours. This modality has been variously termed "systemic

thermotherapy” or “whole-body hyperthermia.” Whole-body hyperthermia therapy is considered not medically necessary. There are inadequate data to permit scientific conclusions regarding the use of whole-body hyperthermia as an adjunct to either radiation or chemotherapy, and inadequate data regarding the use of local hyperthermia in conjunction with chemotherapy alone.

## **CODING**

### **Medicare Advantage Plans and Commercial Products**

The following codes are covered for local hyperthermia if medically necessary:

- 77600** Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
- 77610** Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
- 77615** Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators

The following codes are not covered for Medicare Advantage Plans and not medically necessary for Commercial products as there are inadequate data to permit scientific conclusions regarding its efficacy:

- 77605** Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
- 77620** Hyperthermia generated by intracavitary probe(s)

There is no specific CPT procedure code for whole-body hyperthermia. To report use an unlisted code.

## **RELATED POLICIES**

Not applicable

## **PUBLISHED**

- Provider Update, May, 2021
- Provider Update, June 2020
- Provider Update, September 2019
- Provider Update, November 2018
- Provider Update, September 2017

## **REFERENCES**

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<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=66&ncdver=1&bc=AgAAgAAAAAAAAAAAA%3d%3d&>
2. American Cancer Society: Making Treatment Decisions; Hyperthermia.
3. Overgaard J, Gonzalez Gonzalez D, Hulshof MC et al. Randomised trial of hyperthermia as adjuvant to radiotherapy for recurrent or metastatic malignant melanoma. *European Society for Hyperthermic Oncology. Lancet* 1995;345(8949):540-3.
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