

Medical Coverage Policy | Local or Whole Body Hyperthermia



EFFECTIVE DATE: 08 | 01 | 2025

POLICY LAST REVIEWED: 04 | 02 | 2025

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

Medicare Advantage Plans

Local hyperthermia therapy is considered medically necessary when the medical criteria in the online authorization tool is met.

Commercial Products

Local hyperthermia may be considered medically necessary when used in connection with radiation therapy for the treatment primary or metastatic cutaneous or subcutaneous superficial malignancies.

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and is recommended for Commercial Products.

POLICY STATEMENT

Medicare Advantage Plans

Local hyperthermia therapy is considered medically necessary when the medical criteria in the online authorization tool is met.

Local hyperthermia therapy is considered not covered when the medical criteria in the online authorization tool is not met.

Commercial Products

Local hyperthermia therapy is considered medically necessary when the medical criteria above is met.

Local hyperthermia therapy may be considered not medically necessary when the medical criteria above is not met as the evidence is insufficient to determine the effects of the technology on health outcomes.

Local hyperthermia is not medically necessary when used alone or in connection with chemotherapy as the evidence is insufficient to determine the effects of the technology on health outcomes.

Medicare Advantage Plans and Commercial Products

Whole-body hyperthermia therapy is not covered for Medicare Advantage Plans and not medically necessary for Commercial products as the evidence is insufficient to determine the effects of the technology on health outcomes.

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 medically necessary for local hyperthermia when the medical criteria above is met:

77600 Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)

77605 Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)

77610 Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators

77615 Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators

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

Prior Authorization via Web-Based Tool for Procedures

Unlisted Procedures

PUBLISHED

Provider Update, June 2025

Provider Update, March 2024

Provider Update, April 2023

Provider Update, June 2022

Provider Update, May, 2021

REFERENCES

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