



**EFFECTIVE DATE:** 09|03|2010  
**POLICY LAST UPDATED:** 01|15|2019

## OVERVIEW

Thermography is a noninvasive imaging technique that measures temperature distribution in organs and tissues. The visual display of this temperature information is known as a thermogram. Thermography has been proposed as a diagnostic tool for treatment planning, and for evaluation of treatment effects for a variety of conditions.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare

The use of all forms of thermography is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

### Commercial Products

The use of all forms of thermography is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

## BACKGROUND

Interpretation of the color patterns is thought to assist in the diagnosis of many disorders such as complex regional pain syndrome (previously known as reflex sympathetic dystrophy), breast cancer, Raynaud phenomenon, digital artery vasospasm in hand-arm vibration syndrome, peripheral nerve damage following trauma, impaired spermatogenesis in infertile men, degree of burns, deep vein thrombosis, gastric cancer, tear-film layer stability in dry-eye syndrome, Frey syndrome, headaches, low back pain, and vertebral subluxation.

Infrared radiation from the skin or organ tissue reveals temperature variations by producing brightly colored patterns on a liquid crystal display. Thermography involves the use of an infrared scanning device and can include various types of telethermographic infrared detector images and heat-sensitive cholesteric liquid crystal systems.

Thermography may also assist in treatment planning and procedure guidance by accomplishing the following tasks: identifying restricted areas of perfusion in coronary artery bypass grafting, identifying unstable atherosclerotic plaque, assessing response to methylprednisone in rheumatoid arthritis, and locating high undescended testicles.

For individuals who have an indication for breast cancer screening or diagnosis who receive thermography, the evidence includes diagnostic accuracy studies and systematic reviews. Relevant outcomes are overall survival, disease-specific survival, and test validity. Using histopathologic findings as the reference standard, a series of systematic reviews of studies have evaluated the accuracy of thermography to screen and/or diagnose breast cancer and reported wide ranges of sensitivities and specificities. To date, no study has demonstrated whether thermography is sufficiently accurate to replace or supplement mammography for breast cancer diagnosis. Moreover, there are no studies on the impact of thermography on patient management or health outcomes for patients with breast cancer. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have musculoskeletal injuries who receive thermography, the evidence includes diagnostic accuracy studies and a systematic review. Relevant outcomes are test validity, symptoms, and functional outcomes. A systematic review of studies on thermography for diagnosing musculoskeletal injuries found moderate levels of accuracy compared with other diagnostic imaging tests. There is a lack of a consistent reference standard. This evidence does not permit conclusions as to whether thermography is sufficiently accurate to replace or supplement standard testing. Moreover, there are no studies on the impact of thermography on patient management or health outcomes for patients with musculoskeletal injuries. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have miscellaneous conditions (eg, herpes zoster, pressure ulcers, temporomandibular joint disorder, diabetic foot) who receive thermography, the evidence includes diagnostic accuracy studies. Relevant outcomes are test validity, symptoms, and functional outcomes. There are 1 or 2 preliminary studies on each of these potential indications for thermography. Most studies assessed temperature gradients or the association between temperature differences and the clinical condition. Due to the small number of studies for each indication, diagnostic accuracy could not adequately be evaluated. The clinical utility of thermography for any of these miscellaneous conditions has not been investigated in studies considered. The evidence is insufficient to determine the effects of the technology on health outcomes.

## **CODING**

### **BlueCHiP for Medicare and Commercial Products**

There is no specific code for thermography therefore, thermography services should be reported using the following unlisted code.

**93799** Unlisted cardiovascular service or procedure

## **RELATED POLICIES**

Not applicable

## **PUBLISHED**

Provider Update, April 2019

Provider Update, March 2018

Provider Update, March 2017

Provider Update, April 2016

Provider Update, August 2015

## **REFERENCES**

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