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
BlueCHiP for Medicare 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 considered not medically necessary when used alone or in combination with chemotherapy.

Whole-body hyperthermia therapy is considered not medically necessary 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 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.
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
BlueCHiP for Medicare and Commercial Products
The following codes are covered for local hyperthermia if medically necessary:

CODING
BlueCHiP for Medicare and Commercial Products
The following codes are covered for local hyperthermia if medically necessary:
77600    77610    77615

The following codes are considered not medically necessary as there are inadequate data to permit scientific conclusions regarding its efficacy:
77605    77620

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

RELATED POLICIES
None

PUBLISHED
Provider Update, December 2015
Provider Update, January 2015
Provider Update, May 2013
Provider Update, April 2012
Provider Update, July 2011
Provider Update, July 2010
Provider Update, July 2009
Policy Update, October 2008

REFERENCES
1. National Cancer Institute: Fact Sheet; Hyperthermia in Cancer Treatment: Questions and Answers.


http://www.cancer.org/docroot/ETO/content/ETO_1_2x_Hyperthermia.asp