

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Hyperthermia for Cancer Therapy

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	2/9/2007	Policy Last Updated:	3/5/2013
------------------------	-----------------	-----------------------------	-----------------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

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. 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."

In summary, there is inadequate data to permit scientific conclusions regarding the use of whole body hyperthermia as an adjunct to chemotherapy.

Medical Criteria:

None

Policy:

Local hyperthermia therapy is covered.

Whole body hyperthermia therapy is considered not medically necessary since there are inadequate data to permit scientific conclusions regarding the use of whole-body hyperthermia as an adjunct to chemotherapy.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement for the applicable radiation therapy benefits/coverage.

Coding:

The following codes are covered for local hyperthermia:

77600, 77610, 77615

The following codes are considered not medically necessary for all product lines as there are inadequate data to permit scientific conclusions regarding its efficacy:

77620, 77605

There is no specific CPT procedure code for whole-body hyperthermia.

Also Known As:

Hyperthermia
Thermal Therapy
Thermotherapy

Published:

Provider Update, May 2013
Provider Update, Apr 2012
Provider Update, Jul 2011
Provider Update, Jul 2010
Provider Update, Jul 2009
Policy Update, Oct 2008
Policy Update, May 2008
Policy Update, Jun 2007

- I. National Cancer Institute: Fact Sheet; Hyperthermia in Cancer Treatment: Questions and Answers. Retrieved 1/28/08 from:<http://www.cancer.gov/cancertopics/factsheet/Therapy/hyperthermia>
- II. Centers for Medicare and Medicaid Services. Medicare Coverage Database: *NCD for Hyperthermia for Treatment of Cancer (110.1)*. Updated 10/5/07. Retrieved 1/28/08 from:http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=110.1&ncd_version=1&basket=ncd%3A110%2E1%3A1%3AHyperthermia+for+Treatment+of+Cancer
- III. American Cancer Society: Making Treatment Decisions; Hyperthermia. Retrieved 1/28/08 from:http://www.cancer.org/docroot/ETO/content/ETO_1_2x_Hyperthermia.asp
- IV. National Comprehensive Cancer Network Practice Guidelines in Oncology v3 2007: Soft Tissue Sarcoma. Retrieved 1/28/08 from:
http://www.nccn.org/professionals/physician_gls/PDF/sarcoma.pdf

History:

March 2013 - Annual Review

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.