

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Hyperthermia for Cancer Therapy

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	8/1/2008	Policy Last Updated:	2/21/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

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 are inadequate data to permit scientific conclusions regarding the use of whole body hyperthermia as an adjunct to chemotherapy.

Medical Criteria:

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.

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 is 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:

Policy Update, Jun 2007

Policy Update, May 2008

Policy Update, Oct 2008

Provider Update, Jul 2009

Provider Update, Jul 2010

Provider Update, Jul 2011

Provider Update, Apr 2012

¹ 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>

² Blue Cross and Blue Shield Association Medical Policy Reference Manual, Issue 1:2003. Policy #2.01.05: *Local or Whole Body Hyperthermia*. Last review April 2003 and no further review is scheduled. Retrieved 1/28/08 from:

http://bluweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=20105

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

American Cancer Society: Making Treatment Decisions; Hyperthermia. Retrieved 1/28/08 from:

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

National Comprehensive Cancer Network Practice Guidelines in Oncology v 3 2007: Soft Tissue Sarcoma. Retrieved 1/28/08 from:
http://www.nccn.org/professionals/physician_gls/PDF/sarcoma.pdf

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