

Medical Coverage Policy



Thermography

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	9/3/2010	Policy Last Updated:	11/1/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Thermography is a non-invasive imaging technique that is intended to measure temperature distribution of various organs and tissues. The infrared radiation from the tissues reveals temperature variations by producing brightly colored patterns on a liquid crystal display. Thermography can include various types of telethermographic infrared detector images and heat-sensitive cholesteric liquid crystal systems.

Interpretation of the color patterns is thought to assist in the diagnosis of many disorders such as breast cancer, Raynaud's phenomenon, digital artery vasospasm in hand-arm vibration syndrome, impaired spermatogenesis in infertile men, degree of burns, deep vein thrombosis, gastric cancer, tear-film layer stability in dry-eye syndrome, Frey's syndrome, headaches, low-back pain, reflex sympathetic dystrophy, and vertebral subluxation. Thermography is also thought to assist in treatment planning and procedure guidance, such as identifying restricted areas of perfusion in coronary artery bypass grafting, assessing response to methylprednisone in rheumatoid arthritis, and locating high undescended testicles.

The American Medical Association,¹ the American College of Radiology,² the American Academy of Neurology,³ the American College of Obstetricians and Gynecologists,⁴ and the National Headache Foundation,⁵ have issued policy statements or other documents that specifically do not recommend or endorse thermography as a diagnostic technology.

No published studies demonstrate how the results of thermography can be used to enhance patient management and improve patient health outcomes. The scientific literature is inadequate to validate the clinical role of thermography. Therefore, thermography is considered investigational.

Medical Criteria:

Not applicable

Policy:

All forms of thermography are considered **not medically necessary** as there are no published studies to demonstrate how the results of thermography can be used to enhance patient management and improve patient health outcomes. The scientific literature is inadequate to validate the clinical role of thermography.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement or RItE Care contract for the applicable "Services Not Medically Necessary."

Coding:

Thermography services should be reported using the following unlisted code:
93799

Also Known As:

Not applicable.

Related Topics:

Not applicable.

Published:

Provider Update, July 2008

Provider Update, Sep 2009

Provider Update, Mar 2011

Provider Update, Dec 2011

References:

Blue Cross Blue Shield Association: Medical Policy Reference Manual.

Thermography, Policy 6.01.12; Last reviewed July 2006. Retrieved on 07/06/2007 from http://bluweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=60112

¹American Medical Association (AMA) Policy Statement H-175.988, Thermography Update. www.ama-assn.org/apps/pf_online?f_n=browse&doc=policyfiles/HOD/H-175.988.htm, accessed 03/02/05

²American College of Radiology (ACR). ACR Appropriateness Criteria for Myelopathy. Radiology 2000 Jun; 215 (Suppl): 495-505. www.guidelines.gov

³American College of Neurology. Assessment: Thermography in Neurologic Practice. Report of the American Academy of Neurology Therapeutics and Technology Assessment Subcommittee. Neurology, 1990; 40 (3 pt 1): 523-5 www.aan.com/professionals/practice/pdfs/gl0053.pdf.

⁴American College of Radiology. ACR Appropriateness Criteria for Myelopathy. Radiology 2000 Jun; 215 (Suppl): 495-505.

www.guidelines.gov/FRAMESETS/guideline_fs.asp?guideline=001669&sSearch_string=thermography

⁵American College of Radiology. Appropriateness Criteria for Acute Low Back Pain – Radiculopathy. Radiology 2000 Jun; 215 (Suppl): 479-85. http://www.acr.org/cgi-bin/fr?tmpl:appcrit,pdf:0479-486_low_back_pain-ac.pdf.

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