

Medical Coverage Policy | Thermography



EFFECTIVE DATE: 09|03|2010
POLICY LAST UPDATED: 06|17|2014

OVERVIEW

Thermography is a noninvasive imaging technique that is intended to measure temperature distribution in organs and tissues. The visual display of this temperature information is known as a thermogram. Thermography has been proposed to use with a variety of conditions as a diagnostic tool, for treatment planning and to evaluate the effects of treatment.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

The use of all forms of thermography is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

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. Infrared radiation from the skin or organ tissue reveals temperature variations by producing brightly colored patterns on a liquid crystal display. Interpretation of the color patterns is thought to assist in the diagnosis of many disorders such as complex regional pain syndrome ([CRPS], previously known as reflex sympathetic dystrophy), breast cancer, Raynaud's 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's syndrome, headaches, low-back pain, and vertebral subluxation.

Thermography may also assist in treatment planning and procedure guidance such as 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.

There is insufficient evidence to support the use of thermography, a noninvasive infrared scanning device, for screening, diagnosis, treatment planning, or treatment monitoring. Studies are lacking that thermography can accurately diagnose any condition or improve the accuracy of another diagnostic tool. Moreover, there are no published studies evaluating whether use of thermography in patient management, such as to select a treatment or determine treatment effectiveness, improves health outcomes. Thus, thermography is considered not medically necessary.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHIP for Medicare and Commercial

There is no specific code for Thermography therefore, Thermography services should be reported using the following unlisted code and are considered not medically necessary:

93799

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Aug 2014
Provider Update	Aug 2013
Provider Update	Aug 2012
Provider Update	Dec 2011
Provider Update	Mar 2011
Provider Update	Sep 2009
Provider Update	Jul 2008

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