



EFFECTIVE DATE: 09|03|2010

POLICY LAST UPDATED: 02|02|2016

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

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.

COVERAGE

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

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 (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 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. Sufficient data are lacking that thermography can accurately diagnose any condition or improve the accuracy of another diagnostic tool. Moreover, there are no published studies evaluating the impact of thermography on patient management or health outcomes. Thus, thermography is considered not medically necessary.

CODING

BlueCHIP for Medicare and Commercial Products

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, April 2016

Provider Update, August 2015

Provider Update, August 2014

Provider Update, August 2013

Provider Update, August 2012

Provider Update, December 2011

Provider Update, March 2011

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