



MASSACHUSETTS

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Medical Policy **Thermography**

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 342

BCBSA Reference Number: 6.01.12

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

The use of any form of thermography is **INVESTIGATIONAL**.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

BCBSMA does not cover thermography for any indication for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD.

National Coverage Determination (NCD) for Thermography (220.11)

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=164&ncdver=1&DocID=220.11&SearchType=Advanced&bc=IAAAAAGAAAAA&>

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

This is **NOT** a covered service.

Medicare Members: PPO BlueSM

This is **NOT** a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's

contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this test.

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Thermography is a noninvasive imaging technique that involves use of an infrared scanning device and is intended to measure temperature distribution producing brightly colored patterns on a liquid crystal display of organs and tissues. Thermography 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's syndrome, headaches, low-back pain, 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, identifying unstable atherosclerotic plaque, assessing response to methylprednisolone in rheumatoid arthritis, and locating high undescended testicles.

An example of a thermography device is the Dorex Spectrum 9000 MD Thermography System from DOREX, Inc. All thermography devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Summary

There is insufficient evidence to support the use of thermography for diagnosis. 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 investigational.

Policy History

Date	Action
6/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
4/09	Updated coding and references based on BCBSA policy # 6.01.12. No changes to policy statements.
10/08	Reviewed - Medical Policy Group - Hematology/Oncology. No changes to policy statements.

9/07	Reviewed - Medical Policy Group - Hematology/Oncology. No changes to policy statements.
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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