blue of california

Medical Policy

Thermography/Temperature Gradient Studies	
Type: Investigational / Experimental	**Policy Specific Section:** Radiology (Diagnostic/Therapeutic)
Original Policy Date: January 11, 2008	**Effective Date:** August 23, 2013*

A review of the literature through June of 2013 does not change the position statement. This policy is no longer scheduled for routine literature review and update.

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Thermography, also known as temperature gradient studies, thermal imaging, or infrared thermography, is a non-invasive imaging technique that is intended to measure the temperature distribution of various organs and tissues. Infrared radiation from the tissues reveals temperature

variations by producing brightly colored patterns on a liquid crystal display. 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.

Policy

The use of all forms of thermography/temperature gradient studies is considered **investigational** for all indications.

Policy Guideline

There is a specific CPT code for temperature gradient studies:

- 93740: Temperature gradient studies

There are no longer specific CPT codes for thermography. These services may be reported using the unlisted code:

- 93799: Unlisted cardiovascular service or procedure (when specified as thermography)

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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