

Thermography

Date of Origin: 04/2005

Last Review Date: 05/24/2023

Effective Date: 06/01/2023

Dates Reviewed: 03/2006, 03/2007, 03/2008, 03/2009, 02/2011, 03/2012, 01/2013, 12/2013, 06/2015, 06/2016, 06/2017, 06/2018, 06/2019, 06/2020, 06/2021, 05/2022, 05/2023

Developed By: Medical Necessity Criteria Committee

I. Description

Thermography, also known as thermal imaging, infrared imaging or temperature gradient studies, is a non-invasive imaging technique, that measures temperature variations at the body surface. The infrared radiation from the body tissue reveals temperature variations by producing brightly colored patterns on a liquid crystal display. Interpretation of color patterns is thought to assist in diagnosing various disorders and diseases. Thermography can include various types of telethermographic infrared detector images and heat-sensitive cholesteric liquid crystal systems.

II. Criteria: CWQI HCS-0065

A. Moda Health considers thermography experimental and investigational for all indications. Available medical literature indicates thermography is an ineffective diagnostic technique with no proven medical value.

III. Information Submitted with the Prior Authorization Request:

1. Not applicable.

IV. CPT or HCPC codes NOT covered:

Codes	Description
93740	Temperature gradient studies

V. Annual Review History

Review Date	Revisions	Effective Date
01/2013	Annual Review: Added table with review date, revisions, and effective date.	01/23/2013
12/2013	Annual Review: No changes	12/19/2013
06/2015	Added Medicare reference, ICD-9 codes	06/24/2015

06/2016	Annual Review: Deleted ICD-9 codes, added ICD-10 codes, Annual Review	06/29/2016
06/2017	Annual Review: Updated to new template; no changes	06/28/2017
06/2018	Annual Review:	07/01/2018
06/2019	Annual Review: Removed deleted codes; no changes	07/01/2019
06/2020	Annual Review: No content changes	07/01/2020
06/2021	Annual Review: No content change	07/01/2021
05/2022	Annual Review: No change	06/01/2022
05/2023	Annual Review: No content change	06/01/2023

VI. References

- American Cancer Society. Mammograms and Other Breast Imaging Procedures. Revised October 26, 2010.
<http://www.cancer.org/Healthy/FindCancerEarly/ExamandTestDescriptions/MammogramsandOtherBreastImagingProcedures/mammograms-and-other-breast-imaging-procedures-newer-br-imaging-tests>
- Awerbuch MS. Thermography-wither the niche? Med J. Aust. 1991. April 1; 154(7):444-447.
- Centers for Medicare & Medicaid Services (CMS). Thermography. Coverage Issues-Diagnostic Services 02-94. Accessed on March 20, 2012, at:
http://www.cms.hhs.gov/manuals/downloads/Pub06_PART_50.pdf
- Elmore JG, Armstrong K, Lehman CD, et al. Screening for breast cancer. JAMA. 2005; 293:1245-1256
- National Screening Unit Position Statement: The use of thermography for breast cancer screening. April 2004.
- Ng. EY, Kee, EC, Advanced integrated technique in breast cancer thermography. Journal of Medical Engineering and Technology 2008; 32(2); 103-114.
- What is breast thermography? International Academy of Clinical Thermology. Accessed March 20, 2012 at; www.iact-org.org.
- Centers for Medicare & Medicaid Services; National Coverage Determination (NCD) for Thermography (220.11); Effective date 12/21/1992; 02/1994-Noncovered for all indications; accessed 06/16/2015
- Physician Advisors

Appendix 1 – Applicable ICD-10 diagnosis codes:

Codes	Description
C95.91	Leukemia, unspecified, in remission
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.65	Type 1 diabetes mellitus with hyperglycemia
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.65	Type 2 diabetes mellitus with hyperglycemia
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris

I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
M79.609	Pain in unspecified limb
M84.429S	Pathological fracture, unspecified humerus, sequela
M84.439S	Pathological fracture, unspecified ulna and radius, sequela
S42.209S	Unspecified fracture of upper end of unspecified humerus, sequela
S42.309S	Unspecified fracture of shaft of humerus, unspecified arm, sequela
S42.409S	Unspecified fracture of lower end of unspecified humerus, sequela
S42.90XS	Fracture of unspecified shoulder girdle, part unspecified, sequela
S52.509A	Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture
S52.509B	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type I or II
S52.509C	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.539A	Colles' fracture of unspecified radius, initial encounter for closed fracture
S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II
S52.549A	Smith's fracture of unspecified radius, initial encounter for closed fracture
S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.90XS	Unspecified fracture of unspecified forearm, sequela
S62.90XS	Unspecified fracture of unspecified wrist and hand, sequela
Z01.810	Encounter for preprocedural cardiovascular examination
Z01.812	Encounter for preprocedural laboratory examination
Z01.818	Encounter for other preprocedural examination
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.6	Encounter for screening for malignant neoplasm of bladder
Z12.71	Encounter for screening for malignant neoplasm of testis
Z12.9	Encounter for screening for malignant neoplasm, site unspecified
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z95.1	Presence of aortocoronary bypass graft

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
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National Coverage Determination (NCD) 220.1 Thermography

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=164&ncdver=1&DocID=220.11&kq=true&bc=gAAAABAAAAAAAA%3d%3d&>

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC