PriorityHealth	MEDICAL POLICY No. 91355-R2

THERMOGRAPHY

Effective Date: December 19, 2001	**Review Dates: 1/93, 12/99, 12/01, 12/02, 11/03, 11/04, 10/05, 12/05, 10/06, 10/07, 10/08, 10/09, 10/10, 10/11, 10/12, 10/13**
Date of Origin: March 31, 1989	**Status: Current**

I. POLICY/CRITERIA

The use of thermography as a diagnostic or screening tool has not been proven to be effective. Thermography is considered investigational/unproven in nature, and therefore, is not a covered benefit.

II. MEDICAL NECESSITY REVIEW

☐ Required ☐ Not Required ☒ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID:** ***For Medicaid members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***
- **MICHILD:** ***For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.***

IV. DESCRIPTION

Thermography is a procedure that measures the infrared emission from the skin.

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity
None

CPT/HCPCS Codes:
93740 Temperature gradient studies

VI. REFERENCES

Thermography, Aetna Clinical Policy Bulletin, April 7, 2006. Available on the World Wide Web @ http://www.aetna.com/cpb/data/CPBA0029.html (Retrieved August 15, 2006)

Thermography, Cigna Healthcare Coverage Position, March 15, 2006. Available on the World Wide Web @ http://www.cigna.com/health/provider/medical/procedural/coverage_positions/medical/index.html#T (Retrieved August 15, 2006)

Thermography, The Regence Group Medical Policy, April 4, 2006. Available on the World Wide Web @ http://www.regence.com/trgmedpol/radiology/rad17.html (Retrieved August 15, 2006)

CMS Coverage Issues Manual. Available on the World Wide Web @ http://search.cms.hhs.gov/search?q=thermography&spell=1&access=p&output=xml_no_dtd&site=default_collection&ie=UTF-8&client=my_frontend&proxystylesheet=my_frontend (Retrieved August 15, 2006)

Digital Infrared Imaging (Thermography) for Detection of Breast Cancer, Hayes Technology Brief, July 7, 2006.

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