JOHNS HOPKINS HEALTHCARE

Policy Number: CMS20.04

Medical Policy: Thermography
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy
☐ Revising Policy Number
☐ Superseding Policy Number
☒ Archiving Policy Number: CMS20.04
☐ Retiring Policy Number

Effective Date: 10/22/2007
Review Dates: 09/08/08, 01/07/11, 05/29/12, 12/05/14, 03/03/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 12/05/2014 and is no longer scheduled for review for either one or more of the following reasons:
1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination.

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

POLICY:


For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed September 28, 2016)
Medicare does not have a National Coverage Determination (NCD) for thermography.

Unless specific benefits are provided under the member’s contract, JHHC considers Thermography experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.
BACKGROUND:

Thermography is a non-invasive imaging technique intended to measure temperature distribution within various organs and tissues. Breast thermography uses ultra-sensitive infrared cameras and computers to detect, analyze and produce high resolution diagnostic images of these temperature and vascular changes.

One study evaluating the efficacy of thermographic breast imaging found that it is premature to recommend thermographic imaging as a standard of care for breast cancer screening (Prasad, 2016).

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

<table>
<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tr>
<td>93740</td>
<td>Temperature gradient studies</td>
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<table>
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<tr>
<th>Revenue Codes</th>
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<tr>
<td>0480</td>
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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


