Coverage Summary

Thermogenic Therapy

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<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 07/17/2018</td>
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<tr>
<td>Related Medicare Advantage Policy Guideline: Thermogenic Therapy (NCD 30.2)</td>
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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Thermogenic therapy is not a covered benefit.

Guidelines/Notes:
1. Regardless of the medium by which the fever is induced, this modality is not scientifically accepted for the treatment of any specific disease. Since the advent of potent antibiotics, the procedure has for all practical purposes been replaced as a mode of treatment. Therefore, thermogenic therapy is not considered reasonable and necessary for the treatment of an illness or injury. See the NCD for Thermogenic Therapy (30.2). (Accessed July 2, 2018)

II. DEFINITIONS

Thermogenic Therapy: The production of artificial fever has been in use since 1919 in the treatment of certain types of resistant infectious diseases, rheumatoid arthritis and Sydenham's chorea. NCD for Thermogenic Therapy (30.2) (Accessed July 2, 2018)

III. REFERENCES

See above
IV. REVISION HISTORY

04/01/2019  Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] may direct readers to a
  UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy,
  and/or Coverage Determination Guideline (CDG)
- In the absence of a Medicare National Coverage Determination (NCD), Local
  Coverage Determination (LCD), or other Medicare coverage guidance, CMS
  allows a Medicare Advantage Organization (MAO) to create its own coverage
determinations, using objective evidence-based rationale relying on authoritative
evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

07/17/2018  Annual review; no updates.

07/17/2017  Annual review; no updates.

07/26/2016  Annual review; no updates.

08/18/2015  Annual review; no updates.

08/19/2014  Annual review; definition of Thermogenic Therapy updated; added the reference link
to the Medicare NCD for Thermogenic Therapy (30.2).

08/20/2013  Annual review; no updates.

08/20/2012  Annual review; no updates.

08/29/2011  Annual review; no updates.