

Thermogenic Therapy

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[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
Definitions	1
Policy History/Revision Information	1
Instructions for Use	1

Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> Thermogenic Therapy (NCD 30.2)

Coverage Guidelines

Thermogenic therapy is not a covered benefit.

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. Refer to the [National Coverage Determination \(NCD\) for Thermogenic Therapy \(30.2\)](#). (Accessed June 29, 2021)

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 June 29, 2021)

Policy History/Revision Information

Date	Summary of Changes
07/20/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version MCS093.01

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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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