

Thermography (NCD 220.11)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary	
•	Radiologic Diagnostic Procedures

Policy Summary

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Overview

Thermography is the measurement of self-emitting infrared radiation that reveals temperature variations at the surface of the body. The thermographic device senses body temperature and demonstrates areas of differing heat emission by producing brightly colored patterns. Each color represents a specific temperature level. Interpretation of these color patterns according to designated anatomic distribution is thought to aid in diagnosing a vast array of diseases.

Guidelines

Thermography for any indication (including breast lesions which were excluded from Medicare coverage on July 20, 1984) is excluded from Medicare coverage because the available evidence does not support this test as a useful aid in the diagnosis or treatment of illness or injury. Therefore, it is not considered effective. This exclusion was published as a CMS Final Notice in the "Federal Register" on November 20, 1992.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)
93740	Temperature gradient studies

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References

CMS National Coverage Determinations (NCDs)

[NCD 220.11 Thermography](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33627 Non-Invasive Vascular Studies	A56758 Billing and Coding: Non-Invasive Vascular Studies	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33695 Non-invasive Extracranial Arterial Studies	A57670 Billing and Coding: Non-invasive Extracranial Arterial Studies	First Coast	FL, PR, VI	FL, PR, VI
L34045 Non-Invasive Vascular Studies	A56697 Billing and Coding: Non-Invasive Vascular Studies	CGS	KY, OH	KY, OH
L35397 Non-Invasive Cerebrovascular Arterial Studies	A52992 Billing and Coding: Non-Invasive Cerebrovascular Arterial Studies	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35761 Non-Invasive Peripheral Arterial Vascular Studies	A57593 Billing and Coding: Non-Invasive Peripheral Arterial Vascular Studies	WPS	AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, ME, MA, MD, MI, MS, MO, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY	IA, KS, MO, NE
L34219 Noninvasive Peripheral Arterial Retired 05/11/2020	N/A	Noridian	N/A	AS, CA, GU, HI, MP, NV
L34221 Noninvasive Cerebrovascular Studies Retired 05/11/2020	N/A	Noridian	N/A	AS, CA, GU, HI, MP, NV

CMS Benefit Policy Manual

[Chapter 15 § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

CMS Claims Processing Manual

[Chapter 3; § 10.4 Payment of Non-Physician Services for Inpatients](#)

[Chapter 13; § 10 ICD Coding for Diagnostic Tests, § 40 Magnetic Resonance Imaging \(MRI\) Procedures, § 100 Interpretation of Diagnostic Tests](#)

UnitedHealthcare Commercial Policy

[Thermography](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/14/2021	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information; no change to guidelinesArchived previous policy version MPG306.06

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and

Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).