**Thermography**

**Medical Benefit**

<table>
<thead>
<tr>
<th>Effective Date: 01/01/00</th>
<th>Next Review Date: 05/20</th>
</tr>
</thead>
</table>

**Preauthorization**

<table>
<thead>
<tr>
<th>Review Dates: 05/07, 07/08, 05/09, 05/10, 05/11, 05/12, 05/13, 05/14, 05/15, 05/16, 05/17, 05/18, 05/19</th>
</tr>
</thead>
</table>

*This protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.*

The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.

<table>
<thead>
<tr>
<th>Populations</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals: • With an indication for breast cancer screening or diagnosis</td>
<td>Interventions of interest are: • Thermography</td>
<td>Comparators of interest are: • Mammography</td>
<td>Relevant outcomes include: • Overall survival • Disease-specific survival • Test accuracy • Test validity</td>
</tr>
<tr>
<td>Individuals: • With musculoskeletal injuries</td>
<td>Interventions of interest are: • Thermography</td>
<td>Comparators of interest are: • Radiography • Magnetic resonance imaging • Standard care without imaging</td>
<td>Relevant outcomes include: • Test accuracy • Test validity • Symptoms • Functional outcomes</td>
</tr>
<tr>
<td>Individuals: • With miscellaneous conditions (e.g., herpes zoster, pressure ulcers, temporomandibular joint disorder, diabetic foot)</td>
<td>Interventions of interest are: • Thermography</td>
<td>Comparators of interest are: • Radiography • Magnetic resonance imaging • Standard care without imaging</td>
<td>Relevant outcomes include: • Test accuracy • Test validity • Symptoms • Functional outcomes</td>
</tr>
</tbody>
</table>

**DESCRIPTION**

Thermography is a noninvasive imaging technique that measures temperature distribution in organs and tissues. The visual display of this temperature information is known as a thermogram. Thermography has been proposed as a diagnostic tool for treatment planning and for evaluation of treatment effects for a variety of conditions.

**SUMMARY OF EVIDENCE**

For individuals who have an indication for breast cancer screening or diagnosis who receive thermography, the evidence includes diagnostic accuracy studies and systematic reviews. Relevant outcomes are overall survival, disease-specific survival, and test validity. Using histopathologic findings as the reference standard, a series of systematic reviews of studies have evaluated the accuracy of thermography to screen and/or diagnose breast cancer and reported wide ranges of sensitivities and specificities. To date, no study has demonstrated whether
thermography is sufficiently accurate to replace or supplement mammography for breast cancer diagnosis. Moreover, there are no studies on the impact of thermography on patient management or health outcomes for patients with breast cancer. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have musculoskeletal injuries who receive thermography, the evidence includes diagnostic accuracy studies and a systematic review. Relevant outcomes are test validity, symptoms, and functional outcomes. A systematic review of studies on thermography for diagnosing musculoskeletal injuries found moderate levels of accuracy compared with other diagnostic imaging tests. There is a lack of a consistent reference standard. This evidence does not permit conclusions as to whether thermography is sufficiently accurate to replace or supplement standard testing. Moreover, there are no studies on the impact of thermography on patient management or health outcomes for patients with musculoskeletal injuries. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have miscellaneous conditions (e.g., herpes zoster, pressure ulcers, temporomandibular joint disorder, diabetic foot) who receive thermography, the evidence includes diagnostic accuracy studies. Relevant outcomes are test validity, symptoms, and functional outcomes. There are one or two preliminary studies on each of these potential indications for thermography. Most studies assessed temperature gradients or the association between temperature differences and the clinical condition. Due to the small number of studies for each indication, diagnostic accuracy could not adequately be evaluated. The clinical utility of thermography for any of these miscellaneous conditions has not been investigated in studies considered. The evidence is insufficient to determine the effects of the technology on health outcomes.

POLICY

The use of all forms of thermography is considered **investigational**.

BACKGROUND

Interpretation of the color patterns is thought to assist in the diagnosis of many disorders such as complex regional pain syndrome (previously known as reflex sympathetic dystrophy), breast cancer, Raynaud phenomenon, digital artery vasospasm in hand-arm vibration syndrome, peripheral nerve damage following trauma, impaired spermatogenesis in infertile men, degree of burns, deep vein thrombosis, gastric cancer, tear-film layer stability in dry-eye syndrome, Frey syndrome, headaches, low back pain, and vertebral subluxation.

Infrared radiation from the skin or organ tissue reveals temperature variations by producing brightly colored patterns on a liquid crystal display. Thermography involves the use of an infrared scanning device and can include various types of telethermographic infrared detector images and heat-sensitive cholesteric liquid crystal systems.

Thermography may also assist in treatment planning and procedure guidance by accomplishing the following tasks: identifying restricted areas of perfusion in coronary artery bypass grafting, identifying unstable atherosclerotic plaque, assessing response to methylprednisone in rheumatoid arthritis, and locating high undescended testicles.

REGULATORY STATUS

A number of thermographic devices have been cleared for marketing by the Food and Drug Administration through the 510(k) process. Examples of these devices are shown in Table 1.
Table 1. Thermography Devices Cleared by the Food and Drug Administration

<table>
<thead>
<tr>
<th>Device Name</th>
<th>Manufacturer</th>
<th>Clearance Date</th>
<th>510(K) No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorex Spectrum 9000MB Thermograph System</td>
<td>Dorex</td>
<td>Nov 2002</td>
<td>K023434</td>
</tr>
<tr>
<td>Infrared Sciences Breastscan IR System</td>
<td>Infrared Sciences</td>
<td>Feb 2004</td>
<td>K032350</td>
</tr>
<tr>
<td>Notouch Breastscan</td>
<td>Lifesciences</td>
<td>Feb 2012</td>
<td>K113259</td>
</tr>
<tr>
<td>WoundVision Scout</td>
<td>WoundVision</td>
<td>Dec 2013</td>
<td>K131596</td>
</tr>
<tr>
<td>FirstSense Breast Exam®</td>
<td>First Sense Medical</td>
<td>Jun 2016</td>
<td>K160573</td>
</tr>
</tbody>
</table>

RELATED PROTOCOL

Scintimammography and Gamma Imaging of the Breast and Axilla

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.

REFERENCES

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

22. Sardanelli F, Aase HS, Alvarez M, et al. Position paper on screening for breast cancer by the European Society of Breast Imaging (EUSOBI) and 30 national breast radiology bodies from Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Israel, Lithuania, Moldova, The Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Spain, Sweden, Switzerland and Turkey. Eur Radiol. Jul 2017;27(7):2737-2743. PMID 27807699