



ND

# Medical Policies

 **Print**

Policy Number:	M-4		
Policy Name:	Thermography (Thermogram)		
Policy Type:	Medical	Policy Subtype:	Diagnostic Medical
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Thermography is a diagnostic test which photographically portrays the surface temperatures of the body based on self-emanating infrared radiation. It is employed as a means of diagnosing underlying pathological processes.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

## Criteria

Thermography (thermal imaging, temperature gradient study) is considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

## Procedure Codes

93740	93799
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## Professional Statements and Societal Positions Guidelines

National Comprehensive Cancer Network-2023

National Comprehensive Cancer Network guidelines on breast cancer screening and diagnosis (v.1.2023) states that: 'Current evidence does not support the routine use of thermography as screening procedures.'

## Diagnosis Codes

Not Applicable

## CURRENT CODING

CPT:

93740	TEMPRATURE GRADIENT STUDY	Commercial
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	Commercial
93740	TEMPRATURE GRADIENT STUDY	Medicaid Expansion
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	Medicaid Expansion

## References

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## ND Committee Review

Internal Medical Policy Committee 11-19-2020 Annual Review

Internal Medical Policy Committee 11-23-2021 Annual Review-no changes in criteria

Internal Medical Policy Committee 11-29-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 11-15-2023 Revision- **Effective January 01, 2024**

- **Updated** Professional Statement and Societal Positions.
- **Updated** References

Internal Medical Policy Committee 11-19-2024 Annual Review-no changes in criteria

- **Added** Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*