

Corporate Medical Policy

Hyperthermia Therapy

File Name: hyperthermia_therapy
Origination: 4/1981
Last CAP Review: 8/2011
Next CAP Review: 8/2012
Last Review: 8/2011

Description of Procedure or Service

Hyperthermia can be administered using local and whole body techniques. Local hyperthermia entails elevating the temperature of superficial or subcutaneous tumors while sparing surrounding normal tissue, using either external or interstitial modalities. Whole body hyperthermia requires the patient to be placed under either general anesthesia or deep sedation. The patient's body temperature is increased to 108°F by packing the patient in heated (hot water) blankets. The elevated body temperature is maintained for a period of 4 hours, while the essential body functions are closely monitored. Approximately 1 hour is required for a "cooling off" period, after which the patient is constantly observed for a minimum of 12 hours. This modality has been variously termed "systemic thermotherapy" or "whole body hyperthermia."

Related Policies:

Hyperthermic Intraperitoneal Chemotherapy

****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

Policy

BCBSNC will provide coverage for Local Hyperthermia Therapy when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Whole Body Hyperthermia is considered investigational for all indications. BCBSNC does not cover investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Hyperthermia is covered

Local Hyperthermia therapy may be considered medically necessary for the treatment of primary or metastatic cutaneous or subcutaneous superficial tumors when BOTH of the following criteria are met:

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- It is used in combination with radiation therapy AND
- It is used in patients who are not candidates for conventional treatment or who have had unsuccessful conventional treatment

When Hyperthermia is not covered

Local Hyperthermia is considered investigational:

- when used alone or in combination with chemotherapy OR
- when used for any indication other than what is shown above

Whole Body Hyperthermia is considered investigational in the treatment of malignancy. BCBSNC does not cover investigational services.

Policy Guidelines

The best results with hyperthermia in conjunction with radiation therapy are seen in lesions measuring 3 cm or less in diameter. In addition, patients with widespread metastatic disease are not likely to benefit from local hyperthermia.

Hyperthermia is generally given every 72 hours or twice a week for 10-12 treatments. Treatment scheduling is due to the basic principle that thermotolerance is developed over 8-10 hours after administration and the temperature falls over the following 60-100 hours.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 77600, 77605, 77610, 77615

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - 12/95

Medical Policy Advisory Group - 1/99

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Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 6/2001

BCBSA Medical Policy Reference Manual, 2.01.05; 5/15/2002

BCBSA Medical Policy Reference Manual, 2.01.05; 7/12/2002

Specialty Matched Consultant Advisory Panel - 6/2003

BCBSA Medical Policy Reference Manual [Electronic Version], 2.01.05, 4/29/2003

Specialty Matched Consultant Advisory Panel - 4/2005

Specialty Matched Consultant Advisory Panel - 4/2007

American Cancer Society. 2011. Hyperthermia. Retrieved 6/23/2011 from <http://www.cancer.org/Treatment/TreatmentsandSideEffects/TreatmentTypes/hyperthermia>

National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: breast cancer. Version 2.2011. Retrieved 6/23/2011 from http://www.nccn.org/professionals/physician_gls/pdf/breast.pdf

Medical Director – 6/2011

Specialty Matched Consultant Advisory Panel – 8/2011

Policy Implementation/Update Information

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| 4/81 | Original policy: Experimental/Investigative |
| 6/83 | Reaffirmed. |
| 6/84 | Reaffirmed. |
| 12/85 | Evaluated: Eligible for coverage for local hyperthermia in combination with radiation. Investigational for local hyperthermia alone or in combination with chemotherapy. |
| 11/87 | Evaluated: Investigational for interstitial hyperthermia in the treatment of malignant brain tumor |
| 6/96 | Reaffirmed: National Association reviewed 12/95. No changes. |
| 1/99 | Reaffirmed: Medical Policy Advisory Group |
| 5/99 | Reformatted, Description of Procedure or Service changed, Medical Term Definitions added. |
| 12/99 | Medical Policy Advisory Group |
| 10/00 | System coding changes |

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- 6/01 Specialty Matched Consultant Advisory Panel review. No change in criteria.
- 4/02 Criteria under when it is covered reformatted for clarity.
- 8/02 Reaffirmed. Source added to Scientific Reference Sources section.
- 6/03 Specialty Matched Consultant Advisory Panel review. No criteria changes.
- 4/04 Benefits Application and Billing/Coding sections updated for consistency. Individual CPT codes listed for CPT code ranges 77600-77615 under Billing/Coding section.
- 5/5/05 Specialty Matched Consultant Advisory Panel meeting 4/14/2005. No change to criteria. Policy number added to "Key Words" section. References added.
- 5/21/07 Specialty Matched Consultant Advisory Panel review 4/25/2007. Added under "Policy" and "When Not Covered" section, "Whole Body Hyperthermia is considered investigational in the treatment of malignancy. BCBSNC does not cover investigational services." Information added to "Policy Guidelines" section; "Hyperthermia is generally given every 72 hours or twice a week for 10-12 treatments. Treatment scheduling is due to the basic principle that thermotolerance is developed over 8-10 hours after administration and the temperature falls over the following 60-100 hours." Policy status changed to "Active Policy, no longer scheduled for routine literature review." References added. (btw)
- 6/22/10 Policy Number(s) removed (amw)
- 9/30/11 Specialty Matched Consultant Advisory Panel review 8/31/2011. Added "Related Policy: Hyperthermic Intraperitoneal Chemotherapy" to "Description" section. No change to policy intent. "Policy Guidelines" updated to add; "The best results with hyperthermia in conjunction with radiation therapy are seen in lesions measuring 3 cm or less in diameter. In addition, patients with widespread metastatic disease are not likely to benefit from local hyperthermia." References added. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.