

Policy terminated because coverage is provided under the combined Medicaid and Health Choice policy 1K-6, Radiation Oncology.

Table of Contents

1.0	Description of the Procedure, Product, or Service.....	1
1.1	Medical Term Definitions.....	1
2.0	Eligible Recipients.....	1
2.1	General Provisions.....	1
3.0	When the Procedure, Product, or Service Is Covered.....	1
3.1	General Criteria.....	1
3.2	Specific Criteria.....	2
4.0	When the Procedure, Product, or Service Is Not Covered.....	2
4.1	General Criteria.....	2
4.2	Specific Criteria.....	2
5.0	Requirements for and Limitations on Coverage.....	2
5.1	Prior Approval.....	2
6.0	Providers Eligible to Bill for the Procedure, Product, or Service.....	2
7.0	Additional Requirements.....	3
7.1	Compliance.....	3
8.0	Policy Implementation/Revision Information.....	3
	Attachment A: Claims-Related Information.....	4
A.	Claim Type.....	4
B.	Diagnosis Codes.....	4
C.	Procedure Code(s).....	4
D.	Modifiers.....	4
E.	Billing Units.....	4
F.	Place of Service.....	4
G.	Co-payments.....	4
H.	Reimbursement.....	4

1.0 Description of the Procedure, Product, or Service

Hyperthermia therapy uses heat to make cancerous tumors more susceptible to treatment. Hyperthermia may be applied either locally (to the tumor only) or to the whole body. When used locally, the temperature of the tumor alone is raised. When whole body hyperthermia is used, the patient's overall body temperature is increased to 108°. In whole body hyperthermia, a general anesthesia is used. The elevated body temperature is maintained for four (4) hours while the essential body functions are monitored. There is a one hour (1) cooling off period after which the patient is constantly observed for a minimum of 12 hours. Hyperthermia is also called "Systemic Thermotherapy" or "Whole Body 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.

1.1 Medical Term Definitions

- a. Chemotherapy: refers to the treatment of disease by chemical agents; more commonly refers to the use of chemicals that have a specific toxic effect upon cancerous tissue.
- b. Cutaneous: pertains to the skin.
- c. Malignancy: a cancer.
- d. Metastatic: transfer of disease from one organ or part of the body to another not directly connected with it.
- e. Subcutaneous: under the skin.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**

- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Local hyperthermia therapy is covered by the NC Health Choice Program when it is determined to be medically necessary because the following medical criteria are met. 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:

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

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Hyperthermia is not covered in the following situations;

- a. Local hyperthermia is not covered for the following indications:
 - 1. when used alone or in combination with chemotherapy is considered investigational; **OR**
 - 2. when used for any indication other than what is shown in Section 3.2.
- b. Whole body hyperthermia is considered investigational in the treatment of malignancies.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for hyperthermia therapy.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;

- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
4/30/12	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code(s)	Description
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.