

Eli's Rehab Report

Reader Question: Billing for Thermography

Question: Our office performs thermography testing (93740, 93760 and 93762). Medicare and some other health insurers deny our claim, stating that this is a nonbillable service. What are the reimbursement guidelines for thermography?

New Jersey Subscriber

Answer: According to HCFA, thermography for any indication is excluded from Medicare coverage because 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 HCFA Final Notice in the Federal Register on Nov. 20, 1992.

Private insurance payers may follow HCFAs guidelines, and that could be the reason for these denials. Call the patients insurance carrier to request the carriers specific guidelines for this test. Also review the patients benefit handbook, checking for limitations and exclusions. If the policy is included in the Employee Retirement Income Security Act, the patient is entitled to a copy of the plan document, which will help you determine the plan benefit. If you are unable to find direct exclusion or limitations in the benefit policy, submit supporting documentation to the private insurance payer showing the medical necessity for the procedure and request a consideration for reimbursement.

Answers for Reader Questions, unless otherwise noted, were provided by **Kathy Zmuda, CPC**, lead inpatient coder at Cigna Health Care of Arizona, in Phoenix; **Patricia Niccoli**, a coding expert from ElectroAge Billing, a multi-specialty physician billing service in Phoenix; and **Brenda Messick, CPC**, senior consultant at Gates, Moore & Co., a healthcare consulting firm in Atlanta.