

NO. 91355-R6

THERMOGRAPHY

Effective date: 12/01/2025

Last reviewed: 11/2025

Instruction for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

I. MEDICAL NECESSITY CRITERIA

- A. Thermography is considered investigational and experimental or unproven. The use of thermography, including digital infrared thermal imaging, magnetic resonance (MR) thermography, and temperature gradient studies as a diagnostic or screening tool has not been proven to be effective.
- B. Siren Socks for prediction of diabetic foot ulcers is considered investigational and experimental or unproven.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
National Coverage Determinations (NCDs)	Thermography (NCD 220.11)
Local Coverage Determinations (LCDs)	
Local Coverage Determinations (LCDs)	N/A

II. BACKGROUND/DESCRIPTION

Thermography is a procedure that measures the infrared emission from the skin. The visual display of temperature information is known as a thermogram and it consists of brightly colored patterns on a liquid crystal display. It is thought that temperature differences associated with changes in metabolic activity.

Siren Socks are daily-wear socks embedded with sensors that perform continuous temperature monitoring of the feet of persons. Combined with a mobile app, the device identifies when the temperature differential between the wearer's feet changes and potentially signaling a development of a diabetic foot ulcers (DFU) and triggers an alert. Two studies (Reyzelman, 2018; 2022) reported that Siren Socks temperature sensors accurately measured temperature differentials intended to predict DFUs but patient groups in both studies were small with no comparison groups with placebo, sham, or active treatments.

III. CODING

ICD-10 Codes that may support medical necessity

None

CPT/HCPCS Codes

93740 Temperature gradient studies

76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional) *(Not covered for thermal MRI, explanatory notes must accompany claim)*

IV. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

V. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.

- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

VI. REFERENCES

1. Alahakoon C, Fernando M, Galappaththy C, Matthews EO, Lazzarini P, Moxon JV, Golledge J. Meta-analyses of randomized controlled trials reporting the effect of home foot temperature monitoring, patient education or offloading footwear on the incidence of diabetes-related foot ulcers. *Diabet Med*. 2020 Aug;37(8):1266-1279. doi: 10.1111/dme.14323. Epub 2020 Jun 8. PMID: 32426872.
2. Brooks E, Burns M, Ma R, Scholten HJ, Becker S. Remote Diabetic Foot Temperature Monitoring for Early Detection of Diabetic Foot Ulcers: A Cost-Effectiveness Analysis. *Clinicoecon Outcomes Res*. 2021 Oct 7;13:873-881. doi: 10.2147/CEOR.S322424. PMID: 34675567; PMCID: PMC8504713.
3. Bus SA, Aan de Stegge WB, van Baal JG, Busch-Westbroek TE, Nollet F, van Netten JJ. Effectiveness of at-home skin temperature monitoring in reducing the incidence of foot ulcer recurrence in people with diabetes: a multicenter randomized controlled trial (DIATEMP). *BMJ Open Diabetes Res Care*. 2021 Sep;9(1):e002392. doi: 10.1136/bmjdr-2021-002392. PMID: 34493496; PMCID: PMC8424833.
4. Brenner RJ, Parisky Y. Alternative breast-imaging approaches. *Radiol Clin North Am*. 2007 Sep;45(5):907-23, viii. doi: 10.1016/j.rcl.2007.06.006. PMID: 17888777.
5. Lee CH, Dershaw DD, Kopans D, et al. Breast cancer screening with imaging: recommendations from the Society of Breast Imaging and the ACR on the use of mammography, breast MRI, breast ultrasound, and other technologies for the detection of clinically occult breast cancer. *J Am Coll Radiol*. 2010 Jan;7(1):18-27. doi: 10.1016/j.jacr.2009.09.022. PMID: 20129267.
6. Moskowitz M, Milbrath J, Gartside P, Zermeno A, Mandel D. Lack of efficacy of thermography as a screening tool for minimal and stage I breast cancer. *N Engl J Med*. 1976 Jul 29;295(5):249-52. doi: 10.1056/NEJM197607292950504. PMID: 934189.
7. Reyzelman AM, Koelewyn K, Murphy M, Shen X, Yu E, Pillai R, Fu J, Scholten HJ, Ma R. Continuous Temperature-Monitoring Socks for Home Use in Patients With Diabetes: Observational Study. *J Med Internet Res*. 2018 Dec 17;20(12):e12460. doi: 10.2196/12460. PMID: 30559091; PMCID: PMC6315272.
8. Reyzelman AM, Shih CD, Tovmassian G, Nathan M, Ma R, Scholten HJ, Malhotra K, Armstrong DG. An Evaluation of Real-world Smart Sock-Based Temperature Monitoring Data as a Physiological Indicator of Early Diabetic Foot Injury: Case-

Control Study. JMIR Form Res. 2022 Apr 1;6(4):e31870. doi: 10.2196/31870. PMID: 35363148; PMCID: PMC9015780.

9. van Netten JJ, Dijkgraaf MGW, Bus SA. Response to: Remote Diabetic Foot Temperature Monitoring for Early Detection of Diabetic Foot Ulcers: A Cost-Effectiveness Analysis [Letter]. Clinicoecon Outcomes Res. 2022 Jan 19;14:49-50. doi: 10.2147/CEOR.S354729. PMID: 35082505; PMCID: PMC8784254.

Past review dates: 1/93, 12/99, 12/01, 12/02, 11/03, 11/04, 10/05, 12/05, 10/06, 10/07, 10/08, 10/09, 10/10, 10/11, 10/12, 10/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24

AMA CPT Copyright Statement: All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.