



The Thermogram Center

Thermal Imaging of the Breast & Body

Breast Health Education Group

Better Breast Health – for Life!™

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www.ThermogramCenter.com

www.BetterBreastHealthforLife.com

Insurance Coverage

While thermography is FDA approved as an “*adjunctive diagnostic screening for detection of breast cancer or other uses*”, it is currently an **elective service**. The Thermogram Center provides services as a fee-for-service and does not bill insurance. While you may be reimbursed by your insurance company, we cannot guarantee coverage. (Historically, less than 10% of policies provide coverage.)

To determine insurance coverage, contact your insurance provider with the following questions. If your insurance policy does not provide coverage but you have sufficient funds in your medical savings account, i.e. HSA, FSA, etc., then these funds can be used to cover service costs.

Does your health insurance policy include out-of-network benefits?

1. If the answer is **no**, then there is no need to submit a claim for reimbursement.
2. If the answer is **yes**, then ask if your plan will cover CPT 99429. (The CPT Code for our Thermobiological Risk Assessment is: 99429, unlisted preventive medicine service).
 - a. If the answer is yes, pending pre-authorization, be advised that historically, this elective service has been denied 99% of the time.
 - b. If the answer is yes, maybe, pending submittance of all medical records for review, be prepared to submit a claim for reimbursement that includes a copy of each of the forms you prepare for The Thermogram Center, as well as a copy of your thermal imaging report packet. **ALL MEDICAL RECORDS ASSOCIATED WITH CPT 99429 WILL BE REQUIRED**, but coverage will still likely be denied.
 - c. If the answer is an affirmative yes, ask what percent (%) the policy pays so that you can calculate your true out-of-pocket expenses.
 - d. If the answer is yes, ask if your policy requires a doctor's referral/script.
 - i. If no, then follow 2.b.
 - ii. If yes, then contact your (breast) doctor and request a referral for insurance purposes. It should be written on the doctor's script/referral pad and include his/her **NPI (National Provider Identifier) number** and **CPT 99429**. In addition, the doctor should include either:
 - a) **For diagnostic policies**, the **diagnostic code(s)** that describe your breast tissue or body's condition characteristics/history that warrants evaluation. (For example, breast mass is 611.72; breast tenderness is 611.71; etc.) There are many codes – one for each kind of breast/body condition characteristic – your doctor will know what is appropriate for you.
 - b) **For prevention policies: code v72.85** (other specified examination).