



MASSACHUSETTS

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Medical Policy

Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 507

BCBSA Reference Number: 1.01.22

NCD/LCD: National Coverage Determination (NCD) for Infrared Therapy Devices (270.6)

Related Policies

- Low-Level Laser Therapy, #[522](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Skin contact monochromatic infrared energy is **INVESTIGATIONAL** as a technique to treat cutaneous ulcers, diabetic neuropathy, and musculoskeletal conditions, including but not limited to temporomandibular disorders, tendonitis, capsulitis, and myofascial pain.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

BCBSMA does not cover the use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy for the following indications for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- For the treatment, including the symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of the skin and/or subcutaneous tissues.

National Coverage Determination (NCD) for Infrared Therapy Devices (270.6)

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=315&ncdver=1&bc=AgAAgAAAAAAA&>

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

Outpatient

Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
97026	Application of a modality to 1 or more areas; infrared

HCPCS Codes

HCPCS codes:	Code Description
A4639	Replacement pad for infrared heating pad system, each
E0221	Infrared heating pad system

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Monochromatic infrared energy treatment is a therapy that uses infrared light therapy through contact with the skin for potential use in multiple conditions including cutaneous ulcers, diabetic neuropathy, and musculoskeletal and soft tissue injuries.

Monochromatic infrared energy (MIRE) refers to light at a wavelength of 880 nm. MIRE can be delivered through pads containing an array of 60 superluminous infrared diodes emitting pulsed near-infrared irradiation. The pads can be placed on the skin, and the infrared energy is delivered in a homogeneous manner in a session lasting from 30–45 minutes.

An example of a MIRE device for the treatment of multiple conditions including cutaneous ulcers, diabetic neuropathy, musculoskeletal and soft tissue injuries, including temporomandibular disorders, tendonitis, capsulitis, and myofascial pain include the Anodyne Professional Therapy System from Anodyne Therapy LLC. All monochromatic infrared energy as a technique to treat cutaneous ulcers, diabetic neuropathy, and miscellaneous musculoskeletal conditions are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

The available literature regarding skin contact MIRE as a technique to treat various cutaneous conditions is inadequate to draw clinical conclusions. This technology is considered investigational given the insufficient evidence to evaluate the impact on net health outcome.

Policy History

Date	Action
2/2015	New references added from BCBSA National medical policy.
3/2014	New references added from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2012	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
12/2011	New policy, effective 12/2011, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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16. Centers for Medicare and Medicaid Services. Decision memo for infrared therapy devices (CAG-00291N). 2006; <http://www.cms.gov/medicare-coverage-database/details/nca-decisionmemo.aspx?NCAId=176&ver=22&NcaName=Infrared+Therapy+Devices&bc=BEAAAAAAEAAA&&fromdb=true>. Accessed November 24, 2014.